

## Meeting of the Board of Directors

10.00am to 12.15 on Thursday 1<sup>st</sup> February 2018

John Bull Room, Worthing Health Education Centre, Lyndhurst Road, Worthing BN11 2DH

### AGENDA – MEETING IN PUBLIC

1	10.00	<b>Welcome and Apologies for Absence</b>		Chair
2	10.00	<b>Declarations of Interests</b>		All
3	10.00	<b>Minutes of Board Meeting held on 26<sup>th</sup> October 2017</b> To approve	Enclosure	Chair
4	10.05	<b>Matters Arising from the Minutes</b> To note	Enclosure	Chair
5	10.10	<b>Chief Executive’s Report</b> To receive and agree any necessary actions	Enclosure	MG
<b><u>PATIENT SAFETY/EXPERIENCE ITEMS</u></b>				
6	10.25	<b>Patient First Metrics</b> To note	Enclosure	All
		<b>6.1 Quality Report</b>	Enclosure	GF/NR
		<b>6.2 Performance Report</b>	Enclosure	MG
		<b>6.3 Organisational Development and Workforce</b>	Enclosure	DF
		<b>6.4 Financial Performance</b> To receive and agree any necessary actions	Enclosure	KG
7	11.15	<b>Learning from Deaths</b> To receive and agree any necessary actions	Enclosure	GF/TT
8	11.25	<b>Patient First Improvement Programme: “Our People practising Patient First”</b> To receive and agree any necessary actions	Presentation	PL/AM
<b><u>OPERATIONAL ITEMS</u></b>				
9	11.40	<b>Annual Equality Report 2017</b> To receive and agree any necessary actions	Enclosure	DF
<b><u>OTHER ITEMS</u></b>				
10	11.50	<b>Proposed Amendments to the Trust Constitution</b> To receive and agree and necessary actions	Enclosure	Chair
11	11.55	<b>Other Business</b>		Chair

- |    |                 |   |        |       |
|----|-----------------|---|--------|-------|
| 12 | 12.00           | <b>Resolution into Board Committee</b><br>To pass the following resolution:<br><br>"That the Board now meets in private due to the confidential nature of the business to be transacted."   | Verbal | Chair |
| 13 | 12.00           | <b>Date of Next Meeting</b><br><br>The next meeting in public of the Board of Directors is scheduled to take place at 10.00am on 28 <sup>th</sup> April 2018 in the John Bull Conference Room, Worthing Health Education Centre, Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH. |        | Chair |
| 14 | 12.00           | <b>Close of Meeting</b>   |        | Chair |
| 15 | 12.00<br>-12.15 | <b>Questions from the Public</b><br><br>Following the close of the meeting there will be an opportunity for members of the public to ask questions about the business considered by the Board.  |        | Chair |

**Andy Gray**  
**Corporate Governance Director**  
Tel: 01903 285288 / Mobile: 07785332416

**Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 26<sup>th</sup> October 2017, The Bateman Room, Chichester Medical Education Centre, St Richard's Hospital, Spitalfield Lane, Chichester, PO19 6SE.**

<b>Present:</b>	Mike Viggers	Non-Executive Director (Chairman)
	Joanna Crane	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Patrick Boyle	Non-Executive Director
	Jon Furnston	Non-Executive Director
	Marianne Griffiths	Chief Executive
	George Findlay	Deputy Chief Executive and Chief Medical Officer
	Karen Geoghegan	Chief Financial Officer

<b>In Attendance:</b>	Maggie Davies	Nurse Director
	Tim Taylor	Medical Director
	Jennie Shore	HR Director
	Kirstin Baker	Non-Executive Director Adviser
	Martin Sinclair	Non-Executive Director Adviser
	Helen Richards	Lead Nurse Infection Control (For Item 8)
	Nicky Sullivan	Divisional Director of Operations – Core (For Item 10)
	Andy Gray	Corporate Governance Director
	Tanya Humphrys	Board Administrator

**PB/10/17/01 Welcome and Apologies**

- 1.1 The Chair welcomed all those present to the meeting.
- 1.2 Apologies were received from Pete Landstrom, Nicola Ranger, Denise Farmer, Lizzie Peers and Graham Hodgson.

**PB/10/17/02 Declarations of Interests**

- 2.1 There were no declarations of interest.

**PB/10/17/03 Minutes of Board Meeting held on 27<sup>th</sup> July 2017**

- 3.1 The Board received the minutes of the meeting held on 27<sup>th</sup> July 2017.
- 3.2 It was noted that the questions from Sue Cook would be amended to reflect the email received prior to the meeting.
- 3.3 **The Board resolved that the minutes of the Board meeting held on 27<sup>th</sup> July 2017, with the amendment as noted above would be approved as an accurate record of the meeting and signed by the Chairman.**

**PB/10/17/04 Matters arising from Minutes**

- 4.1 The Matters Arising from previous meetings were received.
- 4.2 All Matters Arising related to items on the agenda or were on a forward agenda plan.

**PB/10/17/05 Chief Executive's Report**

- 5.1 Marianne Griffiths presented her Chief Executives Report and began by explaining that the theme centered on recognition. In particular the letter received from the Secretary of State for Health to congratulate staff on achieving a 97.5% Friends and Family Test recommendation rate in Outpatients. This result from June is an exemplary achievement for which everyone involved should be extremely proud.
- 5.2 Marianne explained that Sir Bruce Keogh, NHS England's Medical Director, visited Worthing Hospital in August. Sir Bruce attended on the day of the Thank You lunches; he attended improvement huddles and the Kaizen space. He praised the enthusiasm of staff and the Trust's commitment to continuous improvement. He commended the Trust's staff and volunteer "Thank You" lunches as "a massive gesture", adding that "appreciating their people is one of the most powerful things an organisation can do".
- 5.3 The Board was advised that in August the Trust provided nearly 4,000 members of staff and volunteers with a free 'Thank You' lunch as a gesture of appreciation. Staff took time out with colleagues to enjoy a lunch, share their improvement ideas and embrace the Trust's new Health and Wellbeing initiatives.
- 5.4 At the end of September more than 150 members of staff and volunteers attended the Trust's eight annual Patient First STAR awards. Marianne commented that it was a wonderful evening that even saw those in attendance receive a surprise message from Astronaut Tim Peake.
- 5.5 It was noted that more than 600 members of staff had attended one of the two Conference events held in September and October this year. At each event we had superb key note speakers, a buzzing market place of stalls, inspirational stories of continuous improvement shared by members of staff and apprentices which demonstrated that everyone can make a difference, and workshops.
- 5.6 Marianne advised the Board that members of the public, staff, volunteers and Governors were invited to an evening Dementia event and play. More than 60 people gathered at St Richard's Hospital for the dementia information evening and play, entitled "Rain falling upwards", which was a heart-warming and thought provoking play performed by Drip Action Theatre group.
- 5.7 Finally Marianne went on to present the Employee of the Month certificate to Helen McCutchan and the Sexual Health team at Rowlands Road Worthing and Crawley Sexual Health Clinic were nominated by Dr Tim Taylor, Medical Director, for the employee of the month award May to July period. Dr Taylor said: "The work of Helen and the sexual health team managing Child Sexual Exploitation (CSE) has been outstanding. There have been recent clusters of complex CSE cases in our area that were extremely challenging to manage and where both victims and perpetrators needed the help of sexual health. The team have cared for the patients and contributed to the multiagency Investigation Management Team alongside the police and social care.'

**PB/10/17/06 Quality Report – Month 6**

George Findlay and Maggie Davies introduced the Quality Report and highlighted the key points.

- 6.1 The Board was advised that Crude non-elective mortality increased marginally from 2.60% in August to 2.63% in September. This is slightly above the equivalent month in 2016.
- 6.2 The twelve month HSMR to June 2017 split by site continues to be lower for St Richard's (86.8) than for Worthing (90.8) although the gap is reducing favourably. Both remain below 100.
- 6.3 George explained that there had been progress in relation to surgical site infections with a lot of work taking place in orthopedics and the ring fencing of beds.
- 6.4 Maggie advised the Board that there is ongoing work in relation to night time moves for patients with dementia. Twenty three patients with dementia were moved at night in the reporting period. This number has been steadily decreasing and there is a work-stream with Kaizen support dedicated to reducing the level further.
- 6.5 Night moves for people with a dementia are being monitored and validated and there is a plan to extend the scope of the work to include all patients.
- 6.6 It was noted that there were no outstanding CAS alerts for the Trust up to September 2017.
- 6.7 Maggie explained that there were six incidents categorised as a serious incident requiring investigation in September. A detailed serious incident report is provided to the Committee section of the Trust Board.
- 6.8 It was noted that in September there was a reduction in inpatient falls from 129 to 106 with an equal split across sites. This is well below the monthly goal of fewer than 121 falls and is the lowest number of falls ever recorded by the Trust.
- 6.9 In total, 343 fewer falls were reported in the 12 months to September 2017 when compared to the same period the previous year.
- 6.10 The Board was advised that during September the Trust received 38 complaints. Maggie explained that there is ongoing work with the Divisions to embed a more proactive approach to dealing with complaints.
- 6.11 Maggie highlighted positive work in Outpatients in relation to Family and Friends Test scores. She also explained that a deep dive piece of work is planned on this subject in both A&E departments.
- 6.12 Mike Rymer asked if the Safer Staffing scorecard can be linked to other elements to triangulate. George explained that the Triangulation Committee looks at all the data and particularly highlighted that there was no correlation between gaps in staffing and harm. A link appears more in relation to culture and learning.
- 6.13 In response to an enquiry from Mike Rymer in relation to Surgical Site Infections (SSI) and the management of temperature control in theatres. George advised that this is improving. Any SSI goes through a root-cause analysis and has Executive oversight.

- 6.14 Patrick Boyle commented that there had been a very positive session in relation to Patient Experience Strategy.
- 6.15 Patrick also acknowledged the work that is taking place in relation to night moves and commented that this is often an area raised in complaints.

**PB/10/17/07      Fractured Neck of Femur Mortality Review**

- 7.1 George Findlay introduced the Review of Fractured Neck of Femur Paper, by explaining that this report was in response to some questions raised previously by the Board.
- 7.2 The Board was advised that a fundamental change in the pathway of managing hip fractures was put in place, changing from an orthopedic model of care to a 'Medicine for the Elderly' model, with patients admitted under Medicine for the Elderly and managed by the Medicine for the Elderly team for the whole of their admission. Mortality (as reported by the National Hip Fracture Database) subsequently fell on both sites.
- 7.3 It was noted that the number of patients that die following a fractured Neck of Femur (NOF) is very low, therefore a change of one or two would have a big impact on the data.
- 7.4 Tim Taylor explained that inpatient fallers tend to be frailer and have higher levels of co-morbidity than patients admitted with a fall and hip fracture, and 7 of the 31 fracturing as an inpatient in 2016 died. This is likely to account for much of the increase in mortality.
- 7.5 Tim highlighted that this review links in with the mortality review process and as a result individual case reviews of each patient in the report have taken place.
- 7.6 The Board was advised that assurance is provided through the Mortality Group, that the information is thorough.
- 7.7 Jon Furmston asked if the frailty and co-morbidities of a patient are reflected in Dr Foster. George advised this is not entirely the case, and an individual falling and sustaining a fractured hip at home is a very different type of patient to an inpatient fall.

**PB/10/17/08      Seven Day Service Audit**

Tim Taylor introduced the Seven Day Service Audit report, copies of which had been previously circulated.

- 8.1 The Board was advised that in 2013 the NHS Services, Seven Days a Week Forum developed 10 clinical standards to end variations in outcomes at the weekend.
- 8.2 The 10 clinical standards were developed by the NHS Services, Seven Days a Week Forum led by Professor Sir Bruce Keogh.
- 8.3 Four Key Priority standards were identified as the minimum set of clinical standards needed to tackle variation in mortality, patient flow and experience. They are:
- **Standard 2:** Time to consultant review
  - **Standard 5:** Diagnostics
  - **Standard 6:** Consultant directed interventions

▪ **Standard 8:** Ongoing consultant-directed daily review

- 8.4 Tim explained that all Trusts have been asked by NHS England to complete a self-assessment survey on a 6 monthly basis to measure their current position against the four priority clinical standards.
- 8.5 The Trust carried out its first self-assessment review in spring 2016 and is currently undertaking the autumn 2017 review, which will be WSHFT's third self-assessment.
- 8.6 Tim advised the Board that metrics detailed in the paper are reliant on the breakthrough of Standard 2 and enable real-time review. It was noted that there are changes in workforce that may be required to fully fulfil the standard.
- 8.7 It was highlighted that in relation to standard 8, ongoing consultant-directed daily review, the Trust has performed well when benchmarked against national targets.
- 8.8 Tim explained that in addition to the audits the Trust has had a diagnostic visit from NHS England. As a result of this there was a request to develop a high level delivery plan.
- 8.9 It was noted that 'real-time monitoring' would be a very positive step forward. The seven day services steering group will continue to oversee progress.
- 8.10 Mike Viggers thanked Tim for the report and requested that a formal review of the current Audit taking place be brought back to Board in April.

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**PB/10/17/09 Performance Report – Month 6**

The Performance Report was introduced by Marianne Griffiths.

- 9.1 The Board was advised that the Trust was compliant against the National target in September, with 95.4% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge. Cumulative year to date performance for the Trust in September was 94.9%.
- 9.2 Marianne explained that there were 11,599 A&E attendances compared to 11,749 in September 2016. However, for patients aged 85 and over, there was an increase of 14.7%.
- 9.3 It was noted that 'over 85' emergency admissions increased in September 2017 by 17.5% compared to September 2016. Marianne highlighted that this is having an impact on all areas of the Trust, including an increase in night moves.
- 9.4 In September, access to beds due to delayed transfers of care (DTOC) decreased from 4.32% in August to 4.15%. September DTOCs peaked at 6.4%. In real terms, this reflects an impact in 'lost' beds that fluctuated between a minimum of c21 beds and a high of c56 beds during the month.
- 9.5 Marianne advised the Board that due to Workforce constraints beds in the Community have been closed and this has affected the Trust's bed occupancy, highlighting that the impact has been felt more in Worthing than at St Richard's.

- 9.6 Marianne highlighted that nationally and regionally A&E delivery has continued to be challenging. However, WSHT was the 9th highest performing Trust nationally in September 2017.
- 9.7 It was noted that A&E performance was compliant with the delivery requirements of the in-month Sustainability and Transformation Fund trajectory for Quarter 2 of 94.63%.
- 9.8 The Board was advised that following revised national guidance from NHS Improvement in early October, and confirmed by Coastal West Sussex CCG, the Bognor Minor Injury Unit attendances (and breaches) are now counted as part of WSHFT performance statistics from April-17.
- 9.9 This is part of the national realignment of urgent care to ensure performance is reported and understood at a local A&E Delivery Board level and attributed to the main provider. This has an impact of +0.3% on average per month for the period April – September 2017.
- 9.10 Marianne explained that the Trust was compliant against all cancer metrics. This was a particular highlight as nationally this had not been achieved.
- 9.11 The Trust was non-compliant in Referral to Treatment (RTT) for September with 88.7% of pathways waiting less than 18 weeks. This is 0.2% deterioration in performance from August (88.95%). Numbers of patients waiting over 18 weeks increased by 48 patients between months.
- 9.12 In response to an enquiry from Joanna Crane with regard to A&E and working more closely with system partners, Marianne explained that there are ongoing discussions with system partners in relation to A&E and Out of Hours support with a different approach to urgent care. In addition there are discussions around how community beds are managed.

**PB/10/17/10 Organisational Development and Workforce Transformation Report – Month 6**

Jennie Shore presented the Workforce Report for Month 6.

- 10.1 The Board was advised that while capacity exceeded overall budgeted establishments by 56.7 whole time equivalent (wte) in month and by 78.3 wte in the Medicine Division, this is an improving position from previous months during 2017/18.
- 10.2 Temporary staffing use represented 9.4% of workforce capacity, noting that the capacity provided through Waiting List Initiatives was transferred from substantive to bank pay lines. The use of agency reduced overall but remains at broadly the same level for medical staff.
- 10.3 Jennie explained that Medical agency spend remains a significant concern within the Medicine and Women and Childrens' Divisions with vacancies and unplanned absence driving costs.
- 10.4 It was noted that the Trust is looking at efficiencies around E-rostering and an app-based service that will prompt doctors to apply for shifts directly, therefore reducing agency costs.
- 10.5 Pay spend for nursing was contained in month, slowing the overall overspend following a number of interventions: market management,



switch programme and international recruitment.

- 10.6 The Board was advised that the agency market is being managed through tiered access of shifts on a continuing basis and in early October the Trust successfully stopped using Tier 2b for a period of time.
- 10.7 It was noted that two agencies, representing 9% of supply, moved to capped rates in month, improving cap compliance to 26%. There continues to be supply of circa 120 shifts from Tier 2a agencies who have been invited to meet with Trust representatives at the end of October in an effort to drive down rates further.
- 10.8 Jennie explained that the existing pipeline of international recruits is anticipated to exceed the original plan of 7 joiners in 2017/18. To date 20 nurses have joined the Trust and a further 7 are anticipated to start at the end of October.
- 10.9 A new tour commenced in early October with a target of 60 new recruits for 2018/19. The business case for funding this pipeline is being prepared for Executive review.
- 10.10 Jennie advised the Board that for a seventh consecutive year the full staff survey is being undertaken within the Trust, which was launched at the end of September.
- 10.11 It was noted that at the end of week four of the eight week survey, the return rate is very encouraging. A particular highlight being the 49% response rate from Estates and Facilities, which is an increase on 2016/17.

#### **PB/10/17/11 Financial Performance – Month 6**

Karen Geoghegan presented the Financial Performance Report.

- 11.1 At the end of September, the Trust is reporting a surplus of £0.9m and has achieved its Quarter 2 control total.
- 11.2 Delivery of the financial control total alongside the A&E waiting time trajectory means the Trust will receive £2.3m of income from the Sustainability and Transformation fund for Quarter 2.
- 11.3 Karen advised the Board that since the last Public Board meeting the Trust has signed a contract variation with partners at Coastal West Sussex CCG, to an Aligned Incentives Contract.
- 11.4 Karen highlighted that this is a very positive step and mitigates financial risk across both organisations.
- 11.5 It was noted that for a fourth consecutive month agency expenditure has decreased and is cumulatively £1.9m below the ceiling. Nursing agency expenditure decreased in month in comparison to the figures reported for August; this was in addition to decreases in bank, Waiting List Initiatives and substantive usage. Medical and AHP usage increased marginally with no overall reduction in substantive and locum usage
- 11.6 The cash position is behind plan by £3.0m due to a reduction in working capital which has been partially offset by slippage on the capital plan.

**PB/10/17/12 Annual Clinical Audit Report.**

George Findlay introduced the Annual Clinical Audit Report.

- 12.1 George explained that the Clinical Effectiveness team is a small team that has worked hard to sustain and build upon existing processes to deliver clinical audit within the Trust.
- 12.2 The Board was advised that during 2016/17, 39 national clinical audits covered relevant health services that Western Sussex Hospitals NHS Foundation Trust provides. During that period Western Sussex Hospitals NHS Foundation Trust participated in 95% of the national clinical audits and national confidential enquiries which it was eligible to participate in.
- 12.3 George explained that the Trust always supports Priority 1 'must do' national audits and Priority 2 'must do' internal audits.
- 12.4 It was noted that the Clinical Effectiveness Group and the CQC Steering Group have been combined to promote continued improvement.
- 12.5 George explained that the Clinical Audit reporting links into the Quality and Risk Committee.
- 12.6 Jon Furmston commented that a recent internal audit of the Trust's Clinical Audit team reiterated that it is evolving into a good process for managing Clinical Audits.

**PB/10/17/13 Nursing Staffing Capacity Report**

Maggie Davies presented the Nursing Staffing Capacity Report.

- 13.1 The Board was advised that WSHT has a recruitment campaign that is focussed on national and international recruitment to reduce the current Registered Nurse (RN) shortfall. Bank and agency staff are utilised to maintain safe staffing of wards wherever possible.
- 13.2 Currently the Trust has registered Nurse vacancy of 228 whole time equivalent (WTE) and 2 WTE HCAs over establishment. There remains focussed activity on nursing recruitment, retention, sickness management and in increasing our bank pool while aiming to reduce our use of agency staff.
- 13.3 Registered nursing staff continue to be recruited through a domestic campaign led by the divisions interviewing staff every two weeks. International recruitment from the Philippines is progressing with a recent trip to Cebu galvanizing 130 nurses. Maggie highlighted that word of mouth was incredibly important and many of the nurses that attended have had family members come through the system.
- 13.4 It was noted that the Safer Staffing Alliance states there is evidence that care is compromised where there are more than 8 patients (beds) to 1 nurse. Maggie explained that during the day the Trust mostly meets this ratio; however nightshifts vary between 1:7 and 1:13.
- 13.5 There is currently no evidence that the higher patient to nurse ratio at night is affecting safety but where there are only 2 trained nurses at night it can have an impact on RNs, due to work demand and resilience at night.

- 13.6 Maggie explained that there are Operational bed meetings three times a day which are attended by the nurse director and chief nurse where possible. If there is a need to move staff then this does happen.
- 13.7 It was noted that in the forthcoming year it is anticipated that the 'Safer care live module' will be enabled to allow a daily review of acuity & dependency across all areas, triangulated with planned vs actual RN staffing.
- 13.8 In October 2017 the Trust has moved to shadow planned vs actual fill data by ward and by shift which will become, in the near future, the data set for national reporting on staffing level to Unify.
- 13.9 Maggie explained that this IT system will be used to manage staffing more effectively in real time on the wards and will drive where staff are placed.
- 13.10 The Board thanked Maggie for the report and asked that a more in-depth update on Safer Care Live be brought back to Board in January.

NR/MD

**PB/10/17/14 Infection Control Annual Report 2016/17**

Helen Richards presented the Infection Control Annual Report.

- 14.1 Helen explained to the Board that in relation to MRSA the Trust has a target of zero. In June 2016 the Trust recorded one case of MRSA which related to a fractured neck of femur repair in Worthing.
- 14.2 It was noted that a full post infection review was undertaken with the CCG and as a result there has been learning in relation to wound care.
- 14.3 Helen highlighted that screening is the key to reducing infection and there has been a noticeable dip, since the introduction of EPMA to decolonise for patients with MRSA.
- 14.4 The Board was advised that there were a total of 104 cases of MSSA in 2016/17. The infection control team carried out root cause analysis (RCA) for all of them. All cases were discussed at length through the relevant operational groups.
- 14.5 There was an increase in the Trust associated cases of C. difficile with a total of 46, which was above the limit set for WSHT. This increase was in line with the rise seen nationally.
- 14.6 All cases were subject to an RCA and 24 of those cases were found to be due to a lapse in care, the learning from which is being disseminated to wards. There has been a renewed focus on C. difficile and a workshop has taken place with multi-disciplinary team involvement.
- 14.7 It was noted that all NHS Trusts are being asked to focus on E.coli and to endeavor to reduce the number of cases by 50% by 2021.
- 14.8 Helen advised the Board that there is a lot of ongoing work in relation to Surgical Site Infections (SSIs) with particular emphasis by the Infection Control team on the environment. Theatre audits have been carried out and the team is just beginning PLACE assessments.
- 14.9 Mike Rymer thanked Helen for the team's renewed focus on SSI. Helen explained that the Trust has had a good quarter in relation to a reduction

in the number of SSIs.

- 14.10 Mike Rymer commented that some patients are colonized for MSSA and asked if there was a case for screening. In response Helen explained that it may be a consideration at pre-op however the Trust would wait for national guidance.
- 14.11 Maggie Davies thanked Helen and asked the Board to recognise that the Infection Control Team are the 'unsung heroes' of the organisation.

**PB/10/17/15      Emergency Preparedness Resilience and Response (EPRR) Assurance Documentation**

Nicky Sullivan presented the EPRR Assurance Documentation.

- 15.1 Nicky explained that the paper summarises the 'WSHFT EPRR Core Standards Assurance Process 2017' which sets out the WSHFT current compliance against the EPRR Core Standards.
- 15.2 The Board was advised that the paper sets out the plans and processes in place within the organisation. It was noted that the programme of work is linked into the Trust being a Category 1 responder.
- 15.3 It was highlighted that the EPRR Core Standards Assurance self-assessment has been shared and discussed with the Coastal West Sussex CCG and other CCG's within West Sussex and will be presented by the CCG with NHS England South prior to the Local Health Resilience Partnership in October 2017.
- 15.4 As a result of engagement between the Emergency Planning and Business Continuity Department and each Division/Department as of 19<sup>th</sup> Sept 2017 the Trust has an overall compliance figure of 86%.
- 15.5 This represents a positive increase in Business Continuity awareness across the Trust and engagement with identified Business Continuity Leads for individual wards and departments.
- 15.6 Nicky explained that there is a lockdown policy in place that enables a perimeter lockdown of all three Western Sussex Hospital sites. It was noted that there were previously a number of areas that had a RAG status of amber that are now green.
- 15.7 It was highlighted that the Trust has full compliance against all the Core Standards, in addition the Trust has carried out 'deep dives' in a further six standards.
- 15.8 The overall organisational assurance rating for WSHFT based on the amended NHS England definitions for 2017/18 has been assessed as **FULLY** compliant (Green), with suitable arrangements in place that appropriately addresses all the core standards that the Trust is expected to achieve.
- 15.9 As the Trust nominated Non-Executive lead for Emergency Planning and Business Continuity, Jon Furmston commented that full compliance reflected his view of the report.

The Board **APPROVED** the **Emergency Preparedness Resilience and Response Assurance Documentation**.

**PB/10/17/16 Other Business**

16.1 There was no further business to discuss.

**PB/10/17/17 Resolution into Board Committee**

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

**PB/10/17/18 Date of Next Meeting**

18.1 It was noted that the next Board Meeting would take place on **Thursday 01<sup>st</sup> February** in the **Boardroom, Washington Suite, Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH.**

Tanya Humphrys  
**Board Administrator**  
October 2017

Signed as an accurate record of the meeting

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Chair

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Date

DRAFT

**WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST**

**BOARD MEETING HELD ON 26<sup>th</sup> October 2017**

**QUESTIONS ASKED/COMMENTS MADE BY MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No.	Question/Comment	Response
1.	John Bull asked about the schemes that Brighton and Sussex University Hospitals NHS Trust (BSUH) had been implementing in relation to Junior Doctors in A&E.	George Findlay advised that BSUH have used a Clinical Fellow model and have recruited 8 Clinical Fellows in the Medicine Division.
2.	Roger Keyworth raised concerns with the Board in relation to the processes used to by the Trust to book and rearrange Outpatients appointments. Following a recent personal experience when trying to change an appointment.	Mike Viggers thanked Mr Keyworth for his feedback and advised that the query would be taken to the Division and they would provide a response directly to him.
3.	Jill Long asked about theatre capacity.	George Findlay explained that theatre efficiency is not yet where the Trust would like it to be. He advised that there are opportunities and the Trust has quality improvement processes in place. George assured Jill that the trust is continuously working on improving efficiencies.
4.	<p>John Thompson asked about the Safer Staffing Scorecard from the Quality Report and explained that the report details actual figures, while Maggie Davies referred to a ratio when presenting.</p> <p>John asked if there was a record of the optimum safe staffing level and what is actually achieved.</p>	<p>Maggie Davies explained that with the introduction of 'Safer Care Live' it is hoped that it will show actual staffing in comparison to what is planned.</p> <p>George advised that 'Safer Care Live' provides comparative data; but that professional judgement is also very important to ensure that the right numbers of staff are being used. All aspects are triangulated and considered.</p>
5.	Roger Hammond asked the Board whether it might be beneficial to use the screens to list abbreviations during the meeting.	The Board noted this suggestion for consideration in future meetings.

**MATTERS ARISING  
FROM BOARD IN PUBLIC**

AGENDA ITEM: 4

Meeting	Minute Ref	Action	Person Responsible	Deadline	Status
26th October 2017	<b>PB/10/17/8.10</b>	A brief on the current 7 Day Service Audit taking place, to be included in the Quality Report	TT/GF	January 2018	Included as part of the Quality Report.
26th October 2017	<b>PB/10/17/13.10</b>	Update on the progress of Safer Care Live IT system.	NR/MD	January 2018	Included as part of the Quality Report.
29th November 2017	<b>PB/11/17/5.13</b>	Moves from the Emergency floor to be separated out to provide more clarity on the figures.	NR	January 2018	To be included as part of the Quality Report
29th November 2017	<b>PB/11/17/10.13</b>	Develop a draft report template for the Learning from Deaths Report to be taken in Public and share with JC & LP.	GF/TT	January 2018	Included as part of the Learning from Deaths paper, agenda item 7.
29th November 2017	<b>Board Questions</b>	Roger Keyworth raised concerns about the process for rearranging outpatient appointments.	AG/NS	January 2018	<b>Completed</b> Mr Keyworth was contacted by the Head of Elective Patient Access to discuss his concerns.

To: Trust Board

Date: 01<sup>st</sup> February 2018

From: Marianne Griffiths, Chief Executive

Agenda Item: 5

## **FOR INFORMATION**

### **CHIEF EXECUTIVE'S BOARD PAPER**

#### **1. Highlights and headlines**

##### **Unprecedented demand**

The past few weeks have been extraordinarily challenging as demand for the expertise and care from our clinical teams, supported by our behind the scenes teams, has reached new levels. During the festive fortnight, our emergency teams saw more than 5,600 patients and our ward teams admitted and cared for 2,200 new people. These numbers are around 15% more than was the case two years ago. I have publicly thanked our staff and acknowledged how hard our teams are working, in very challenging circumstances, and how they do it with exemplary skill, kindness and compassion. I am very grateful for the thanks and support expressed by our patients who have acknowledged the quality of care and friendly service experienced.

##### **Let's Get You Home**

A joint campaign was launched to ensure patients spend no longer than they need to in hospital. Acute trusts, community trusts, CCGs, local councils and patient groups in Sussex have worked together on the Let's Get You Home campaign. Its aim is to support patients to return home safely or, if this is not possible, to move to a care home or supported housing once their treatment in hospital is complete. Patient and staff booklets, as well as posters and other public information is displayed across the trust. Patient Choice policies have also been made consistent across Sussex so the process of leaving hospital is the same wherever patients are treated.

##### **Nursing recruitment**

At the end of a trip to Cebu in the Philippines we were delighted to offer jobs to 86 nurses and look forward to welcoming those who pass the rigorous masters level English language test to Western Sussex. The overseas recruitment campaign complements the ongoing recruitment drive in this country and helps the trust to address the significant shortage of trained nurses available to work in the UK.

##### **10-10 visiting**

Patients on our wards can now enjoy seeing relatives and other visitors at any time of the day between 10am and 10pm which replaces the old split visiting times of 3-5pm and 6.30-8pm. The decision, which applies to all adult inpatient areas, was informed by feedback from pilots on six wards where open visiting 24 hours a day was trialled for three months. Benefits



from extended hours include more opportunities for consultants and therapists to talk in person with relatives, who in turn will hopefully feel less rushed when trying to speak to the nurse in charge.

### **Sepsis treatment**

A&E teams at Worthing and St Richard's are delivering dramatic improvements in the early identification and treatment of patients arriving with Sepsis, a life-threatening illness caused by the body's response to an infection. Early provision of antibiotics saves lives and trusts are challenged to deliver treatment to 90% of patients within one hour of arrival. However, the national average for trusts is only 44%. At Western Sussex, the emergency teams at St Richard's and Worthing have been trialling different approaches to quality improvement and have achieved 81%.

### **New electric beds**

More than 1,100 new electric profiling beds will be replacing all the trust's current bedstock on the wards this year with the first having arrived just before Christmas. The news has been enthusiastically welcomed by ward teams and especially nursing colleagues who on a daily basis deal with difficult manual controls, foot pumps and manipulating heavy metal frames.

### **Overseas visitors**

New legislation came into force in October which requires NHS trusts by law to obtain funding from chargeable overseas visitors prior to treatment. This is a significant change that the trust and staff are obliged to follow, however, it is important to note that this does not apply for patients where this would prevent or delay immediately necessary or urgent services, including maternity.

### **High praise for Endoscopy and Neo-natal**

The endoscopy department in Worthing has received the highest of praise from the Royal College of Physicians joint advisory group (JAG) on GI endoscopy. The JAG assessors commended the "exemplary environment" of the £8m department which opened in 2016 but reserved their best comments for the staff: "This is an outstanding team with clear lines of accountability and effective leadership across all aspects of the service," they said, adding: "The many novel and innovative approaches seen to monitoring and sustaining such a high quality service impressed the assessment team."

The Neo-natal unit teams at St Richard's and Worthing were praised by experts in their field following a successful peer review visit from the NHS Quality Surveillance Team. The visitors were impressed on both sites by the culture and ethos of the units, using phrases such as 'lovely atmosphere', 'really welcoming' and, most importantly, 'the Patient First approach was highly evident'. Particular praise was also given to the collaborative working noted between the two units, the neonatal service and maternity and obstetrics and with wider neonatal networks.

## 2. Events and visits

### Visit by Jeremy Cox

The new director of quality improvement at the Care Quality Commission visited Worthing and St Richard's to learn more about our Patient First programme. Jeremy Cox commended the "genuinely pioneering" approach at Western Sussex, adding that staff should be very proud of the impressive results". He said: "Western Sussex is on a genuine journey of improvement and the CQC is determined as part of our new strategy to become a lean and quality improvement focused organisation. What is happening here is a genuine change in thinking and culture, helping people to acquire a really solid set of principles that puts the patient absolutely at the heart of everything we do and helping people to improve systematically. We want to encourage more improvement like this across the whole health sector."

### Medicine for Members' events

We have an opportunity to take a behind the scenes tour of our two clinical skills and simulation suites. Book a free place email [events@wsht.nhs.uk](mailto:events@wsht.nhs.uk) / 01903 205111 x84038.

Friday 2 February, 11 am - midday, Worthing Health Education Centre (WHEC), Park Avenue, Worthing Hospital, BN11 2HR

Monday 5 February, 11 am - midday, Chichester Medical Education Centre (CMEC), St Richard's Hospital, PO19 6SE

### Diary dates

The next Council of Governors Meeting is 15 March at Worthing College, Denham Road, 1 Sanditon Way, Worthing, BN14 9FD commencing 09.30. The next Trust Board takes place on 26 April at 10.00 in the Boardroom, Washington Suite, Worthing Hospital. I would urge anyone wishing to keep in touch with Trust news and dates of future events to become a member of the Foundation Trust. Please follow the link on our website. Members automatically receive our monthly e-newsletter called @westernsussex.

## 3. Our People

### Recognising long service

We held two events to recognise staff who have worked in the health service for 30 years and made significant professional contributions to the ongoing success of the NHS and the trust. Just before Christmas we held similar events to recognise 7 members of staff who have served 40 years – and more - in the NHS. Chairman Mike Viggers said: "The common thread at both gatherings, which shone through, was the dedication to patient care and the support and commitment shown to colleagues. It is a humbling occasion and an utter pleasure to host and it is absolutely right that we recognise and honour colleagues who have dedicated their career to patients and the NHS."

Colleagues in Medical Imaging in Chichester gathered to surprise senior radiographer David Mussell who celebrated 50 years in the NHS. Finance director, Alison Ingoe, commended him for the longevity of his career which he began aged 17, with the last 41 years all at St Richard's.

Trust volunteer hairdresser Pam Snelling retired after 46½ years. Pam has been visiting St Richard's to wash and blow dry patients' hair every Monday and reflected on how the demand for her services has changed in recent years. I was delighted to present Pam with a selection of gifts and to express huge thanks from us, and on behalf of all the patients she has helped.

### **Employee of the Month**

Congratulations to Boxgrove Ward at St Richard's for winning Employee of the Month (August 2017) following a nomination by matron Jackie Dominic. She commended their compassion and cited two examples. The first involved all the team clubbing together to help a colleague return to her home country with her family to see her father for the last time. Jackie also shared how the team arranged for newlyweds in their wedding outfits to visit a parent who was too ill to attend the big day itself. Jackie said: "Boxgrove are a truly amazing team and deserve to be recognised for the things they do all the time – and they never shout about it – just quietly get on with providing this outstanding environment for patients and staff."

Staff nurse Adam Norris from Eartham ward, Worthing, won Employee of the Month (September 2017) following a successful nomination made by a member of the public. They wrote: "I would like to nominate Adam because he embodies all of the values which I believe a nurse should have, and which are key to the trust's excellence in caring for patients and their families and friends." Adam was commended for his compassion and the way in which he kept a dying patient's friend informed, helping them to spend precious time with their loved one before he died.

Claire Delaney, Physiotherapy Technician at St Richard's won the Employee of the Month award (October 2017) having been nominated by OT colleague Hannah Seagraves for designing and creating a bespoke device for a patient who was unable to hold a book and turn the pages. Claire researched possible devices and bought the equipment required – a tablecloth, rice and stuffing – and sewed a device to hold an iPad and books enabling the patient to read independently. I was delighted to present Claire with her certificate on Wittering Ward, watched by many colleagues who had gathered to congratulate with her.

### **Welcome to new colleagues**

Mr Adhish Avasthi, Fixed Term Consultant in Trauma & Orthopaedics, St Richard's

Mr Edward Dawe, Consultant in Trauma & Orthopaedics (Foot and Ankle), St Richard's

Dr Luke Hodgson, Consultant in Intensive Care Medicine (part time), Worthing, starting February 2018

Dr James Hayward, Consultant in Intensive Care Medicine and Anaesthesia, Worthing, starting March 2018

Dr Thomas Pratt, Consultant in Intensive Care Medicine and Anaesthesia, Worthing, starting March 2018

Dr Eleanor Glenday, Fixed Term Consultant in Paediatrics at Worthing, starting February 2018

### **And farewell to**

Mr John Edwin, Fixed Term Consultant in Trauma & Orthopaedics at St Richard's

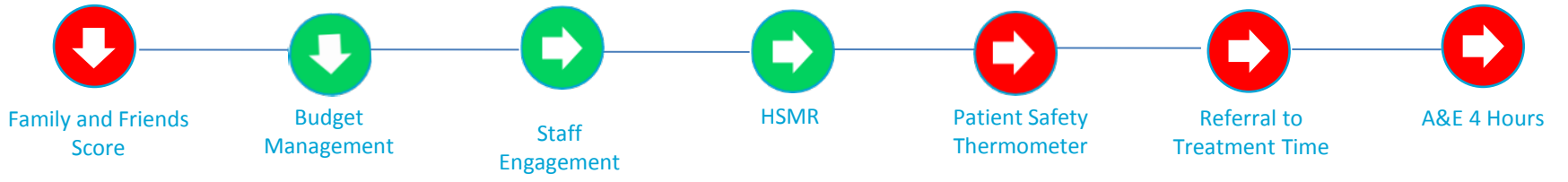
Mr Hazem Hassouna, Fixed Term Consultant in Trauma & Orthopaedics at St Richard's

Dr Gordon Caldwell, Consultant in Diabetes and Endocrinology at Worthing

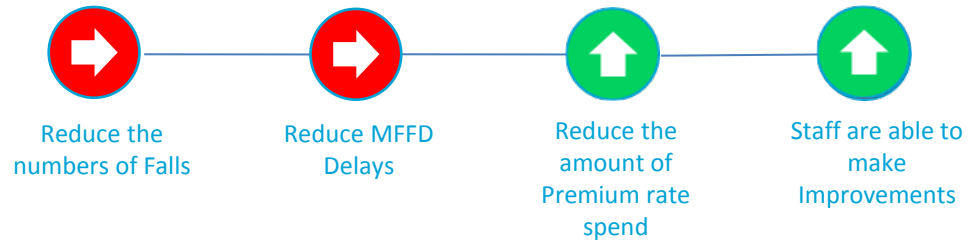


# Patient First Board Report – January 2018

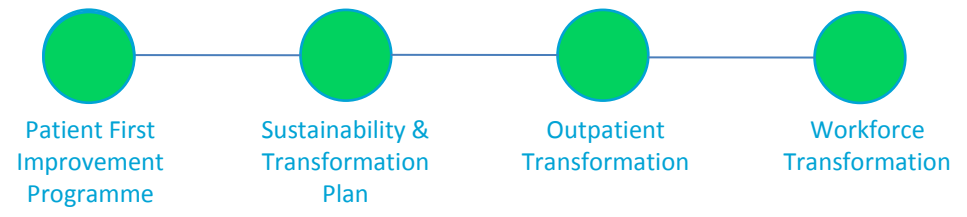
## True North



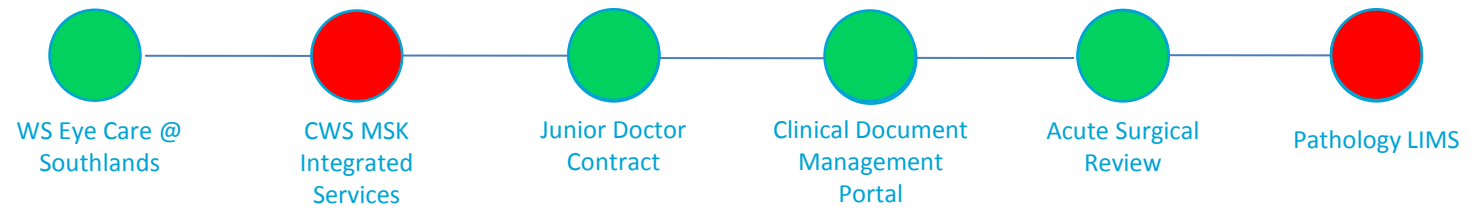
## Breakthrough Objectives



## Strategic Initiatives



## Corporate Projects



**Arrows indicate:**

- Metrics improving
- Metrics stable
- Metrics worsening
- Achieving target/project on track
- Not achieving target/not on track



Owner : Nicola Ranger

Status is **RED** and **DETERIORATING**

### What are we trying to achieve?

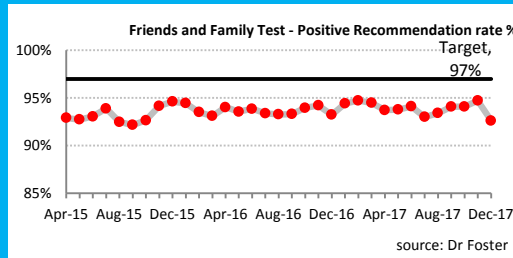
- Aim to achieve rates >97% positive recommendation
- Not to exceed 0.7% of not recommended
- Achieve response rate of >40% for inpatients

### What's gone well?

- Developing ability to report and triangulate patient and staff experience at clinical department/unit level
- The response rates for inpatients is 36% and likewise maternity (birth) = 40%

### What are the Organisational Risks?

- As a result of patients having a poor experience we incur adverse feedback which impacts on our Friends and Family Test scores



### What are the current challenges?

- A&E patients are dissatisfied with waiting; they cite the seating is uncomfortable and they feel cold. Some of the patients were also in pain whilst waiting in A&E to be seen
- Antenatal patients would like to be able to access healthier food and drink whilst waiting to be seen at SRH (not vending machines).

### How are we managing them?

- Identifying teams that receive higher volumes of PALs concerns and formal complaints to provide support to deliver improvements in patient experience.
- Preparing for imminent sign off of Patient Experience Strategy

### What is it important to know?

- Response rates are lower than usual which follows the national seasonal trend.
- Recommendation rates have remained static except A&E, which reduced from 88.1% 84.5%. Antenatal recommendation also reduced to 89.5%.

### What are we doing about them?

- Sharing root causes of poor satisfaction with relevant managers of services
- Introduced push reports to ward and dept. managers containing patient comments (effectively shortened the feedback loop)

Board Assurance Risk Score				
Target 6	M1 9	M2 7	M3 7	M4 8
M5 7	M6 7	M7 6	M8 6	M9 7

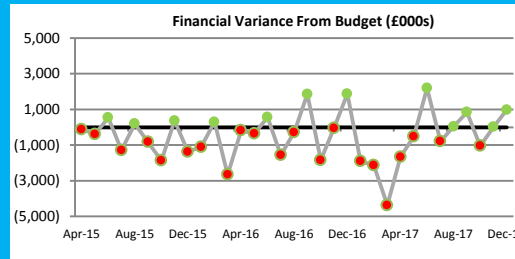


Owner : Karen Geoghegan

Status is **GREEN** and **DETERIORATING**

### What are we trying to achieve?

- The Trust is required to deliver its financial plan of £3.4m surplus in order to fund service developments and ensure sustainability
- Delivery of the financial plan enables the Trust to access the STF income. A total of £11.6m is available to the Trust.
- Metric is variance to financial plan.



### What is it important to know?

- The Trust is reporting a surplus of £2.27m before STF and has achieved its control total for Q3.
- Through achieving the control total the Trust is eligible to earn a maximum of £3.5m of STF income .

### What's gone well?

- The Trust delivered its Q3 control total.
- A minimum of £6.5m of STF income has been secured as a result of financial and operational performance in Q1-Q3.

### What are the current challenges?

- Impact of heightened seasonal demand and operational pressures on capacity and staffing.
- Resolution of outstanding income dispute with Coastal West Sussex in respect of 2016/17.

### What are we doing about them?

- Full review of Q4 forecast and discussion with Finance and Investment Committee.
- Executive level discussion with Coastal West Sussex with potential recourse to Expert Determination if required.

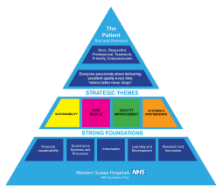
### What are the Organisational Risks?

- Local health economy sustainability and ability of commissioners to afford activity levels.
- Achievement of the financial control total in order to be eligible to receive STF income of £11.6m

### How are we managing them?

- Close working with commissioners through aligned incentives approach.
- Delivery of efficiency and transformation schemes., overseen by Efficiency and Workforce Steering Group.

Board Assurance Risk Score				
Target 12	M1 20	M2 20	M3 20	M4 20
M5 20	M6 20	M7 20	M8 20	M9 20



# True North



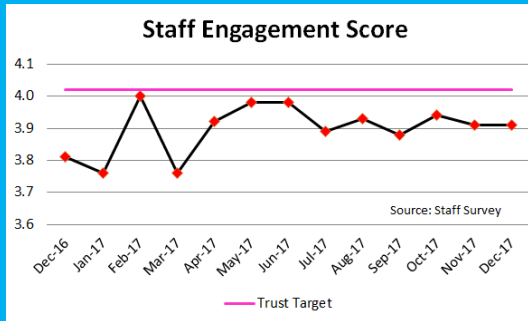
Owner : Denise Farmer

Status is **GREEN** and **STABLE**

### What are we trying to achieve?

Ensure that all staff are fully engaged in the work of the Trust. Three key elements:

1. Able to make improvements
2. Healthy culture
3. Motivation at work



### What is it important to know?

- Staff Survey closed 1 December with 66% response rate
- Biggest increase seen in Facilities and Estates by 12%
- First cut results demonstrate improvement in KF1, 4 and 7
- Positive results overall inc. H&WB

### What's gone well?

- Response to staff survey 2017 increased by 7%
- Communications strategy for staff survey

### What are the current challenges?

- Medical engagement remains low

### What are we doing about them?

- Communicated initial results December 2017. Internal use only
- National results due end of February
- Promoting results across the Trust

### What are the Organisational Risks?

- Operational pressures and available capacity impact on staff availability to engage
- Dissonance in organisational values and staff experience

### How are we managing them?

- Divisional SDR focus on improving engagement

Board Assurance Risk Score				
Target 12	M1 9	M2 9	M3 9	M4 9
M5 9	M6 9	M7 9	M8 9	M9 9



## HSMR

Owner : George Findlay

Status is **GREEN** and **STABLE**

### What are we trying to achieve?

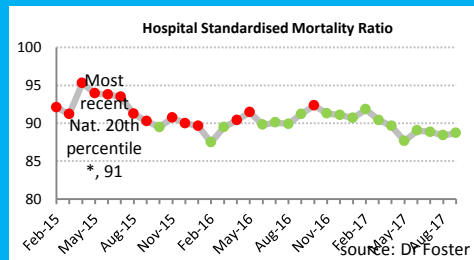
- Reduce the mortality rate for non-elective patients, we want to reduce the number of potentially avoidable deaths.
- To be in top 20% of trusts as measured by Dr Foster
- To learn from all deaths occurring at WSHFT and improve end of life care

### What's gone well?

- The electronic screening tool enabling consultant reviews has been in place for 9 months and is providing useful information especially on end of life care
- The Trust policy on Learning from Deaths has been published and is available on the Trust website
- A group of six mortality reviewers has been trained and start work in January 2018.

### What are the Organisational Risks?

- Mortality reviews have highlighted some patients where there have been delays in recognition and issues meeting end of life care needs.



### What are the current challenges?

- Continuing to achieve the sepsis bundle & antibiotic administration < 1 h over the winter
- Full implementation of the Structured Judgement Mortality Case Note review (SMR) tool for targeted cases.
- Responding to the learning points emerging from the reviews e.g. earlier recognition of end of life care needs.

### How are we managing them?

- Detailed Dr Foster monthly reports shared with divisions and oversight via Quality Board
- Mortality Steering Group implementing process for review of all deaths and additional oversight

### What is it important to know?

- HSMR is 88.71 (12mths to September 2017) with 1886 observed vs 2126 expected deaths
- WSHFT is within the top 20% of Trusts (15<sup>th</sup> percentile)
- HSMR by site SRH 87.56/ WH 89.71
- Crude mortality rate was 3.26% in December and year to date 2.84% (limit set at 3.13%)

### What are we doing about them?

- Kaizen support for sepsis pathway and oversight at Quality Board.
- implementing use of the SMR by the mortality reviewers from January and reporting to the Public Board from January 2018
- Including End of Life Business case in core division service priorities for 2018/19

Board Assurance Risk Score				
Target 9	M1 9	M2 9	M3 9	M4 9
M5 9	M6 9	M7 9	M8 9	M9 9





Owner : Pete Landstrom

Status is **RED** and **STABLE**

### What are we trying to achieve?

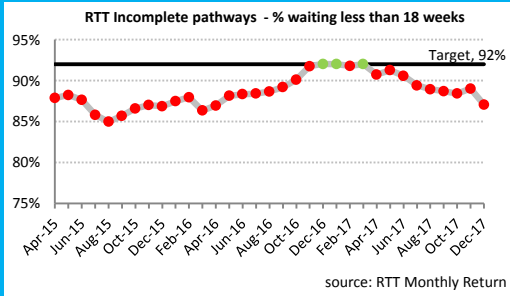
- Reduce the number of patients waiting an unacceptable time for elective treatments and appointments which leads to a poor patient experience.
- Metric is percentage of patient pathways completed in less than 18 weeks.

### What's gone well?

- 198 fewer patients waiting over 18 weeks in November (an improvement of 0.6% compliance)

### What are the Organisational Risks?

- Increased volumes, reduced flow, and non-delivery of activity volumes lead to a poor patient experience and waiting times.
- Failure to achieve National RTT 18wk constitutional target.



### What are the current challenges?

- 689 more patients over 18 weeks end December due to Christmas week, patient choice and emergency prioritisation.
- Ophthalmology backlog increased by 195 patients
- Increase in T&O backlog as a result of emergency pressure and increased demand

### How are we managing them?

- Activity and pathway management programme in place tracking speciality level delivery .
- Weekly specialty level improvement and delivery review with DDOs and Divisions weekly.
- Executive led ophthalmology recovery plans being implemented

### What is it important to know?

- Achieved 87.07% <18 wks for December.
- The Trust was non-compliant with National target and below the 17/18 STF trajectory.
- 12 specialties were non compliant

### What are we doing about them?

- Alongside the surgical plan for ophthalmology the Trust has a sustainability plan for all specialties.
- Focus is on recovery but within funded capacity, and avoiding high cost premium solutions.
- Specific ophthalmology review/ actions with executive and clinical leads

Board Assurance Risk Score				
Target 9	M1 12	M2 12	M3 12	M4 12
	M5 12	M6 12	M7 12	M8 12
	M9 12			



## A&E 4 Hour Waiting Times

Owner : Pete Landstrom

Status is **RED** and **STABLE**

### What are we trying to achieve?

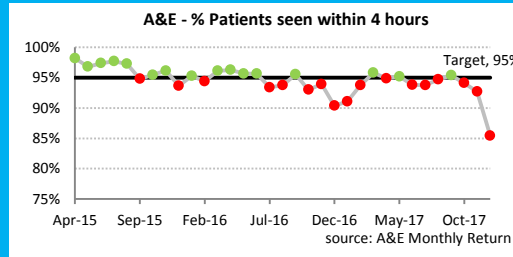
- Demands in the urgent care system lead to patient flow being compromised and poor patient experience.
- Metric is percentage of patients attending A&E seen within 4 hours - aiming to achieve 95% within 4 hours.

### What's gone well?

- Formally Delayed Discharges reduced in December to 2.73%

### What are the Organisational Risks?

- Changes to system wide capacity increases demand on hospital services and impacts on A&E delivery and potential failure to meet STF metrics.
- Highly reliant on temporary staffing with possible shortfalls impacting pressures on existing staff.



### What are the current challenges?

- December performance 85.4% following challenging Christmas week, particularly at Worthing Hospital.
- Medically Fit for Discharge patients on average 150 patients per day December (5 fewer than November)

### How are we managing them?

- A&E 4hr position discussed through Strategy Deployment Room and A&E Delivery Board.
- System wide Resilience Plan and performance to be monitored through A&E Delivery Board.
- Daily escalation and monitoring.

### What is it important to know?

- A&E attendances 3.4% higher than same period Dec-16
- 2 fewer occupied beds during December compared to November 2017, however this ranged from 775 to 901 beds occupied and average inpatient bed occupancy of 95.9%, with peaks of 99%
- Over 85 admissions increased by 8.9% WH, compared to Dec-16

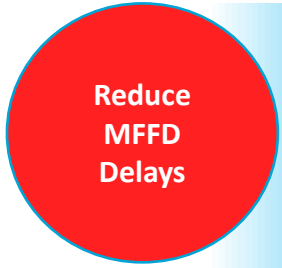
### What are we doing about them?

- Focus has been on improving flow
- A revised bed plan for 17/18 has been developed by Medicine and Surgery Divisions.

Board Assurance Risk Score				
Target 8	M1 9	M2 8	M3 9	M4 9
	M5 9	M6 8	M7 9	M8 12
	M9 12			



# Breakthrough Objectives



Owner : Pete Landstrom

Status is **RED** and **STABLE**

### What are we trying to achieve?

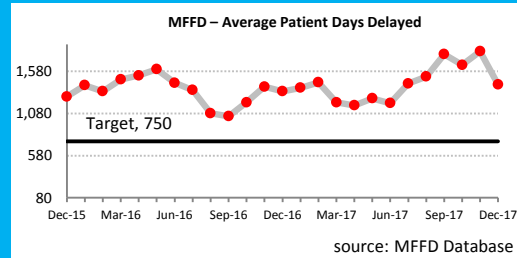
- Reduce the number of patients in our hospitals that are medically fit for discharge.
- MFFD patients in hospital beds can compromise patient flow, and impact on A&E wait and LOS.
- Metric is to reduce average patient days delayed by 50% .

### What's gone well?

- Average A&E demand greater than same period 2016 (+3.4%)
- Numbers of patients delayed each day reduced marginally to 150 on average.

### What are the Organisational Risks?

- Failure to reduce MFFD patients occupying acute hospital beds adversely impacts delivery of A&E and elective targets.
- Patients own health and wellbeing can be compromised by staying in hospital longer than required.



### What is it important to know?

- MFFD average patient days reduced to 1,424 in December
- Numbers of delayed pts varied between 113 on 3<sup>rd</sup> December to 190 on 20<sup>th</sup> December.

### What are the current challenges?

- Flow constraints, with peak of 190 patients medically fit December 20th.
- Worthing had an average occupancy of 97% in December, reaching 100% occupancy on 4 occasions pre Christmas week.

### How are we managing them?

- Weekly MFFD multi agency meetings on both acute sites as per national recommendations.
- Daily Board Round collection of delays and next step information by Discharge Team Daily SITREP reporting of formal DTOC patient numbers and reasons.

### What are we doing about them?

- Agreed National Funding to support increased resilience schemes for CWS including 25 additional community beds
- Senior Management ward buddies implemented to support Board Rounds and discharge flow including launch of 'Early Bird' patient discharges to lounge before 9am

Board Assurance Risk Score				
Target 9	M1 9	M2 9	M3 9	M4 9
	M5 9	M6 9	M7 9	M8 12
	M9 12			



# Breakthrough Objectives

Reduce the amount of premium rate pay spend

Owner : Karen Geoghegan

Status is **GREEN** and **IMPROVING**

### What are we trying to achieve?

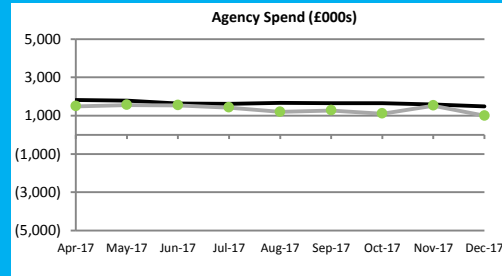
- Reduce the amount spent on premium rate workforce solutions
- Remain within the agency ceiling set by NHS Improvement.
- Reduce medical agency expenditure by £1.0m compared to 2016/17 in line with target set by NHSI.

### What's gone well?

- Sustained year on year reduction in nursing agency.
- Decreased waiting list initiative spend in December.

### What are the Organisational Risks?

- Premium rate pay expenditure is unsustainable and Trust is unable to deliver I&E control total and therefore not able to access Sustainability and Transformation fund.



### What are the current challenges?

- Increasing medical agency expenditure.
- Improving cap compliance particularly within medical placements.
- Delivery of elective waiting times without increasing reliance on WLI payments.

### How are we managing them?

- Weekly reporting of agency spend at Executive Agency Review Meeting.
- Targeted divisional focus through strategy deployment.
- Weekly scrutiny of agency spend against overall ceiling trajectory plan.

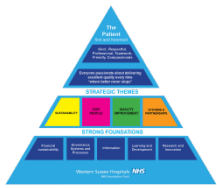
### What is it important to know?

- Cumulatively agency expenditure is £3.1m below the ceiling target.
- Spend reduced in month due to reduced demand in elective areas and reduced supply over the Christmas period.

### What are we doing about them?

- Bilateral meetings to review key areas of spend and exit plans for medical agency.
- Regular reporting and review, including Chief Executive approval, of high cost and long-term placements.
- Developing approach to medical agency market management .

Board Assurance Risk Score				
Target 9	M1 12	M2 12	M3 12	M4 12
M5 12	M6 12	M7 8	M8 8	M9 8



# Breakthrough Objectives

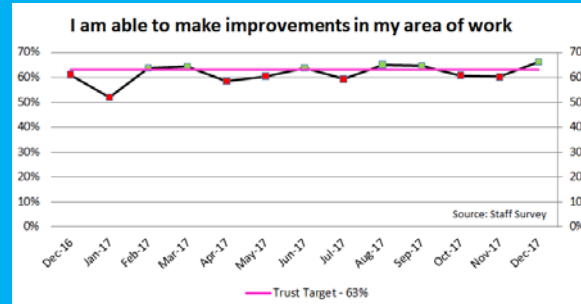
Staff are able to make improvements

Owner : Denise Farmer

Status is **GREEN** and **IMPROVING**

### What are we trying to achieve?

- Enable staff to have the opportunities, tools and support to identify and make improvements in their area of work



### What is it important to know?

- Staff survey 2017 results show improvement in Q4d up by 2% to 57%
- Pulse surveys in pilot areas providing evidence of breakthrough objective

### What's gone well?

- Second wave training completed at SRH for portering, housekeeping, typing pool and medical records
- Staff survey response rate increased by 7%

### What are the current challenges?

- Understanding what's underpinning variation in monthly results

### What are we doing about them?

- Communicating Trust and divisional results end of February.
- National results embargoed till 6 March 2018

### What are the Organisational Risks?

- Roll out of PFIS to clinical areas first risks disengaging some groups of staff

### How are we managing them?

- Strategy deployment roll out to non-PFIS areas continuing
- Reminder for all questions to be answered at H&S days
- Promoting local examples of improvements at H&S days
- Pop up story boards being developed for use in education centres
- Exec presence at F&E Wg staff engagement board on 25 January

Board Assurance Risk Score				
Target 12	M1 9	M2 9	M3 9	M4 9
M5 9	M6 9	M7 9	M8 9	M9 9



## What are we trying to achieve?

## How are we doing?

## What is important to know?

### Patient First

Owner: Anil Mathew

- Development of continuous improvement (Kaizen) Strategy that supports True North and Patient First objectives within the Trust to empower staff to solve problems and make improvements.

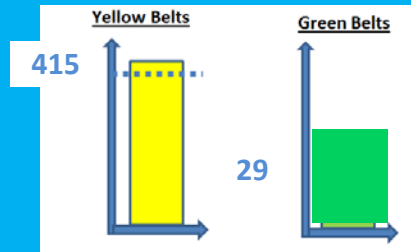


- Patient First Kaizen Office Weekly "huddle" meetings take place with Denise Farmer in attendance.
- This provides full visibility of the programme, weekly progress and opportunity for any issues to be escalated and resolved promptly.

Patient

### Capacity and Capability

- To ensure all staff have knowledge, skills to participate in Lean based improvement activities in helping to build a culture of continuous improvement in supporting True North and objectives of Patient First



- This months Yellow Belt training at Worthing (day 2) was completed with positive feedback from our staff.
- Coaching & Mentoring sessions for GBs is set up to help provide further support
- Yellow Belt training interim and final presentations occur Monthly- empowers our staff to make improvements.

People

### Lean Projects

- The Lean Improvement Projects are assigned to the Kaizen Team who provide coaching and mentoring, A3 approach and Problem Solving working within a collaborative team environment

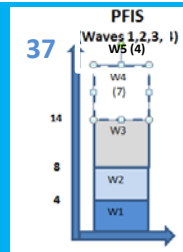


- Kaizen Team currently providing coaching and support in line with Divisional Project priorities . Given current winter pressures , extra focus for Non-Elective Flow inc. Morning Discharges continues with Exec support.
- Greater focus from the Project team to deliver Flu Jabs target against plan.

Quality Improvement

### PFIS

- Lean management systems (PFIS) implemented across the whole organisation with full support and engagement from all teams, operationalised to the required standard to enable staff to make improvements



- PFIS Wave 7 has started for Coombes, Chanctonbury, Endoscopy, Pre-Assessment, Delivery Suite, Bramber, GDU & EPAC.
- Coaching and Mentoring continues in line with implementation plan & schedules with agreed Driver & Watch Metrics in place to align with SDR / Divisions

Quality Improvement



# Strategic Initiatives

## Sustainability and Transformation Plan

Owner: Andy Gray

### What are we trying to achieve?

- Deliver a system wide plan to deliver the 5 year forward view and close gaps in health and wellbeing, care and quality and finance across Sussex and East Surrey.

### How are we doing?

- The Trust continues to engage with range of STP forum
- Trust continues to support CCG in developing Local Community Networks as outlined within 'Inspiring Healthier Communities'

### What is important to know?

- New STP Chair appointed. Initial meeting held with Chief Executive.

Patient

## Coastal Care

### What are we trying to achieve?

- A population based approach for Coastal West Sussex delivered through increasing integration in order to improve standards, manage demand and make the system financially sustainable.
- Strategy includes Health and Social Care.

### How are we doing?

- Development of Local Community Networks being led by CCG and receiving good engagement.

### What is important to know?

- CCG Considering future options and models. Commitment to Place Based Plan remains.

Sustainability

## Stroke Reconfiguration

### What are we trying to achieve?

- Ensure the provision of high quality stroke services meeting the National Stroke Strategy 2007 clinical standards
- Sussex-wide review of Stroke Services supported by the Sussex Collaborative Delivery Team and funded by the seven Sussex Clinical Commissioning Groups

### How are we doing?

- CWS CCG and WSHFT have collaborated to implement the activity, bed capacity and financial analysis re-work recommended by Clinical Senate

### What is important to know?

- CCG & WSHFT are in process of agreeing a joint recommendation which will to take into account the STP planning process

Quality Improvement



## Outpatient Transformation

**Owner: George Findlay**

### What are we trying to achieve?

- To improve every outpatient appointment interaction
- To improve patient experience and simultaneously make the best use of Trust resources

### What is important to know?

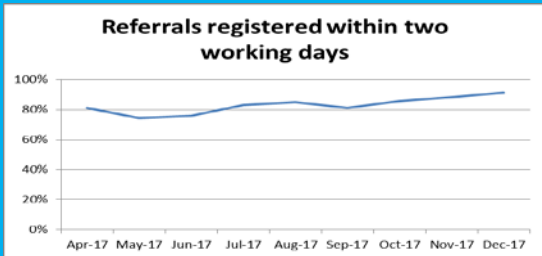
- Programme priorities being delivered predominantly to plan. Text reminder pilot demonstrated to be successful, implementation pending business case to demonstrate cost neutral.
- Docman well received by specialties and implementation on plan

Patient

## Time taken to process referrals

### What are we trying to achieve?

- Once a referral is received, manual processes are needed. Achieving best practice could reduce the time taken to manage and grade referrals by an average of 8 days



### What is important to know?

- 91.5% referrals registered within 2 working days in December 2017 – target 80%
- Docman referral management system on track. Phase 1 specialties (Ophth, ophth, Urol) now live and second phase specialties in progress. Estimated completion March 2018
- Implementation of mandatory CQUIN to publish new slots on national e-Referral System on track

Sustainability

## Demand and Capacity

### What are we trying to achieve?

- This transformational programme will support specialties to review clinic capacity. We anticipate this will reduce on-day delays and improve overall capacity to see more patients with the same resource.

Speciality	DNA before Texts	DNA after Texts
ENT	10.13%	6.1%
Gastro	13.45%	9.5%
Paediatrics	9.89%	7.8%

### What is important to know

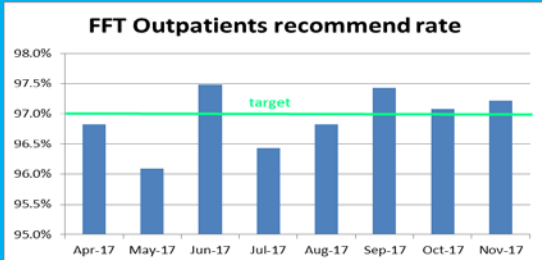
- December DNA increased to 6.13% from 5.59% in November
- DNA target 5.4% by 31.03.2018 – to achieve top 10% nationally.
- Text reminder pilot ceased end November.
- Encouraging DNA improvements demonstrated, business case in progress to implement SMS text service in 18/19.

Systems and Partnerships

## Patient on-site waiting times

### What are we trying to achieve?

- When patients come to our Outpatients, they are waiting too long to be seen. Our objective is to reduce these waiting times - prioritising specialties with longer waits



### What is important to know?

- Recommend rate achieved since September 2017
- Outpatients FFT response rate reduced to 8.9% in November against a 10% target – first month below target since May 2017. Stratification of data completed with actions to improve identified.

Quality Improvement





# Strategic Initiatives

## Workforce Transformation

Owner: Denise Farmer

### What are we trying to achieve?

- To develop and maintain a robust medical workforce, including creation of new and/or extended roles to mitigate recruitment challenges and reduce reliance on agency
- Market management of agencies supplying nursing workforce, to achieve 100% cap compliance; reducing reliance on agency staff through switch and bank initiatives, as well as continuing domestic and international recruitment campaigns

### How are we doing?

- Continued difficulties in recruitment into medical workforce vacancies has been partly mitigated through development of new roles including RMOs, ROCs and Clinical Fellows
- Nursing cap compliance has improved from 1% in Oct '16 to over 60% at the beginning of Jan '18.
- A reduction in RN agency spend of shifts of 70% - from c£800k per month in Dec'16 to £246k in Dec '17; this is despite a small 5WTE increase in contracted workforce

### What is important to know?

- Staff vacancies have remained stable, despite an increase in turnover to 9.5% in Q3
- Roll out of HR IT systems continues - medical revalidation, job planning and annual leave systems have been replaced; together with roll-out of Junior Doctor e-rostering pilot
- Introduction of Safe Care electronic system, providing real time status of nursing fill and acuity on wards, has achieved c50% compliance



# Corporate Projects



Owner: Pete Landstrom

- What are we trying to achieve?**
- Relocate Worthing Ophthalmology to Southlands
  - Provide capacity to achieve 18 week RTT and meet anticipated future demand
  - Improve patient experience by redesigning patient pathways

Target Date	Workstream	Progress
Spring 2017	Building programme	Complete
Dec 16	Staff consultation	Complete
Upon opening	Job Planning	On track
Upon opening	Recruitment & training plan	ongoing
Feb 17	Development of new patient pathways - to be tested	Complete
Q4 16/17	Service Transition Plan	Complete
ongoing	Equipment plan & training	Complete
Q1 17/18	Operational Policy	complete
27.03/17	Evolve go live	complete
Sept 17	OOH emergency theatre on call in place	On track

- What is important to know?**
- Go live – Tuesday 27<sup>th</sup> June.
  - Car parking phased plan agreed.
  - Theatres achieved IC approval.
  - Clinics and lists now booked.
  - OOH emergency pathways need to be formally agreed.
  - Potential for OOH emergencies to go to Sussex Eye in Brighton long term – under discussion
  - Southlands Ophthalmology now in 'business as usual' status.

- Key Risks:**
- Car parking solution insufficient for staff needs at present.
  - OOH emergency pathways – significant increase in walk in activity and OOH emergencies still not in place with weekend theatre access – discussions ongoing with BSUH

- Mitigations:**
- Operational programme team in place to oversee service changes and manage risk.
  - Equipment costs being tightly managed.
  - Joint work with Estates to identify number of car parking spaces required –potentially 60-70 spaces needed – now identified as part of 17/18 capital plan – to be completed by Dec 17.

<b>Target 9</b>	M1 9	M2 2	M3 2	M4 2
M5 6	M6 6	M7 6	M8 6	M9 6



# Corporate Projects

Owner: Marianne Griffiths

## CWS MSK Integrated Service

### What are we trying to achieve?

Improved patient outcomes, shorten waiting times & control health economy costs by:

- Redesigning MSK Pathways for elective and outpatient care
- Lead on delivering an integrated service collaboratively with SCFT & 3<sup>rd</sup> parties.

MSK Programme High level Milestones - Updated Sept 2017		
Target Date	Action	Completeness
Jul-16	Develop detailed plans for triage and treatment service	100%
Jul-16	Present work to date to CCG	100%
Aug-16	Develop Early Implementation and Change Control process	100%
Aug-16	Develop Locality Plan and itemise Service Changes	100%
Aug-16	Response from CCG to contract negotiation	Still awaiting
Dec-16	Partnership MOU and NDA in place	100%
Feb-17	Introduce GP Pilot and Triage and Treatment Service	100%
Feb-17	Clinical Information System implementation commenced	Investment TBD
Apr-17	Colocated MDT hubs in place at Worthing and Pulborough	Investment TBD
May-17	Develop detailed plans for specialist MDT pathways	not started
Jun-17	Self management service commences (subject to contract)	not started
Oct-17	Bognor and Southlands Hubs and all MDTs fully operational	not started

### What is important to know?

- Discussions relating to integrated models of care, collaboration and progressing MSK are ongoing. These will continue in the context of the Aligned Incentive Contract.
- GP pilot launched in 3 practices w/c 18 September, ESP in Physio changes made for WSHT and Integrated Triage went live early October. Monitoring as a PDSA is continuing.

### Key Risks:

- Significant loss of staff engagement and momentum due to ongoing delays in start of the full MSK redesign programme
- The central MSK programme team within WSHFT has no staff in post following the promotion of the Project Manager within SCFT.

### Mitigations:

- Dialogue between SCFT and WSHT at operational and executive level to Integrate care on several programmes of work and ensure priorities are aligned.

Target 8	M1 20	M2 20	M3 20	M4 20
M5 20	M6 20	M7 20	M8 20	M9 20



# Corporate Projects



Owner: Ian Arbuthnot

### What are we trying to achieve?

- All patient records to be paperlight at WSHFT by 2020

Go live Timeframes	Action	Progress
To be scheduled post form build	Occupational Therapy OP – WG, SL & SRH	To commence 3.7 upgrade
Jan – Mar 18	Upper GI / General Surgery	Requirements raised by service being worked through by project team Commencement in January at risk.
Feb 18	Evolve 3.7 upgrade	On Track

### What is important to know?

- 8 Services have gone live, with Evolve now in use Trust wide.
- Statistics since go live to end December 2017:
  - 3,691 staff trained to date
  - 1,924 active system users
  - 38,172 completed e-Forms to date
  - 63,460 patients records digitised.

### Key Risks:

- Project is under resourced across all teams, with a lack of the necessary skill mix to achieve results in a timely manner to meet project timescales.
- Operational Pressures and in some areas a resistance to change, may mean that agreed project timescales will not be met.

### Mitigations:

- Work is prioritised and completed within the team's capacity. In addition, BAU teams are being upskilled to meet requirements.
- Investigate areas with less operational pressures. Liaison with services to minimise the resistance. Where reluctance persists, to be escalated to the Project Board.

Target 9	M1 9	M2 9	M3 9	M4 9
M5 9	M6 9	M7 9	M8 9	M9 9



# Corporate Projects

Owner: George Findlay

## Acute Surgical Review

### What are we trying to achieve?

- Service review to ensure we are operating emergency and urgent surgery across the St Richard's and Worthing sites in the most effective way.

### How are we doing?

- Review is complete – 16 recommendations
- Report presented to Trust Board, TEC, joint surgical governance meetings and physicians meeting.
- Colorectal team now meeting weekly.
- Joint polyp MDT commenced January 2018.
- RMOs started in August to help under pin junior doctor shortages at WG. Full review of jnr dr workforce to take place Q4 17/18.
- 2 emergency consultant surgeons now appointed at WG.
- 2 outstanding recommendations relating to centralisation agenda for Breast and Urology.

### What is important to know?

- No major reconfiguration required at this time – not evidenced via the review.
- Very clear view articulated via the listening exercise – all of these viewed represented in the recommendations.
- Some recommendations already implemented and others merging to reduce recommendations and manage project more effectively.

### Key Risks:

- Risk of lack of engagement by staff.
- Data analysis must be robust – tight timeframe to complete this work.
- Risk outcome may not be accepted by surgeons who feel the review has take too long and not addressed key issues.
- Some concerns around overnight workload for RMOs and Jnr Drs. Subject to full review by DDO/CoS.

### Mitigations:

- Communication and engagement plans in place to communicate outcome – complete.
- Project governance further supported by PMO.
- Key recommendations to try and address concerns of clinicians – some like cross site working may not be popular but deemed necessary for cross collegiate working to improve .

<b>Target</b> 6	M1 6	M2 6	M3 6	M4 6
M5 8	M6 8	M7 6	M8 6	M9 6



# Corporate Projects

## Pathology LIMS

Owner: Pete Landstrom

### What are we trying to achieve?

- Install a new laboratory information management system (Winpath) and order comms system (Cyberlab) as part of the Abbott pathology managed equipment service which will support full service integration and delivery of the process and workforce efficiencies associated with the planned automated hot and cold site lab configuration for WSHFT.

### How are we doing?

- User acceptance testing 70% complete for WinPath (LIMS)
- GP testing of CyberLab (Order Comms) complete.
- Data Take On for Cellpath for Worthing complete and signed off, Cellpath SRH & BT SRH and Worthing due to be back with us for final testing by 24<sup>th</sup> Jan.
- E-Learning training material for Order Comms for the GP's complete and with CCG for final approval.
- Entire solution (LIMS & O/C,) server estate patched and ready for go-live.

### What is important to know?

- Clinisys have provided product specialists on site for the next two weeks to support the final elements of testing and resolve issues as they're discovered.
- Cutover planning is progressing with a high level plan that both Trust and Supplier are agreed upon.
- Staff shortages in Microbiology combined with an increased BAU workload have slowed testing and training for this discipline.

### Key Risks:

- There is a risk that Pathology staff resources are inadequate to support project activities.
- There is a risk that any unplanned absence / loss of Lab staff for more than 2 weeks will result in the project go-live being delayed.
- There is a risk that funding will be insufficient to cover the cost of resources through to go-live.

### Mitigations:

- Wherever clinically possible project activities are being prioritised.
- Wherever clinically possible project activities are being prioritised.
- Weekly financial tracking being used to monitor and manage expenditure.

To: Trust Executive Board

Date of Meeting: January 2018

Agenda Item: 6.1

Title
<b>Month 9 (December), 2017/18 Monthly Quality Report</b>
Responsible Executive Director
Dr George Findlay (Chief Medical Officer) and Nicola Ranger (Chief Nurse)
Prepared by
Jo Habben (Head of Clinical Governance and Patient Safety)
Status
Disclosable
Summary of Proposal
Not applicable
Implications for Quality of Care
Describes performance against quality outcome KPIs, including safety, infection control, experience, effectiveness and mortality.
Link to Strategic Objectives/Board Assurance Framework
This report pulls together key national, regional and local quality indicators relating to quality and safety providing assurance for the Board and (if necessary) highlighting issues.
Financial Implications
Describes KPIs that have potential financial impact (e.g. CQUIN)
Human Resource Implications
Describes KPIs linked to workforce
<b>Recommendation</b>
<b>The Board is asked to: Note the contents of this report.</b>
Communication and Consultation
Not applicable
Appendices
Appendix 1: Quality Scorecard Appendix 2: Ward Staffing Scorecard Appendix 3: SafeCare report

## **1 INTRODUCTION**

- 1.1 This report brings together key national, regional and local indicators relating to quality and safety. The purpose of the report is to bring to the attention of the Trust Board quality performance within Western Sussex Hospitals Foundation Trust (WSHFT).
- 1.2 The paper describes performance on an exceptional basis determined by RAG (red/amber/green) ratings based on national, regional or local targets.

## **2 2017/18 REFRESH**

- 2.1 There will be a refresh of the Monthly Quality Report for 2017/18 to reflect the key quality objectives for the next year aligned to Patient First and our True North objective<sup>1</sup>. For now however, the report follows the same format as previously using the same suite of metrics, with revised targets using similar logic in the interim to that applied for 2016/17:-

- If 2016/17 performance exceeded target, then 2016/17 actuals used as 2017/18 target
- If 2016/17 performance did not meet target then 2016/17 target remains the same for 2017/18
- If there is a national or set target then that will continue as the measure
- Any metrics with no target set continue as before

- 2.2 The new scorecard is in development and will incorporate a more extensive range of metrics and targets.

## **3 KEY QUALITY OBJECTIVES**

### **3.1 Scorecard Definitions**

- 3.1.1 The full Clinical Quality Scorecard is presented as Appendix 1. Figures are in-month figures (e.g. the number of falls reported in December) unless otherwise stated. The Scorecard shows 13 months to allow trends to be identified, although some data items are reported retrospectively. Year to date actuals/targets are based on financial years unless otherwise stated (standardised mortality ratios are recorded as 12 month positions for example). A subset of the key measures from the report is presented at 3.3. These remain the same sub-set as last year and will be refreshed when the new scorecard is established.
- 3.1.2 Exception reports are included under the relevant section of this report (Effectiveness, Safety and Patient Experience).
- 3.1.3 Although the scorecard reflects 13 months of data, only the current financial year and year to date values are RAG rated - with the exception of those metrics reported in arrears where the most recent data-point of last year is RAG rated.

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<sup>1</sup> Patient First is our long term approach to transforming services. 'True North' is the one constant towards which the four strategic themes for the organisation – sustainability, people, quality improvement and Systems & partnerships – should lead.



### 3.2 Domain scores

3.2.1 The score is an overall indication of the performance in relation to each of the domains - Effectiveness, Safety and Patient Experience. The score is calculated as follows: Each RAG rated indicator for a month is scored: red scores 1, amber scores 2, green scores 3. These scores are then totalled and divided by the total number of indicators with RAG ratings to give a score for the domain as a whole between 1 and 3. This final score can then itself be RAG rated with >2.5 giving an overall green, 1.5 to 2.5 amber and <1.5 an overall red score for the domain as a whole. For example if a domain had two greens and a red the calculation would be as follows:

$$3 \text{ (green)} + 3 \text{ (green)} + 1 \text{ (red)} = 7$$

$$7 / 3 \text{ (i.e. the total number of metrics)} = 2.33 \text{ i.e. amber overall.}$$

3.2.2 Domain scores are calculated based on the year to date RAG ratings for each metric. Previous months are retrospectively updated to take account of any measures reported in arrears, and should additional metrics be added within the domain. As with any aggregate indicator, it remains essential that the Board retains sight of the individual elements as well as the domain score as a whole.

### 3.3 Overview of Key Quality Objectives

3.3.1 The following table shows performance against key quality objectives.

Indicator	Oct 2017	Nov 2017	Dec 2017	2017/18 to date	2017/18 Target / limit
Effectiveness Domain Score	2.48	2.35	2.41	2.55	2.5
Safety Domain Score	2.06	2.31	2.21	2.08	2.5
Experience Domain Score	2.39	2.52	2.52	2.39	2.5
E01 Trust crude mortality rate (non-elective)	3.15%	3.06%	3.26%	2.84%	3.13%
E03 Hospital Standardised Mortality Ratio for top 56 diagnoses (Dr Foster, based on rolling 12 months)				88.7	<92
S06 Number of Serious Incidents Requiring Investigation (number reported in month)	2	4	10	44	60
S14 Numbers of hospital attributable MRSA	0	0	1	1	0
S28 Numbers of hospital C. diff where a lapse in the quality of care was noted	0	2	1	12	16
X38 The Friends and Family Test: Percentage Recommending Inpatients	96.7%	97.0%	95.7%	96.7%	97%
X39 The Friends and Family Test: Percentage Recommending A&E	85.5%	88.1%	84.5%	85.2%	93%
X13 Mixed Sex Accommodation breaches (number of breaches)	0	0	0	0	0
X18 Number of complaints	32	42	30	338	570

## 4 EFFECTIVENESS

### 4.1 Crude Trust Mortality

4.1.1 Due to the low level of mortality experienced in elective care, the Trust measures mortality in relation to non-elective activity using the previous year as a benchmark.

4.1.2 Crude non-elective mortality increased from 3.06% in November to 3.26% in December. This is marginally below the equivalent month in 2016 (December 2016 = 3.29%) and is well within the normal limits associated with the seasonal variation in crude mortality. The number of non-elective patients who died in December was 190 (from 5830 discharges). The year to date mortality rate is 2.84% and the rolling 12 month mortality rate is 3.05%. The limit for both measures is 3.13%.

### 4.2 Hospital Standardised Mortality Ratio (HSMR)

4.2.1 There is a delay in data being available in Dr Foster tools to allow for coding and processing by the Health and Social Care Information Centre and Dr Foster. The most recent data available is September 2017.

4.2.2 The Trust's HSMR for the twelve months to September 2017 is 88.7 (where 100 is the level predicted by the Dr Foster model using the June 2017 benchmark).

4.2.3 The twelve month HSMR to September 2017 split by site continues to be lower for St Richard's (87.56) than for Worthing and Southlands (89.71). The difference is marginally higher at SRH and lower for Worthing than the previous month and remains well within acceptable variation limits, with both sites remaining below 100.

4.2.4 There is a notable decrease in the crude non-elective mortality for renal failure- from 20.8% in November, to 8.0% in December against an annual target of 15.5%. Year to date mortality is noted as 15.3% against an annual target of 15.5% In Q4, the Mortality Group will be focusing on the variations in the Crude Mortality data, and reviewing the clinical coding process regarding Renal/Acute Kidney Injury (AKI).

4.2.6 A further report is available to clinical leaders in the Trust showing the clinical diagnostic areas with high actual versus expected mortality and any mortality CuSum alerts.

4.2.7 The Trust has set the goal of achieving a position within the top 20% of Trusts as measured by HSMR. For the twelve months to September 2017 performance using this measure continues to place us well within the top 20% of Trusts on the 15th centile.

#### 4.3 Summary Hospital-Level Mortality Indicator (SHMI)

4.3.1 The latest data made available by the Health and Social Care Information Centre is for the period to June 2017. The Trust value is 0.95 (where 1.00 is the national average), with the Trust banded as 'as expected'.

#### 4.4 Exception Reports Relating to Effectiveness

4.4.1 E13. C-Section rate. A continued increase in the Trust Caesarean Section rate was recorded at 33% in November (27.7% YTD) against a target of 26.5%. Each case where a woman has a caesarean delivery undergoes a review process to look for learning opportunities. No systemic causes or trends have been identified and practice is very much in line with national recommendations for safe practice and NICE guidance. Increasing normal birth continues to be an area of focus for the division and rates are closely monitored via monthly divisional performance reviews.

4.4.2 E18. A decrease from November's data (96.9%) in patients admitted as an emergency (staying over 72 hours) and screened for dementia, was noted in December's data as 87.0% against an annual target of 90%, YTD is recorded as 91%.

4.4.3 E42. Night time moves in patients with a diagnosis of dementia. In December, 66 patients with dementia were moved at night (between 23:00-07:00hrs). The Dementia Team continues to monitor and record/audit the moves and the Kaizen work stream is not only focused on patients with a diagnosis of dementia but also any patient that is moved at night. Ongoing improvement work continues with representation from the Kaizen Team, Matrons, Dementia Matron, the Site team and the Clinical Lead for the Emergency Floors.

4.4.4 E27. Stroke thrombolysis within 60 minutes of arrival (reported November) demonstrates a decrease in performance to 77.8% against a target of 95% (YTD actual 71%).

4.4.5 E30. The percentage of patients at high risk Transient Ischemic Attack (TIA) seen within 24 hours also demonstrates a decrease from 15.4% reported in October to 7.7% reported in November. (YTD actual 19.5% against an annual target of 60%).

4.4.6 CT scans undertaken within 12 hours has increased to 97.6% (YTD actual 95.3%) against an annual target of 95%.

4.4.7 E23. Local Clinical Research Network Score recorded as 312. The reduction in the research recruitment metric for December is related to a reduction in the numbers of interventional trial participants which was partially expected as usual month to month variation but which has also been impacted by support department capacity issues, winter pressures leading to cancellation of elective

procedures and unexpected (outside trust) delay to project start of one large recruiting interventional trial. Research plans to amend the research metric to increase transparency of reporting in line with the Research and Innovation Strategy and this will be presented to February Quality Board.

4.4.8 E51-E53. Seven Day Services- this October the Trust took part in its third self-assessment (NHSE) for 7 Day Services. This round of self-assessment focused purely on Clinical Standard 2 'Patient to be seen by a consultant within 14 hours of admission' across the country. The Results have remained static from the last self-assessment in the spring 2017. The tables below show (Table 1) the progress towards the 90% target and (Table 2) that there is a reasonably even compliance between sites for this round.

4.4.9 WSHFT remains below the latest national average published on the 7 Day Services website for Standard 2 at 72%. Information from NHSE suggests that Trusts performing well against standard 2 have focused on matching consultant availability with peak patient demand. A WSHFT team is due to attend a regional sharing and learning event for clinical leaders in February 2018.

4.4.10 The Trust is expected to fulfil the Seven Day Service standards for all admitting specialities by 2020. The Trust has highlighted to the 7DS Lead at NHSE that WSHFT is working hard to fulfil the Stroke element of Standard 2 and will continue to work towards the 2020 milestone for all other specialities.

Table 1.

Self-Assessment Period	September 2016	March 2017	October 2017
<b>Patients reviewed by a consultant within 14 hours of admission at hospital</b>	50%	68%	66%

Table 2.

October 2017 Results Split by Site	Sample Number	Suitable consultant review within 14 hours of ADMISSION	% compliance
Worthing	122	80	66%
St Richard's	123	82	67%
Overall	245	162	66%

4.4.11 There is variation across weekend figures between the latest two audits with Friday (12% decline), Saturday (14% increase) and Sunday (9% decline) showing a variation in performance over the last six months. There is also an emerging different pattern across the two sites. Worthing Hospital is showing admission in the evening appears to be an issue in achieving compliance. While St Richards

Hospital there is a weaker pattern, but the data suggests that Thursday and Friday are weaker in compliance.

- 4.4.12 Analysis was carried out on all cases when the patient did not receive a consultant review within 14 hours. Each patient that did not achieve the 14 hour target has been reviewed individually by clinicians and this data has been compiled into a report. Using this approach for the autumn 2017 assessment has provided valuable data that will support further gap analysis at divisional level to achieving the 2020 milestone across the Trust.

## **5 SAFETY**

### 5.1 Central Alert System (CAS) Safety Alerts

- 5.1.1 There are no outstanding alerts for the Trust up to December 2017.

### 5.2 Serious Incidents Requiring Investigation (SIRIs)

- 5.2.1 There were 10 reported incidents categorised as a Serious Incident requiring investigation in December. Five patients fell and sustained a fractured Neck of Femur requiring further surgery, two Serious Incidents were reported where there was a failure to follow up treatment causing a delay-resulting serious harm (Ophthalmology), two further Serious Incidents were reported where a delay in a diagnosis led to serious harm and a maternity Serious Incident was reported where a baby sadly died (=10 SI). A detailed serious incident report is provided to the Committee section of the Trust Board. The Board should note there can be slight variation in the month-by-month numbers between the SIRI report and the number of significant incidents – this is because incidents are attributed to the month in which they occur whereas the SIRI data is based on the month in which the SIRI was reported externally.
- 5.2.2 Any incidents that are reported as causing significant harm (moderate, severe or resulting in the death of a patient) are notified immediately to the senior team in the Trust including the Chief Nurse and the Chief Medical Officer with at least weekly updates on progress.
- 5.2.3 On a monthly basis there is triangulation of information arising out of complaints, claims, incidents and inquests to identify any areas of learning or for focus. The newly revised Triangulation Committee (From January 2018) will focus on how we share learning across the organisation, with a detailed 'Deep Dive' focus on an incident(s) (where the learning for the organisation is significant) being discussed at each meeting.
- 5.2.4 Serious Incident Investigation and Duty of Candour accredited training (RCoP) is planned for the Trust in January 2018 sponsored by the Kent Surrey and Sussex Quality and Patient Safety

Collaborative and the Kent Surrey and Sussex Academic Health and Science Network. This is the start of a wider project led by the Patient Safety Team to revise the current investigation process, focusing on the Duty of Candour and involvement of patients, families and carers at the earliest opportunity. In addition a detailed project regarding the systems review of Datix as an incident reporting database and shared learning tool (in partnership with the Patient Safety Team at BSUH) will commence in February 2018.

5.2.5 The new Health Service Safety Investigation Bill is currently in draft, the proposals in the HSSIB (if passed through parliament) will significantly change how Serious Incidents are investigated in line with the launch of the Health Safety Investigation Branch (HSIB) in 2017. The Executive Team will be regularly updated by the Head of Clinical Governance and Patient Safety as the developments continue.

### 5.3 Infection control

5.3.1 There was 1 case of MRSA during December where there was a noted lapse in care attributable to the Trust. The Post Infection Review (PIR) is due in January 2018.

5.3.2 There was 1 case of Clostridium difficile reported at St Richards Hospital during December where there was a noted lapse in care attributable to the Trust.

5.3.3 The allocated Trust target limit for 2017/18 (C/Diff) is set at 39<sup>2</sup> (unchanged from last year). Incidence in December was 3.4 cases per 100,000 bed days against the national average for 2015/16 of 14.9 cases per 100,000 bed days.<sup>3</sup>

5.3.4 There is a noted positive decrease from Oct/Nov in reportable E-Coli cases (indicator S17); and from this number of 25, only 6 cases were attributable to the Trust.

### 5.4 Falls

5.4.1 S23. Falls assessment: 95% of falls risk assessments were undertaken within 24 hours of admission (Surgery only) a continued month on month improvement against a target of 80%.

5.4.2 In December, inpatient falls increased from the Oct/Nov stasis of 133 to a total of 162, of these 51 resulted in harm against a target of 38, and of these 80 were noted at Worthing Hospital and 82 were recorded at St Richards Hospital.

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<sup>2</sup> NHSI (2017) Clostridium difficile infection objectives for NHS organisations in 2017/18 and guidance on sanction implementation. Page

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<sup>3</sup> <https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data>.

- 5.4.3 There were 5 falls resulting in a moderate degree of harm to patients. Three of these incidents resulted in a patient injury of a Neck of Femur fracture requiring surgery and were reported as Serious Incidents as outlined in 5.2.1.
- 5.4.4 The number of falls in December equates to 5.58 per 1,000 bed days against a national figure of 6.63.<sup>4</sup> Of the 51 falls reported as resulting in harm in December, those causing significant harm (moderate, severe harm/death) equate to 0.13 per 1000 bed days against the national figure of 0.19.
- 5.4.5 December proved to be challenging month for the Trust and this has been reflected in the number of falls reported. However, in 2017 the Trust saw 1708 falls in total with 46 moderate harms and 3 deaths reported, this continues to demonstrate a reduction of 32% in all falls and a 24% reduction in significant harm or death compared to the previous 2014 data. In addition, across the sites 50% of the Baywatch wards were on target during December.
- 5.4.6 Meetings have been held with the matrons and discussed with the Heads of Nursing regarding the wards where in patient falls have increased. Wards have been visited by the Harm Free Care team to review current practices in line with best practice. The benefits of Baywatch, bay working and SWARM have also been revisited. In addition, the Clinical Activities Volunteer role description has been finalised and dates for workshops for volunteers and other interested parties have been booked during February and March 2018 at Worthing and Chichester.
- 5.4.7 The 'Let's Get You Home' campaign (to help prevent de-conditioning- a known risk factor with falls) has been rolled out and the 'Keeping Active' checklist has been trialled on selected pilot wards and is now is incorporated within the hospital information booklet. A local initiative in partnership with Coastal West Sussex CCG to provide patients with information about getting home and staying active while in hospital to prevent deconditioning has commenced. In addition, the 2018 Annual Clinical Update will include information about activities and deconditioning.

## 5.5 Tissue Viability

- 5.5.1 Changes to the way the Trust is required to report pressure ulcers meant that more grade 2 and grade 3 ulcers were reported in 2015/16 than in previous years. This method of reporting changed from October 2016 and grade 3 or greater damage will not be routinely reported as a Serious Incident unless it meets the national threshold for Serious Incident reporting. Internal scrutiny of cases continues exactly as before with robust follow through of actions.
- 5.5.2 During December the Trust reported at total of 46 incidents of pressure damage both equal to and greater than European Pressure Ulcer Advisory Group (EPUAP) Category 2- a decrease of 6 from November's data. Of these reported cases- there were 37 Category 2 hospital acquired pressure

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<sup>4</sup> Royal College of Physicians. *National Audit of Inpatient Falls: audit report 2015*. London: RCP, 2015.

ulcers, 1 Category 3, 4 unstageable ulcers and 4 suspected deep tissue injuries (SDTI). No EPUAP Category 4 pressure ulcers were reported, which indicates a significant improvement from November, when 4 were reported. Of the overall total of 46, 32 of these incidents occurred at the Worthing Site. YTD the Trust has reported 257 pressure ulcer >Cat 2 against an annual YTD target of 180.

5.5.3 A recent thematic analysis following 'After Action Review' has demonstrated emerging trends with high patient acuity and dependency, assessment of mental capacity and consent, pain management (leading to a patient's reluctance to adhere to a re-positioning regime), nutritional scoring and liaising with pre-hospital care (SECAMB). In addition, a further 'deep-dive' analysis indicates themes of poor documentation and escalation of risk and accurate body mapping, and grading of tissue injuries at the point of admission. There has also been an increase in reported harm on feet and heels where patients are wearing anti-embolism stockings. The identified themes have modelled an action plan led by the Safer Care team, in addition a Kaizen led A3 workshop to identify and address the root causes has been organised. The Safer Care team is linking with the Kent Surrey and Sussex Quality and Patient Safety Collaborative (KSSQPSC) Pressure Damage Workstream leading on pre-hospital pressure area prevention with SECAMB. A further review of how as an organisation we both investigate and share the learning is planned in January 2018.

5.5.4 The incidence of pressure ulcers, Category 2 and above including those developing within 72 hours after admission per 1000 bed days in December was 1.5, against a national rate of 0.9 (as per the Safety Thermometer data).

5.5.5 There were 193 patients admitted to the Trust from the Community with existing pressure damage, the majority being from the patient's own home. This number demonstrates a significant increase from November's data (169).

5.5.6 A Pressure Ulcer Improvement Event is planned for January 2018 to be supported by the Kaizen Team and Darzi Fellow to both revise the Trust and local A3 plans, and to revisit the data and challenge current approaches. Wards/Departments will be expected to devise actions going forward with reference to their own clinical areas as to how they will reduce the incidence of pressure injuries.

## 5.6 NHS Patient Safety Thermometer

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



- 5.6.2 The harm-free care score for the Trust in December was 92.8% (indicator S02) against the target of 95.7%.
- 5.6.3 The Safety Thermometer includes harms suffered by the patient in healthcare settings prior to admission. The actual number of patients who suffered no new harm during their inpatient stay at WSHFT (indicator S03) in December was 97.5% against a national average of 97.8% and close to achieving the challenging internal target of 99% set by the organisation.
- 5.6.4 S29. A positive decrease to 0% (from Oct/Nov data) in the percentage of patients with urinary catheters and urinary tract infection where best practice was not followed was noted against a trust target of 0.06%.
- 5.6.5 S11. Compliance with VTE assessment of patients was 93% against a target of 95%.
- 5.6.6 National data relating to the NHS safety thermometer is available here: <http://www.safetythermometer.nhs.uk/>

## **6 PATIENT EXPERIENCE**

### **6.3 PALS and Complaints**

- 6.3.1 During November the Trust received 30 complaints, the top five themes (in order) being noted as communication (oral), communication (written), date for appointment, clinical treatment and date of admission/attendance. Complaints about nursing have decreased from November (5) to a total of 2 being reported in December. Divisions are beginning to embed a more proactive response to new complaints to try to facilitate resolution quickly for patients and families to avoid the need for escalation to formal complaint.
- 6.3.2 The complaints team are currently working towards achieving a target of 60% complaints closed within 25 days by the end of December 2017, this has been achieved with 68.5% of complaints closed by December end.
- 6.3.3 The Quarterly Complaints Report provides an in-depth analysis of trends and lessons learned. This is reviewed by the Patient Experience and Feedback Committee and is presented to the Trust Board.

### **6.4 Friends and Family Test (FFT)**

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

6.4.2 Immediate feedback is provided to wards and departments on a continuous basis to ensure staff can address problems or get positive feedback as quickly as possible. In addition to this, a dashboard is available giving wards access to their individual scores and a poster printed with ward performance to display to the public. Ward 'recommend' rates are shown on the screens installed on wards.

6.4.3 Friends and Family Test Response Rates:

6.4.4 Work continues to improve response rates towards a target this year of 40% (with an interim target for A&E of 23%). The average response rate in 2015/16 for NHS acute trusts was 24.7%. Currently, response rates for Inpatients, A&E and Maternity for December are all below the Trust target.

6.4.5 While acknowledging work still to be done in achieving better response rates particularly in A&E, the proportion of patients who would have recommended our services to friends and family in December compares favourably with national median benchmark and with the exception of A&E also against our internal target as per the table below:

6.4.6

	<b>Percentage recommending WSHFT in December (plus YTD)</b>	<b>Target</b>
Inpatient care	95.7% (96.7%)	97%
A&E	84.5% (85.2%)	93%
Maternity: Delivery care	97.9% (97.6%)	97%
Outpatient care	97.2% (96.9%)	97%
Maternity: Antenatal care	89.5 (97.1%)	97%
Maternity: Postnatal ward	97.9% (97.6%)	97%
Maternity: Postnatal community care	100% (97.5%)	97%

6.5 Maternity

6.5.1 X40. Maternity Friends and Family Recommend %: Antenatal care (36 weeks) demonstrates a drop from November's reporting (100%) to December 89.5%.

6.5.2 X33. There has also been a noted decrease in the Maternity Friends and Family Response rate: Delivery Care- to 39.9% against a target of 40%. Following a review as to why there has been a deterioration in compliance in maternity, a number of systems errors have been identified that cumulatively resulted in a reduction of response cards that were completed, but then also compounded by cards that had been filled in failing to arrive with the FFT in time for collation. The ward managers have taken steps to ensure that they have robust systems in place to improve this.

6.6 Exception Reports Relating to Patient Experience

6.6.1 A significant positive reduction from November's data is noted in the X12 indicator to reduce patients cancelled on the day of surgery for non-clinical reason; following the actions detailed in the November Quality Report, the number is now within target at 18%.

6.7 Safer Staffing Scorecard

6.7.1 SafeCare live project implementation report update (Safer Staffing) is included in Appendix 3.

**7 RECOMMENDATION**

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

Jo Habben  
Head of Clinical Governance and Patient Safety  
16th January 2018.

# QUALITY SCORECARD

DECEMBER 2017

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD Actual	YTD Target	Target	Trend
<b>EFFECTIVENESS</b>																
<b>Effectiveness domain score</b>	2.13	2.26	2.29	2.59	2.41	2.52	2.50	2.50	2.46	2.48	2.35	2.41	2.55			
<b>Trust-wide mortality</b>																
E01 Trust crude mortality rate (non-elective)	4.15%	3.48%	3.46%	2.80%	2.82%	2.56%	2.64%	2.60%	2.65%	3.15%	3.06%	3.26%	2.84%	3.13%	3.13%	
E02 Crude mortality rate (non-elective): 12 month rolling	3.19%	3.22%	3.21%	3.16%	3.11%	3.11%	3.09%	3.09%	3.09%	3.07%	3.06%	3.05%	3.05%	3.13%	3.13%	
E03 Trust Hospital Standardised Mortality Ratio (HSMR) (rollin 12M)	90.7	91.8	90.4	89.4	87.4	89.0	88.8	88.4	88.7				88.7	92	92	
E04 Summary Hospital-level Mortality Indicator (SHMI) (rolling 12M)		0.95		0.95									0.95	1	1	
E45 % of Part 1 inpatient deaths reviewed *NEW*																
<b>Improve mortality in specific conditions</b>																
E07 Crude non-elective mortality for Renal failure	26.3%	12.1%	20.7%	11.40%	17.4%	12.50%	16.2%	17.4%	11.54%	17.1%	20.0%	8.00%	15.3%	15.50%	15.50%	
E46 % Compliance with Sepsis care bundle *NEW*																
E47 % patients with sepsis receiving antibiotic therapy within one hour *NEW*																
E48 Timely identification of sepsis in emergency department and inpatient setting *NEW*																
E49 % patients with 72 hour antibiotic review for sepsis *NEW*																
E50 Hospital acquired AKI mortality within 28 days of AKI diagnosis *NEW*																
<b>Reduce mortality following hip fracture</b>																
E09 SMR for hip fracture (all diagnoses/procedures) (rolling 12M)	94.2	96.8	96.4	88.1	87.0	97.2	101.3	95.7	92.2				92.2	100	100	
E09a Worthing SMR for hip fracture (all diagnoses/procedures) (rolling 12M)	104.3	103.6	108.5	95.0	94.2	105.0	112.9	104.1	101.5				101.5	100	100	
E09b St Richard's SMR for hip fracture (all diagnoses/procedures) (rolling 12M)	80.2	87.7	82.1	80.0	78.1	88.1	89.1	87.4	83.3				83.3	100	100	
E10 30 day mortality rate following hip fracture (rolling 12M)	6.4%	6.5%	6.8%	6.5%	6.5%	6.8%	7.2%	7.3%	7.1%				7.1%	5.70%	5.70%	
<b>Seven Day Servies *NEW*</b>																
E51 % consultant review within 14 hours of admission: Weekday *NEW*																
E52 % consultant review within 14 hours of admission: Weekend *NEW*																
E53 Access to diagnostics: MRI (split weekday Vs weekend access): *NEW*																
<b>Reduce the rate of readmission following discharge from the Trust</b>																
E11 Emergency readmissions within 30 days %	14.2%	13.9%	13.6%	14.4%	14.7%	13.5%	14.7%	13.4%	13.8%	14.4%	14.0%	13.6%	14.4%	13%	13%	
<b>To improve maternity care by encouraging natural childbirth</b>																
E13 C-Section Rate	28.2%	28.6%	28.5%	24.3%	27.0%	30.1%	22.8%	27.0%	29.4%	27.1%	28.8%	33.0%	27.7%	26.50%	26.50%	
E14 % Mothers requiring forceps for delivery	7.4%	14.0%	10.9%	14.8%	11.4%	12.1%	12.4%	10.1%	10.5%	11.0%	11.7%	9.4%	11.5%	<15%	<15%	
E15 % Deliveries complicated by post-partum haemorrhage	0.5%	0.3%	0.2%	0.5%	0.9%	0.2%	0.2%	0.2%	0.2%	0.7%	0.2%	0.3%	0.4%	1%	1%	
E16 Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
E17 Admission of term babies to neonatal care	2.5%	3.6%	1.6%	2.4%	3.7%	4.0%	3.4%	3.7%	2.5%	3.5%	2.6%	3.8%	3.3%	<10%	<10%	

# QUALITY SCORECARD

DECEMBER 2017

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD Actual	YTD Target	Target	Trend	
<b>Caring for the elderly patient</b>																	
E18	% Emergency admissions staying over 72h screened for dementia	92.5%	90.9%	91.0%	90.0%	93.4%	91.0%	90.6%	91.8%	82.9%	94.2%	96.9%	87.0%	91.0%	90%	90%	
E19	% Patients identified as at risk of dementia for whom further investigations are carried out	93.3%	93.9%	97.0%	92.4%	96.9%	91.0%	95.3%	91.6%	85.4%	100.0%	94.0%	96.0%	93.7%	90%	90%	
E20	% Patients with identified dementia referred to specialist services	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%	99.5%	90%	90%	
E25	Number of admissions for patients with dementia flag	308	272	270	221	237	203	216	228	192	185	228	237	1947	NA	NA	
E39	Ward moves for patients flagged with dementia	337	270	213	184	235	180	203	180	110	174	163	217	1646	1782	2376	
E42	Night-time ward moves for patients flagged with dementia (23:00 - 07:00) : Total	82	63	33	34	43	46	38	22	23	44	44	66	360	375	500	
E42a	Night-time ward moves for patients flagged with dementia (23:00 - 07:00) : From Emergency Floor	74%	77%	88%	77%	73%	79%	81%	90%	75%	69%	75%	80%	78%	NA	NA	
E42b	Night-time ward moves for patients flagged with dementia (23:00 - 07:00) : From all other wards	26%	23%	12%	23%	27%	21%	19%	10%	25%	31%	25%	20%	22%	NA	NA	
E43	Documentation Audit: % patients with dementia with Knowing Me document	87.7%	78.7%	73.1%	65.8%	71.2%	90.5%	90.1%	97.5%	94.9%	97.8%	92.4%	93.3%	86.6%	75%	75%	
E53	% reduction in admission of frail older patients *NEW*																
<b>Stroke care</b>																	
E26	% CT scans undertaken within 12 hours	98.0%	98.6%	98.8%	97.7%	94.4%	95.5%	97.7%	96.9%	95.1%	90.2%	97.6%		95.3%	95%	95%	
E27	% Stroke thrombolysis within 60 minutes of hospital arrival	71.4%	83.3%	54.5%	52.9%	71.4%	71.4%	69.2%	100.0%	77.8%	81.8%	77.8%		71.0%	95%	95%	
E28	% Swallow screen for stroke patients within 4 hours of admission	87.9%	82.0%	85.3%	79.2%	93.9%	92.2%	87.3%	94.9%	87.9%	83.3%	87.8%		88.2%	95%	95%	
E29	% of stroke patients admitted to stroke unit within 4 hours of admission	71.4%	68.1%	73.8%	70.9%	77.5%	78.8%	70.1%	70.3%	76.8%	74.4%	75.0%		72.9%	90%	90%	
E30	% high risk TIA patients seen within 24 hours	40.0%	33.3%	0.0%	37.5%	20.0%	50.0%	33.3%	5.0%	8.3%	15.4%	7.7%		19.5%	60%	60%	
<b>Ensure active engagement with research</b>																	
E21	Patients recruited to interventional studies within CRN portfolio	26	19	14	17	23	62	22	7	25	34	21	31	190	tbc	tbc	
E22	Patients recruited to observational studies within CRN portfolio	113	152	369	109	119	34	252	47	91	44	24	43	696	tbc	tbc	
E23	Local Clinical Research Network (LCRN) Score	682	741	1446	569	670	801	1124	242	594	528	312	492	5331	4701	6268	
<b>Data Quality</b>																	
E24	NHS IC Data validity summary (YTD)	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9			99.9	99.9	99.9	
E37	% inpatients with electronic discharge summaries produced	94.5%	94.3%	93.3%	94.3%	93.9%	93.3%	94.6%	93.2%	92.7%	93.4%	92.6%	91.5%	93.3%	94.2%	94.2%	
<b>Mental Health Care *NEW*</b>																	
E54	Improving services for people with mental health needs who present in A&E *NEW*																

# QUALITY SCORECARD

DECEMBER 2017

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD Actual	YTD Target	Target	Trend
<b>SAFETY</b>																
<b>Safety domain score (Patient Aggregate Safety Score - PASS)</b>	2.28	2.36	2.12	2.36	2.30	2.33	2.33	2.00	2.19	2.06	2.31	2.21	2.08			
<b>Safer staffing</b>																
S36 Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts)	95.4%	94.0%	94.0%	97.3%	97.1%	97.6%	96.2%	94.2%	94.0%	91.7%	94.3%	94.1%	95.2%	95%	95%	
S37 Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts)	96.1%	95.9%	96.5%	97.7%	98.1%	98.4%	97.0%	94.0%	94.9%	91.2%	95.1%	93.7%	95.6%	95%	95%	
S38 Safer Staffing: Average fill rate - care staff (day shifts)	91.7%	90.2%	90.5%	95.4%	92.9%	95.3%	94.8%	93.4%	94.3%	90.5%	92.7%	93.6%	93.6%	95%	95%	
S39 Safer Staffing: Average fill rate - care staff (night shifts)	92.5%	91.3%	92.4%	96.2%	94.6%	95.2%	96.4%	92.4%	93.8%	91.2%	94.4%	93.3%	94.2%	95%	95%	
S41 Care Hours Per Patient Day (CHPPD)	6.30	6.30	6.60	6.80	6.60	6.80	6.80	6.90	7.07	6.43	6.50	6.40	6.70	tbc	tbc	
<b>NHS safety thermometer</b>																
S02 Safety Thermometer: % of patients harm-free	96.1%	94.6%	95.5%	94.5%	95.8%	98.2%	96.9%	95.5%	95.5%	94.4%	92.9%	92.8%	95.2%	95.70%	95.70%	
S03 Safety Thermometer: % of patients with no new harms	99.2%	98.8%	98.8%	98.7%	98.7%	98.7%	98.9%	98.7%	98.8%	98.4%	97.1%	97.5%	98.5%	99%	99%	
S29 % of patients with catheters and UTIs where best practice protocol was not followed.	0.00%	0.00%	0.22%	0.23%	0.0%	0.0%	0.0%	0.0%	0.0%	0.11%	0.23%	0.0%	0.06%	0.06%	0.06%	
<b>Monitoring of clinical incidents</b>																
S04 Total incidents	855	782	715	728	848	773	721	741	686	801	772	758	6828	6093-8235	8122-10988	
S05 Total moderate, severe or death incidents	15	9	18	8	12	13	9	18	12	20	24	14	130	115	153	
S06 Total serious incidents (SIRIs)	8	0	3	3	5	8	1	5	6	2	4	10	44	45	60	
S07 Number of outstanding CAS alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Improve safety of prescribing</b>																
S08 Total incidents involving drug/prescribing errors	90	79	85	71	104	83	85	88	72	92	85	79	759	792-1071	1056-1428	
S09 Moderate/severe incidents involving drug/prescribing errors	1	0	0	1	1	0	1	2	0	1	0	1	7	4	5	
<b>Reduce incidence of healthcare acquired infections</b>																
S14 Number of hospital attributable MRSA cases	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	
S15 Number of hospital C.diff cases	2	4	4	0	3	3	4	4	1	2	3	1	21	29	39	
S28 Number of C. diff cases where a lapse in the quality of care was noted	1	2	3	0	2	1	1	4	1	0	2	1	12	12	16	
S16 Number of reportable MSSA bacteraemia cases	6	13	7	9	6	7	5	12	9	9	9	8	74	77	102	
S16a Number of hospital attributable MSSA bacteraemia cases	3	3	1	3	2	1	1	3	2	3	2	2	19	tbc	tbc	
S17 Number of reportable E.coli cases	35	33	40	30	28	27	39	49	31	38	36	25	303	281	375	
S17a Number of hospital attributable E.coli cases			1	8	5	3	5	7	3	6	6	6	49	tbc	tbc	
S42 Number of Gram Negative Bloodstream Infections (GNBSIs) *NEW*																
S43 Number of inappropriate antibiotic prescribing in at risk groups *NEW*																

DECEMBER 2017

# QUALITY SCORECARD

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD Actual	YTD Target	Target	Trend
<b>Improve theatre safety for patients</b>																	
S18	Full compliance with WHO Surgical Safety Checklist	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	
S19	NEVER events	1	0	0	1	0	0	0	0	1	0	0	0	2	0	0	
S30	SSIs: Total hip replacement (YTD is rolling 12 months)		3.0%		0.6%			2.5%						1.5%	1.10%	1.1%	
S33	SSIs: Total knee replacement (YTD is rolling 12 months)		3.4%		2.0%			4.1%						3.0%	1.50%	1.5%	
S34	SSIs: Large bowel surgery (YTD is rolling 12 months)		9.7%		9.8%			15.0%						12.3%	12%	12%	
S35	SSIs: Breast surgery (YTD is rolling 12 months)		6.2%		6.3%			5.2%						5.8%	3.80%	3.80%	
<b>Reduce number of falls in hospital</b>																	
S49	All falls	180	157	143	137	141	152	136	129	105	133	133	162	1228	1089	1452	
S21	Falls resulting in harm	35	36	29	34	37	44	36	39	31	43	37	51	352	338	451	
S22	Falls resulting in severe harm or death	0	1	0	0	0	1	0	0	1	0	0	0	2	1	1	
S40	Repeat falls	9	9	4	8	9	9	7	12	3	12	9	8	77	73	97	
S23	Falls assessment within 24hrs of admission (Surgery only)	93.0%	84.8%	92.2%	88%	83%	95%	83%	91%	91%	89%	88%	95%	89%	80%	80%	
S24	Avoidable falls identified on the Safety Thermometer	0.20%	0.33%	0.22%	0.69%	0.34%	0.34%	0.33%	0.32%	0.34%	0.87%	0.47%	0.65%	0.48%	0.65%	0.65%	
<b>Pressure ulcers</b>																	
S49	Grade 2+ pressure ulcers				19	24	25	16	17	25	33	52	46	257	180	240	
<b>Other safety metrics</b>																	
S11	VTE Assessment Compliance	95.8%	95.2%	93.7%	95.0%	93.3%	94.7%	94.2%	94.9%	94.1%	94.9%	93.8%	93.0%	94.2%	95.30%	95.30%	
<b>Medicines Optimisation *NEW*</b>																	
S44	Antimicrobial stewardship and consumption: 2% Reduction in overall antibiotic consumption *NEW*				11.5%	4.2%	10.6%	9.8%	3.3%	3.5%	8.4%	0.5%		6.0%	-2.0%	-2.0%	
S45	Antimicrobial stewardship and consumption: 1% reduction in the use of carbapenems *NEW*				-13.0%	-2.0%	-5.0%	20.0%	42.0%	10.0%	13.0%	-24.0%		5.0%	-1.0%	-1.0%	
S46	Antimicrobial stewardship and consumption: 1% reduction in the use of Tazocin *NEW*				-23.0%	-69.7%	-67.7%	-36.1%	-26.0%	-1.0%	-43.0%	-37.0%		-38.0%	-1.0%	-1.0%	
S47	Focus on anticoagulants: Patients on Direct Oral Anticoagulants (NOACs) receiving counselling *NEW*				35.0%	36.0%	49.0%	52.0%	50.0%	49.0%	56.0%	52.0%		47.0%	50.0%	50.0%	
S48	Focus on anticoagulants: Patients with correct prophylaxis prescribed *NEW*					94.0%								94.0%	100.0%	100.0%	

# QUALITY SCORECARD

DECEMBER 2017

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD Actual	YTD Target	Target	Trend
<b>EXPERIENCE</b>																
<b>Experience domain score</b>	2.13	2.13	2.19	2.39	2.35	2.39	2.13	2.26	2.48	2.39	2.52	2.52	2.39			
<b>Friends and Family Test</b>																
X38 Trust Friends and Family Recommend %: Inpatient	97.0%	96.6%	96.7%	96.9%	96.9%	96.8%	96.7%	96.9%	96.7%	96.7%	97.0%	95.7%	96.7%	97%	97%	
X39 Trust Friends and Family Recommend %: A&E	88.4%	88.0%	86.6%	84.6%	84.1%	85.6%	84.8%	84.8%	84.0%	85.5%	88.1%	84.5%	85.2%	93%	93%	
X40 Maternity Friends and Family Recommend %: Antenatal care (36 weeks)	100.0%	100.0%	100.0%	100.0%	95.2%	96.3%	95.5%	100.0%	100.0%	96.6%	100.0%	89.5%	97.1%	97%	97%	
X41 Maternity Friends and Family Recommend %: Delivery care	98.7%	100.0%	99.1%	98.8%	98.2%	96.3%	97.9%	97.2%	96.1%	97.5%	98.5%	97.9%	97.6%	97%	97%	
X42 Maternity Friends and Family Recommend %: Postnatal ward	98.7%	100.0%	99.1%	98.8%	98.2%	96.3%	97.9%	97.2%	96.1%	100.0%	98.5%	97.9%	97.6%	97%	97%	
X43 Maternity Friends and Family Recommend %: Postnatal community care	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.3%	96.2%	100.0%	97.5%	100.0%	100.0%	98.6%	97%	97%	
X44 Trust Friends and Family Recommend %: Outpatient	96.6%	96.3%	97.9%	96.8%	96.1%	97.5%	96.4%	96.8%	97.4%	97.1%	97.2%	97.2%	96.9%	97%	97%	
<b>Friends and Family Test response rates</b>																
X24 Trust Friends and Family Response Rate: Inpatient	25.7%	30.7%	31.0%	31.8%	35.6%	36.9%	32.0%	41.9%	35.4%	42.2%	41.8%	35.2%	37.6%	40%	40%	
X25 Trust Friends and Family Response Rate: A&E	10.3%	8.7%	8.4%	9.0%	9.3%	8.2%	9.9%	11.3%	8.1%	11.6%	13.6%	11.0%	10.2%	23%	23%	
X33 Maternity Friends and Family Response Rate: Delivery care	36.1%	38.9%	56.7%	42.8%	45.4%	34.2%	33.6%	33.9%	58.5%	80.5%	65.2%	39.9%	48.5%	40%	40%	
<b>Reduction in patients suffering a bad experience dealing with the Trust</b>																
X08 Percentage of re-booked outpatient appointments	7.7%	11.4%	12.1%	12.7%	11.8%	12.5%	13.0%	12.1%	12.4%	12.6%	11.9%	13.0%	12.3%	7.80%	7.80%	
X09 Clinics cancelled with less than 6 weeks notice for annual/study leave	39	15	28	17	12	15	71	70	40	26	23	20	294	209	278	
X11 PALS contacts relating to appointment problems (pior % of total appts)	0.08%	0.10%	0.10%	0.14%	0.09%	0.09%	0.09%	0.08%	0.09%	0.09%	0.09%	0.10%	0.10%	0.08%	0.08%	
X12 Reduce patients cancelled on the day of surgery for non-clinical reasons	41	10	18	14	39	18	23	35	9	56	41	18	253	253	337	
X13 Breaches of mixed sex accommodation arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Nutritional Assessment</b>																
X14 Compliance with MUST tool after 24 hours	79.2%	80.6%	83.8%	81.5%	83.5%	85.6%	86.8%	87.0%	88.3%	88.3%	87.4%	83.4%	85.8%	80%	80%	
X15 Compliance with MUST tool after 7 days	97.7%	98.6%	98.7%	98.1%	98.9%	98.9%	99.1%	99.5%	99.4%	99.2%	99.3%	98.8%	99.0%	95%	95%	
<b>Cleanliness / PLACE Survey</b>																
X16 Internal PLACE compliance : St Richard's Hospital	92%	94%	95%	91%	93%	96%	90%	98%	96%	98%	95%	95%	95%	95%	95%	
X17 Internal PLACE compliance : Worthing Hospital	93%	95%	99%	97%	96%	95%	96%	97%	96%	95%	94%	96%	96%	95%	95%	
<b>Improve our customer service and become a more caring organisation</b>																
X18 Number of complaints	38	44	46	35	47	30	44	40	38	32	42	30	338	428	570	
X19 Complaints where staff attitude or behaviour is an issue	4	3	5	4	8	4	5	2	4	6	2	3	38	41	54	
X20 Complaints where staff communication is an issue	4	8	5	2	0	2	6	7	1	1	2	0	21	37	49	
X21 Complaints about nursing	5	4	2	5	3	4	4	5	0	5	9	2	37	29	39	
<b>Staff engagement (indicators/targets not yet agreed) *NEW*</b>																
X47 Local staff engagement score: % of staff agree they can make an improvement *NEW*																
X48 PFIS Health Check *NEW*																
X49 Staff wellbeing programme: % uptake in flu vaccinations for front-line staff *starts Oct-17*																
<b>EMERGING PROGRAMMES (indicators/targets not yet agreed) *NEW*</b>																
X50 Cancer Pathway Improvement Programme *starts Oct-17*																






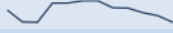

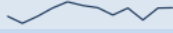



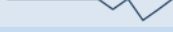





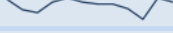

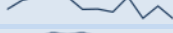
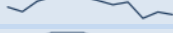
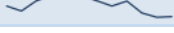
DECEMBER 2017

# QUALITY SCORECARD

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD Actual	YTD Target	Target	Trend
X51	Diagnostic Resulting Programme *NEW*																
X52	Workforce Transformation Plan *NEW*																

## SAFER STAFFING SCORECARD - Registered Nurses

December 2017

	Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Actual	Trend
WSHFT	Day	95.4%	94.0%	94.0%	97.3%	97.1%	97.6%	96.2%	94.2%	94.0%	91.7%	94.3%	94.1%	95.2%	
	Night	96.1%	95.9%	96.5%	97.7%	98.1%	98.4%	97.0%	94.0%	94.9%	91.2%	95.1%	93.7%	95.6%	
Acute Cardiac Unit	Day	95.5%	93.6%	93.5%	98.3%	97.4%	100.0%	98.7%	97.4%	95.3%	95.2%	95.7%	91.3%	96.6%	
	Night	96.8%	92.9%	92.7%	99.2%	99.2%	100.0%	100.0%	97.6%	97.5%	96.0%	95.0%	92.7%	97.5%	
Ashling	Day	92.5%	85.7%	92.1%	94.8%	99.3%	97.0%	97.8%	91.8%	95.2%	86.7%	95.2%	95.3%	94.8%	
	Night	80.6%	71.4%	80.6%	91.7%	100.0%	95.0%	91.9%	82.3%	91.7%	75.8%	91.7%	91.9%	90.2%	
Barrow	Day	96.8%	94.0%	95.7%	96.9%	96.5%	98.6%	97.3%	93.8%	96.1%	95.2%	90.8%	96.8%	95.8%	
	Night	96.8%	100.0%	100.0%	100.0%	97.6%	99.2%	99.2%	97.6%	98.3%	97.6%	98.3%	95.2%	98.1%	
Becket	Day	97.7%	96.4%	97.1%	98.0%	97.7%	95.3%	95.2%	94.5%	96.0%	93.2%	97.3%	100.0%	96.4%	
	Night	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	96.8%	98.3%	100.0%	99.3%	
Beeding	Day	100.0%	100.0%	97.7%	100.0%	92.1%	88.0%	87.7%	100.0%	97.4%	100.0%	97.3%	93.3%	94.9%	
	Night	100.0%	100.0%	98.7%	95.1%	83.9%	89.9%	86.8%	100.0%	95.8%	100.0%	94.7%	93.8%	93.0%	
Bluefin	Day	100.0%	95.5%	99.2%	100.0%	99.1%	91.4%	96.6%	97.2%	99.0%	100.0%	98.4%	100.0%	98.1%	
	Night	99.2%	100.0%	100.0%	100.0%	97.3%	99.0%	99.1%	100.0%	100.0%	96.7%	95.9%	98.4%	98.4%	
Bosham	Day	98.0%	95.5%	91.1%	97.9%	100.0%	98.8%	97.6%	97.2%	95.8%	91.1%	99.6%	97.6%	97.3%	
	Night	98.4%	91.1%	88.7%	96.7%	100.0%	96.7%	95.2%	95.2%	91.7%	83.9%	100.0%	96.8%	95.1%	
Botolphs	Day	95.9%	94.3%	91.9%	95.4%	94.5%	93.5%	94.1%	93.4%	95.4%	93.0%	96.6%	94.8%	94.5%	
	Night	95.7%	98.8%	100.0%	100.0%	100.0%	95.6%	95.7%	94.6%	100.0%	92.5%	96.7%	92.5%	96.4%	
Boxgrove	Day	94.0%	91.5%	97.2%	99.6%	98.4%	99.6%	97.6%	95.2%	96.7%	87.9%	91.3%	89.9%	95.1%	
	Night	90.3%	85.7%	95.2%	100.0%	100.0%	100.0%	95.2%	90.3%	95.0%	83.9%	80.0%	80.6%	91.6%	





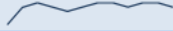



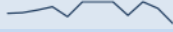
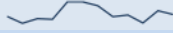



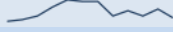




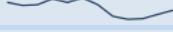
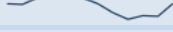
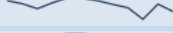
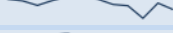


# SAFER STAFFING SCORECARD - Registered Nurses

December 2017

	Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Actual	Trend
<b>WSHFT</b>	<b>Day</b>	<b>95.4%</b>	<b>94.0%</b>	<b>94.0%</b>	<b>97.3%</b>	<b>97.1%</b>	<b>97.6%</b>	<b>96.2%</b>	<b>94.2%</b>	<b>94.0%</b>	<b>91.7%</b>	<b>94.3%</b>	<b>94.1%</b>	<b>95.2%</b>	
	<b>Night</b>	<b>96.1%</b>	<b>95.9%</b>	<b>96.5%</b>	<b>97.7%</b>	<b>98.1%</b>	<b>98.4%</b>	<b>97.0%</b>	<b>94.0%</b>	<b>94.9%</b>	<b>91.2%</b>	<b>95.1%</b>	<b>93.7%</b>	<b>95.6%</b>	
Buckingham	Day	91.8%	91.0%	87.1%	96.0%	93.8%	98.5%	95.7%	98.1%	98.5%	82.7%	90.6%	87.0%	93.4%	
	Night	95.2%	100.0%	98.4%	100.0%	100.0%	100.0%	96.8%	100.0%	100.0%	100.0%	100.0%	98.4%	99.5%	
Burlington	Day	87.3%	92.8%	88.2%	95.6%	95.3%	99.4%	98.2%	89.4%	95.1%	86.7%	87.2%	94.0%	93.4%	
	Night	100.0%	98.2%	98.4%	96.7%	98.4%	100.0%	98.4%	96.8%	100.0%	96.8%	93.3%	98.4%	97.6%	
Castle	Day	97.5%	96.4%	96.4%	99.3%	97.8%	100.0%	93.5%	96.1%	96.7%	97.1%	96.3%	96.8%	97.1%	
	Night	94.6%	98.8%	98.9%	98.9%	96.8%	98.9%	98.9%	91.4%	93.3%	86.0%	92.2%	95.7%	94.7%	
Chichester Emergency Floor	Day	93.7%	92.1%	92.5%	95.8%	98.3%	97.1%	94.7%	90.8%	87.5%	86.2%	93.0%	91.0%	92.7%	
	Night	93.9%	91.7%	93.0%	96.8%	98.7%	96.4%	95.6%	87.3%	85.9%	84.6%	93.2%	92.5%	92.3%	
Chilgrove	Day	99.5%	99.0%	98.1%	99.0%	100.0%	98.5%	98.1%	96.7%	96.1%	94.8%	99.0%	98.1%	97.8%	
	Night	98.4%	96.4%	96.8%	96.7%	100.0%	96.7%	96.8%	88.7%	90.0%	87.1%	98.3%	98.4%	94.7%	
Chiltington	Day	96.8%	95.5%	96.8%	98.8%	98.8%	97.9%	94.0%	91.1%	94.2%	91.1%	93.3%	93.1%	94.7%	
	Night	100.0%	100.0%	98.4%	100.0%	100.0%	98.3%	96.8%	98.4%	98.3%	95.2%	98.3%	96.8%	98.0%	
Clapham	Day	93.5%	96.4%	93.1%	97.9%	99.2%	97.5%	92.3%	92.7%	91.7%	88.7%	95.8%	95.6%	94.6%	
	Night	100.0%	96.4%	100.0%	96.7%	98.4%	96.7%	96.8%	93.5%	96.7%	87.1%	93.3%	95.2%	94.9%	
Coombes	Day	96.0%	93.8%	94.4%	98.8%	97.2%	95.4%	91.1%	90.7%	90.8%	93.5%	93.3%	96.0%	94.1%	
	Night	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	91.9%	91.9%	95.0%	96.8%	98.3%	96.8%	96.7%	
Courtlands	Day	97.1%	96.1%	91.9%	97.7%	96.5%	97.3%	94.5%	92.6%	92.7%	92.6%	95.0%	95.2%	94.9%	
	Night	100.0%	99.3%	97.4%	99.3%	96.1%	100.0%	98.1%	96.1%	94.7%	92.9%	96.0%	94.2%	96.4%	
Ditchling	Day	95.9%	96.4%	95.9%	99.0%	96.3%	98.1%	98.6%	94.9%	91.9%	91.7%	90.5%	94.5%	95.1%	
	Night	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	98.3%	95.2%	98.3%	100.0%	98.9%	
Durrington	Day	94.0%	92.9%	94.9%	98.1%	96.3%	97.1%	96.8%	93.5%	95.7%	91.7%	94.3%	96.8%	95.6%	
	Night	93.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	98.3%	98.4%	95.0%	98.4%	98.7%	
Eartham	Day	91.1%	92.4%	95.6%	97.5%	93.1%	98.8%	96.8%	96.0%	93.8%	91.5%	92.1%	94.8%	94.9%	
	Night	97.8%	100.0%	100.0%	100.0%	98.9%	100.0%	98.9%	98.9%	100.0%	97.8%	96.7%	98.9%	98.9%	
Eastbrook	Day	95.7%	96.2%	92.2%	97.3%	94.0%	100.0%	97.4%	97.0%	93.7%	91.7%	89.7%	91.2%	94.7%	
	Night	98.4%	100.0%	100.0%	100.0%	98.4%	100.0%	98.4%	96.8%	100.0%	96.8%	100.0%	98.4%	98.7%	















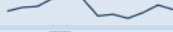
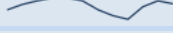


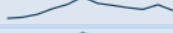
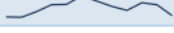
## SAFER STAFFING SCORECARD - Registered Nurses

December 2017

	Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Actual	Trend
<b>WSHFT</b>	<b>Day</b>	<b>95.4%</b>	<b>94.0%</b>	<b>94.0%</b>	<b>97.3%</b>	<b>97.1%</b>	<b>97.6%</b>	<b>96.2%</b>	<b>94.2%</b>	<b>94.0%</b>	<b>91.7%</b>	<b>94.3%</b>	<b>94.1%</b>	<b>95.2%</b>	
	<b>Night</b>	<b>96.1%</b>	<b>95.9%</b>	<b>96.5%</b>	<b>97.7%</b>	<b>98.1%</b>	<b>98.4%</b>	<b>97.0%</b>	<b>94.0%</b>	<b>94.9%</b>	<b>91.2%</b>	<b>95.1%</b>	<b>93.7%</b>	<b>95.6%</b>	
Emergency Floor Worthing	Day	94.2%	91.4%	93.5%	95.8%	95.2%	96.1%	95.7%	92.7%	91.0%	90.9%	89.9%	93.4%	93.4%	
	Night	96.8%	98.5%	98.4%	98.9%	98.4%	99.7%	96.8%	93.5%	94.7%	86.6%	95.0%	91.1%	94.9%	
Enhanced Surgical Care Unit	Day	96.0%	99.1%	100.0%	99.2%	98.4%	99.2%	100.0%	100.0%	99.2%	100.0%	100.0%	99.2%	99.5%	
	Night	96.8%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	100.0%	93.3%	96.8%	100.0%	96.8%	98.2%	
Erringham	Day	97.7%	94.9%	90.8%	97.6%	94.0%	96.2%	91.7%	94.0%	94.3%	94.5%	94.8%	97.7%	95.0%	
	Night	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	100.0%	100.0%	93.5%	98.3%	98.4%	98.5%	
Fishbourne	Day	94.4%	93.8%	92.7%	97.1%	91.5%	97.5%	99.6%	98.8%	93.3%	97.2%	96.7%	88.7%	95.6%	
	Night	88.7%	89.3%	91.9%	95.0%	85.5%	100.0%	100.0%	100.0%	86.7%	100.0%	93.3%	79.0%	93.3%	
Ford	Day	94.8%	92.5%	93.5%	94.3%	98.7%	99.3%	98.1%	95.2%	95.0%	92.9%	97.7%	95.5%	96.3%	
	Night	91.4%	88.1%	90.3%	90.0%	98.9%	98.9%	96.8%	91.4%	92.2%	88.2%	94.4%	92.5%	93.7%	
Howard Children's Unit	Day	100.0%	97.3%	96.7%	100.0%	100.0%	97.4%	100.0%	99.0%	99.0%	100.0%	97.5%	99.2%	99.1%	
	Night	100.0%	98.2%	99.2%	90.5%	100.0%	93.4%	99.0%	96.9%	98.9%	99.2%	100.0%	99.2%	97.5%	
Lavant	Day	91.4%	89.7%	91.4%	94.1%	99.3%	98.5%	97.1%	92.5%	93.7%	90.0%	95.9%	90.3%	94.6%	
	Night	79.0%	80.4%	83.9%	91.7%	98.4%	96.7%	96.8%	83.9%	88.3%	83.9%	90.0%	82.3%	90.2%	
Middleton	Day	96.4%	95.1%	95.2%	96.7%	97.6%	98.8%	96.0%	88.3%	92.5%	84.3%	92.5%	87.5%	92.6%	
	Night	93.5%	91.1%	91.9%	95.0%	95.2%	100.0%	95.2%	64.5%	85.0%	66.1%	86.7%	77.4%	84.9%	
Neonatal Unit	Day	98.9%	98.7%	96.3%	100.0%	100.0%	95.2%	100.0%	98.9%	98.6%	100.0%	100.0%	100.0%	99.2%	
	Night	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.9%	100.0%	100.0%	94.7%	100.0%	99.2%	
Petworth	Day	97.8%	96.4%	96.8%	99.4%	97.8%	100.0%	96.8%	91.4%	90.0%	90.3%	92.2%	94.1%	94.7%	
	Night	96.8%	96.4%	100.0%	100.0%	100.0%	100.0%	96.8%	91.9%	88.3%	90.3%	90.0%	96.8%	94.9%	
Selsey	Day	97.9%	95.8%	92.5%	96.5%	100.0%	99.6%	97.9%	95.4%	93.1%	85.4%	95.7%	90.8%	94.9%	
	Night	97.8%	96.4%	92.5%	96.7%	100.0%	100.0%	97.8%	93.5%	92.2%	81.7%	94.4%	89.2%	93.9%	
Wittering	Day	98.4%	98.7%	96.0%	99.6%	100.0%	98.8%	96.8%	96.4%	95.0%	94.8%	96.3%	97.6%	97.2%	
	Night	100.0%	98.2%	95.2%	100.0%	100.0%	96.7%	93.5%	93.5%	96.7%	91.9%	93.3%	95.2%	95.6%	

## SAFER STAFFING SCORECARD - Care Staff

December 2017

	Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Actual	Trend
WSHFT	Day	91.7%	90.2%	90.5%	95.4%	92.9%	95.3%	94.8%	93.4%	94.3%	90.5%	92.7%	93.6%	93.6%	
	Night	92.5%	91.3%	92.4%	96.2%	94.6%	95.2%	96.4%	92.4%	93.8%	91.2%	95.2%	93.3%	94.2%	
Acute Cardiac Unit	Day	85.8%	85.0%	88.4%	92.7%	87.1%	96.7%	93.5%	91.0%	94.0%	88.4%	94.7%	91.0%	92.1%	
	Night	64.5%	64.3%	74.2%	90.0%	64.5%	90.0%	90.3%	74.2%	86.7%	67.7%	76.7%	90.3%	81.1%	
Ashling	Day	91.7%	96.4%	97.2%	97.6%	94.9%	97.1%	96.8%	91.7%	97.6%	93.5%	95.7%	92.2%	95.2%	
	Night	85.5%	96.4%	98.4%	95.0%	91.9%	95.0%	96.8%	85.5%	95.0%	88.7%	91.7%	85.5%	91.6%	
Barrow	Day	91.1%	86.0%	83.6%	92.8%	87.4%	93.3%	92.2%	95.2%	91.4%	88.2%	89.7%	94.1%	91.6%	
	Night	96.8%	95.5%	96.0%	97.5%	97.6%	97.5%	96.8%	97.6%	95.8%	94.4%	99.2%	98.4%	97.2%	
Becket	Day	76.0%	89.4%	85.7%	95.7%	85.7%	93.7%	93.8%	87.8%	97.2%	83.6%	90.8%	97.2%	91.7%	
	Night	88.7%	96.4%	95.2%	98.3%	91.9%	95.0%	96.8%	93.5%	98.3%	96.8%	100.0%	96.8%	96.4%	
Beeding	Day	100.0%	100.0%	92.6%	100.0%	96.8%	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%	
	Night	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.9%	97.0%	98.9%	
Bluefin	Day	96.8%	85.7%	89.7%	100.0%	100.0%	100.0%	90.5%	94.3%	100.0%	100.0%	83.1%	100.0%	95.1%	
	Night	96.6%	96.3%	77.8%	72.2%	95.5%	90.3%	96.8%	87.1%	92.9%	100.0%	90.3%	96.8%	92.1%	
Bosham	Day	94.2%	95.7%	96.1%	99.3%	100.0%	99.3%	92.3%	92.9%	91.3%	93.5%	96.7%	94.8%	95.6%	
	Night	93.5%	96.4%	98.4%	100.0%	100.0%	98.3%	93.5%	90.3%	88.3%	95.2%	98.3%	96.8%	95.6%	
Botolphs	Day	94.1%	89.3%	91.5%	93.8%	83.8%	93.9%	95.5%	93.0%	97.7%	90.0%	93.5%	91.8%	92.5%	
	Night	93.5%	80.4%	85.5%	93.3%	91.9%	96.7%	90.3%	91.9%	96.7%	96.8%	98.3%	93.5%	94.4%	
Boxgrove	Day	89.4%	89.8%	91.2%	93.8%	95.9%	99.5%	96.3%	95.4%	94.3%	93.5%	95.7%	93.1%	95.3%	
	Night	80.6%	80.4%	85.5%	91.7%	91.9%	100.0%	95.2%	90.3%	86.7%	93.5%	91.7%	82.3%	91.5%	











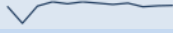
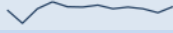
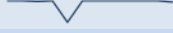

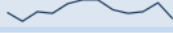
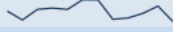





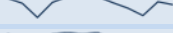
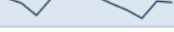
# SAFER STAFFING SCORECARD - Care Staff

December 2017

	Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Actual	Trend
WSHFT	Day	91.7%	90.2%	90.5%	95.4%	92.9%	95.3%	94.8%	93.4%	94.3%	90.5%	92.7%	93.6%	93.6%	
	Night	92.5%	91.3%	92.4%	96.2%	94.6%	95.2%	96.4%	92.4%	93.8%	91.2%	95.2%	93.3%	94.2%	
Buckingham	Day	82.3%	88.5%	87.1%	98.8%	89.0%	95.6%	95.2%	93.9%	96.2%	82.9%	86.7%	88.5%	91.8%	
	Night	91.9%	96.4%	98.4%	98.3%	100.0%	95.0%	98.4%	96.8%	100.0%	95.2%	98.3%	95.2%	97.5%	
Burlington	Day	92.9%	94.5%	95.8%	98.5%	90.9%	90.6%	88.6%	91.6%	86.2%	91.4%	87.7%	97.1%	91.4%	
	Night	87.1%	96.4%	96.8%	100.0%	100.0%	100.0%	100.0%	93.5%	100.0%	90.3%	96.7%	96.8%	97.5%	
Castle	Day	89.9%	94.9%	90.3%	98.1%	93.5%	96.2%	94.5%	94.0%	95.2%	94.0%	91.4%	97.2%	94.9%	
	Night	96.8%	98.2%	95.2%	96.7%	90.3%	100.0%	96.8%	95.2%	98.3%	98.4%	100.0%	91.9%	96.4%	
Chichester Emergency Floor	Day	94.1%	88.2%	89.6%	96.4%	95.5%	97.5%	97.3%	96.0%	93.1%	89.0%	93.9%	89.3%	94.2%	
	Night	87.7%	80.3%	83.7%	92.9%	90.5%	94.4%	94.5%	89.1%	87.2%	75.3%	80.3%	73.8%	86.4%	
Chilgrove	Day	97.6%	98.2%	96.0%	95.0%	100.0%	99.2%	96.0%	90.3%	92.5%	83.1%	90.8%	96.0%	93.6%	
	Night	98.4%	98.2%	98.4%	96.7%	100.0%	100.0%	96.8%	90.3%	91.7%	75.8%	91.7%	95.2%	93.1%	
Chiltington	Day	87.6%	88.7%	84.9%	98.9%	96.2%	90.0%	91.4%	93.0%	96.1%	95.2%	90.0%	95.7%	94.1%	
	Night	93.5%	96.4%	98.4%	100.0%	91.9%	91.7%	95.2%	88.7%	95.0%	95.2%	96.7%	95.2%	94.4%	
Clapham	Day	95.9%	91.8%	87.1%	98.1%	90.8%	94.8%	91.2%	94.9%	97.1%	91.2%	89.0%	92.6%	93.3%	
	Night	95.2%	89.3%	93.5%	98.3%	90.3%	95.0%	93.5%	91.9%	95.0%	93.5%	93.3%	90.3%	93.5%	
Coombes	Day	84.4%	91.1%	89.2%	95.0%	89.8%	75.6%	91.9%	91.9%	95.6%	89.8%	91.7%	93.0%	90.5%	
	Night	93.5%	98.2%	96.8%	96.7%	93.5%	85.0%	96.8%	93.5%	95.0%	96.8%	98.3%	98.4%	94.9%	
Courtlands	Day	92.3%	96.4%	96.1%	93.3%	94.2%	96.0%	96.1%	96.8%	98.0%	92.3%	92.0%	94.2%	94.8%	
	Night	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Ditchling	Day	87.1%	79.8%	94.1%	95.6%	87.1%	91.7%	90.3%	88.2%	88.3%	80.6%	90.6%	93.0%	89.5%	
	Night	93.5%	91.1%	93.5%	96.7%	93.5%	91.7%	95.2%	96.8%	98.3%	98.4%	98.3%	95.2%	96.0%	
Durrington	Day	86.3%	87.1%	89.5%	94.2%	91.9%	99.2%	97.6%	95.6%	94.2%	90.7%	93.8%	94.0%	94.5%	
	Night	96.8%	94.6%	90.3%	96.7%	95.2%	91.7%	98.4%	96.8%	96.7%	93.5%	100.0%	93.5%	95.8%	
Eartham	Day	93.5%	80.0%	75.5%	94.0%	83.2%	89.3%	95.5%	86.5%	89.3%	85.8%	91.3%	93.5%	89.8%	
	Night	77.4%	89.3%	83.9%	86.7%	74.2%	96.7%	90.3%	87.1%	90.0%	90.3%	93.3%	100.0%	89.8%	
Eastbrook	Day	96.1%	95.0%	87.1%	95.3%	85.8%	100.0%	97.4%	94.2%	97.3%	92.3%	90.7%	96.1%	94.3%	
	Night	95.2%	98.2%	88.7%	96.7%	93.5%	95.0%	93.5%	96.8%	93.3%	98.4%	100.0%	96.8%	96.0%	

## SAFER STAFFING SCORECARD - Care Staff

December 2017

	Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Actual	Trend
<b>WSHFT</b>	<b>Day</b>	<b>91.7%</b>	<b>90.2%</b>	<b>90.5%</b>	<b>95.4%</b>	<b>92.9%</b>	<b>95.3%</b>	<b>94.8%</b>	<b>93.4%</b>	<b>94.3%</b>	<b>90.5%</b>	<b>92.7%</b>	<b>93.6%</b>	<b>93.6%</b>	
	<b>Night</b>	<b>92.5%</b>	<b>91.3%</b>	<b>92.4%</b>	<b>96.2%</b>	<b>94.6%</b>	<b>95.2%</b>	<b>96.4%</b>	<b>92.4%</b>	<b>93.8%</b>	<b>91.2%</b>	<b>95.2%</b>	<b>93.3%</b>	<b>94.2%</b>	
Emergency Floor Worthing	Day	95.2%	93.4%	92.7%	93.3%	91.9%	93.8%	93.1%	96.6%	96.5%	94.0%	93.7%	96.5%	94.4%	
	Night	96.8%	96.1%	95.8%	98.7%	94.5%	95.7%	98.7%	98.7%	97.3%	95.2%	99.3%	98.7%	97.4%	
Enhanced Surgical Care Unit	Day	98.4%	98.2%	99.2%	98.3%	95.2%	95.0%	99.2%	100.0%	100.0%	99.2%	99.2%	100.0%	98.5%	
	Night	100.0%	92.9%	100.0%	96.7%	100.0%	90.0%	100.0%	96.8%	96.7%	100.0%	100.0%	96.8%	97.5%	
Erringham	Day	89.0%	84.3%	87.1%	100.0%	90.3%	100.0%	91.0%	78.1%	85.3%	80.6%	76.0%	85.2%	87.3%	
	Night	93.5%	91.1%	98.4%	100.0%	91.9%	100.0%	95.2%	91.9%	98.3%	100.0%	100.0%	93.5%	96.7%	
Fishbourne	Day	90.3%	82.7%	95.2%	92.8%	98.4%	93.3%	96.8%	89.2%	93.3%	90.3%	95.0%	87.1%	92.9%	
	Night	90.3%	76.8%	93.5%	98.3%	100.0%	86.7%	98.4%	82.3%	90.0%	85.5%	91.7%	79.0%	90.2%	
Ford	Day	91.6%	77.9%	92.3%	96.0%	94.2%	96.0%	94.8%	93.5%	94.7%	91.6%	92.7%	92.9%	94.0%	
	Night	90.3%	78.6%	91.9%	98.3%	93.5%	93.3%	95.2%	91.9%	93.3%	91.9%	88.3%	93.5%	93.3%	
Howard Children's Unit	Day	100.0%	100.0%	96.8%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.5%	99.1%	
	Night	100.0%	100.0%	74.2%	100.0%	0.0%	66.7%	100.0%	84.0%	73.3%	64.5%	93.3%	96.2%	84.7%	
Lavant	Day	92.3%	88.8%	92.7%	92.1%	96.0%	97.5%	97.6%	93.5%	92.1%	92.7%	96.3%	89.9%	94.2%	
	Night	85.5%	78.6%	87.1%	88.3%	87.1%	95.0%	95.2%	79.0%	80.0%	83.9%	90.0%	77.4%	86.2%	
Middleton	Day	89.0%	94.3%	96.8%	98.0%	100.0%	99.3%	92.3%	92.9%	93.3%	80.0%	94.7%	91.0%	93.5%	
	Night	85.5%	96.4%	96.8%	98.3%	100.0%	100.0%	95.2%	88.7%	95.0%	67.7%	90.0%	91.9%	91.8%	
Neonatal Unit	Day	86.2%	96.2%	89.3%	100.0%	100.0%	82.6%	93.3%	100.0%	91.7%	100.0%	75.0%	92.3%	93.5%	
	Night	82.1%	64.3%	96.4%	96.2%	100.0%	88.0%	100.0%	89.7%	87.5%	90.0%	89.5%	95.8%	93.4%	
Petworth	Day	91.0%	92.1%	94.2%	92.7%	100.0%	98.0%	96.8%	98.1%	95.3%	96.8%	96.0%	97.4%	96.8%	
	Night	91.9%	89.3%	91.9%	93.3%	100.0%	96.7%	93.5%	95.2%	95.0%	95.2%	91.7%	96.8%	95.3%	
Selsey	Day	99.5%	93.0%	92.1%	94.6%	100.0%	98.4%	97.9%	93.2%	97.8%	93.2%	96.7%	99.0%	96.7%	
	Night	100.0%	91.1%	91.9%	93.3%	100.0%	96.7%	96.8%	87.1%	96.7%	93.5%	93.3%	96.8%	94.9%	
Wittering	Day	98.1%	92.9%	78.7%	94.0%	100.0%	99.3%	100.0%	93.5%	88.0%	80.6%	94.7%	91.6%	93.5%	
	Night	98.4%	92.9%	79.0%	98.3%	100.0%	98.3%	100.0%	91.9%	85.0%	75.8%	95.0%	93.5%	93.1%	

# SAFER STAFFING SCORECARD - CHPPD

December 2017

		Care Hours Per Patient Day (CHPPD)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Average	Trend
<b>WSHFT</b>	<b>Nurse</b>	<b>3.7</b>	<b>3.7</b>	<b>3.9</b>	<b>4.0</b>	<b>3.9</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>	<b>4.1</b>	<b>3.8</b>	<b>3.8</b>	<b>3.7</b>	<b>3.9</b>	
	<b>Care</b>	<b>2.6</b>	<b>2.6</b>	<b>2.7</b>	<b>2.8</b>	<b>2.7</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>2.9</b>	<b>3.0</b>	<b>2.7</b>	<b>2.7</b>	<b>2.7</b>	<b>2.8</b>	
	<b>Overall</b>	<b>6.3</b>	<b>6.3</b>	<b>6.6</b>	<b>6.8</b>	<b>6.6</b>	<b>6.8</b>	<b>6.8</b>	<b>6.8</b>	<b>6.9</b>	<b>7.1</b>	<b>6.4</b>	<b>6.5</b>	<b>6.4</b>	<b>6.7</b>	
Acute Cardiac Unit	Nurse	4.6	4.2	4.8	4.6	4.7	4.6	4.9	4.5	4.5	4.5	4.7	5.0	4.5	4.7	
	Care	1.7	1.6	1.9	1.9	1.7	1.9	2.0	1.7	1.9	1.9	1.8	2.0	1.9	1.9	
	Overall	6.2	5.7	6.8	6.5	6.3	6.5	6.9	6.2	6.4	6.4	6.4	7.0	6.5	6.5	
Ashling	Nurse	3.2	3.0	3.3	3.5	3.6	3.5	4.2	5.3	6.0	6.0	3.1	3.4	3.3	3.8	
	Care	2.6	2.8	2.9	2.9	2.8	2.8	3.5	4.4	5.0	5.0	2.7	2.8	2.6	3.1	
	Overall	5.8	5.8	6.1	6.4	6.4	6.3	7.7	9.7	11.0	11.0	5.8	6.2	5.9	6.9	
Barrow	Nurse	3.4	3.4	3.4	3.5	3.5	3.8	3.5	3.3	3.4	3.4	3.4	3.3	3.4	3.4	
	Care	3.2	3.1	3.1	3.3	3.2	3.6	3.3	3.4	3.2	3.2	3.2	3.2	3.4	3.3	
	Overall	6.6	6.5	6.5	6.8	6.7	7.4	6.8	6.7	6.6	6.6	6.5	6.5	6.8	6.7	
Becket	Nurse	4.5	4.4	4.5	4.5	4.5	4.5	4.5	4.5	4.4	4.4	4.2	4.4	4.6	4.5	
	Care	2.0	2.3	2.3	2.5	2.3	2.5	2.5	2.5	2.3	2.5	2.2	2.4	2.5	2.4	
	Overall	6.5	6.8	6.7	7.0	6.7	7.0	7.0	7.0	6.7	6.8	6.5	6.8	7.1	6.9	
Beeding	Nurse	8.3	7.8	9.3	7.2	5.2	4.3	4.8	5.3	4.8	4.8	7.4	5.1	5.8	5.4	
	Care	2.9	2.6	2.8	2.3	2.1	1.8	2.2	2.3	2.2	2.2	3.4	2.2	2.3	2.2	
	Overall	11.2	10.5	12.1	9.5	7.2	6.0	7.0	7.6	7.0	7.0	10.8	7.3	8.1	7.6	
Bluefin	Nurse	5.5	6.1	6.4	6.3	5.5	4.2	4.8	5.9	5.5	5.5	5.6	4.6	6.6	5.4	
	Care	1.3	1.4	1.3	1.1	1.1	1.4	1.5	2.3	1.8	1.4	1.5	1.9	1.5	1.5	
	Overall	6.8	7.5	7.7	7.4	6.6	5.6	6.3	8.2	7.2	7.0	7.0	6.1	8.5	6.9	
Bosham	Nurse	3.3	3.3	3.3	3.5	3.5	3.6	3.3	3.5	3.6	3.6	3.3	3.6	3.5	3.5	
	Care	2.2	2.3	2.5	2.5	2.4	2.5	2.2	2.3	2.4	2.4	2.4	2.5	2.4	2.4	
	Overall	5.4	5.6	5.8	6.0	5.9	6.1	5.6	5.9	6.0	6.0	5.7	6.1	5.9	5.9	
Botolphs	Nurse	3.6	3.6	3.9	3.9	3.8	4.2	3.5	3.8	3.8	3.8	3.5	3.7	3.6	3.8	
	Care	3.2	3.0	3.5	3.5	3.1	3.8	3.2	3.4	3.5	3.5	3.2	3.3	3.2	3.4	
	Overall	6.8	6.7	7.4	7.4	6.9	8.0	6.8	7.3	7.4	7.4	6.7	7.0	6.9	7.1	
Boxgrove	Nurse	2.9	2.8	3.1	3.1	3.0	3.1	3.1	3.0	3.7	3.0	2.7	2.8	2.7	3.0	
	Care	2.4	2.4	2.6	2.6	2.6	2.8	2.7	2.7	3.3	2.6	2.6	2.6	2.5	2.7	
	Overall	5.3	5.2	5.7	5.8	5.7	5.9	5.7	5.7	7.0	5.6	5.3	5.4	5.3	5.7	
Buckingham	Nurse	2.1	2.1	2.0	2.2	2.2	3.1	2.7	3.3	3.3	3.3	2.2	2.1	2.1	2.5	
	Care	1.6	1.7	1.7	1.9	1.7	2.5	2.3	2.6	2.7	2.7	1.8	1.7	1.8	2.1	
	Overall	3.6	3.7	3.7	4.1	3.9	5.6	5.1	5.9	6.0	6.0	4.0	3.8	3.9	4.5	
Burlington	Nurse	3.1	3.4	3.3	3.4	3.4	3.7	3.5	3.5	3.3	3.4	3.1	3.1	3.3	3.4	
	Care	2.4	2.6	2.6	2.6	2.5	2.5	2.5	2.4	2.5	2.4	2.4	2.3	2.5	2.5	
	Overall	5.5	6.0	5.9	6.1	5.9	6.2	5.8	5.8	5.8	5.8	5.5	5.5	5.9	5.8	



# SAFER STAFFING SCORECARD - CHPPD

December 2017

		Care Hours Per Patient Day (CHPPD)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Average	Trend
WSHFT	Nurse		3.7	3.7	3.9	4.0	3.9	4.0	4.0	4.0	4.1	3.8	3.8	3.7	3.9	
	Care		2.6	2.6	2.7	2.8	2.7	2.8	2.8	2.9	3.0	2.7	2.7	2.7	2.8	
	Overall		6.3	6.3	6.6	6.8	6.6	6.8	6.8	6.9	7.1	6.4	6.5	6.4	6.7	
Castle	Nurse		3.6	3.6	3.6	3.7	3.8	3.9	3.8	3.7	3.8	3.6	3.7	3.7	3.8	
	Care		2.6	2.7	2.6	2.8	2.7	2.9	2.9	2.8	2.9	2.7	2.7	2.8	2.8	
	Overall		6.2	6.3	6.2	6.5	6.5	6.8	6.7	6.5	6.7	6.4	6.4	6.5	6.5	
Chichester Emergency Floor	Nurse		4.0	4.0	4.6	4.6	4.5	4.4	4.6	4.7	4.5	4.4	4.8	4.1	4.5	
	Care		2.2	2.1	2.4	2.6	2.4	2.4	2.6	2.8	2.7	2.5	2.7	2.2	2.5	
	Overall		6.3	6.2	7.0	7.2	6.9	6.8	7.2	7.5	7.2	6.9	7.5	6.3	7.0	
Chilgrove	Nurse		3.7	3.7	3.8	5.1	6.0	4.2	5.3	5.0	4.3	4.5	4.3	5.2	4.8	
	Care		2.5	2.5	2.5	3.4	4.0	2.9	3.5	3.2	2.8	2.7	2.7	3.5	3.2	
	Overall		6.2	6.1	6.3	8.5	10.0	7.1	8.8	8.2	7.2	7.2	7.0	8.7	8.0	
Chiltington	Nurse		4.0	4.1	4.2	4.4	4.2	4.2	3.9	3.9	4.1	3.8	4.1	4.0	4.1	
	Care		2.9	3.1	3.1	3.5	3.2	3.1	3.1	3.1	3.3	3.2	3.2	3.3	3.2	
	Overall		6.9	7.2	7.2	7.9	7.4	7.4	7.0	7.0	7.4	7.0	7.4	7.3	7.3	
Clapham	Nurse		3.0	3.0	3.0	3.3	3.2	3.3	3.0	3.0	2.9	2.8	3.1	3.1	3.1	
	Care		2.7	2.6	2.6	3.0	2.6	2.9	2.7	2.7	2.8	2.6	2.6	2.7	2.7	
	Overall		5.8	5.6	5.6	6.3	5.8	6.2	5.7	5.7	5.7	5.4	5.8	5.8	5.8	
Coombes	Nurse		3.1	3.2	3.1	3.2	3.0	3.1	2.9	2.8	3.0	2.9	3.0	3.0	3.0	
	Care		2.2	2.5	2.4	2.5	2.3	2.0	2.3	2.3	2.5	2.3	2.4	2.4	2.3	
	Overall		5.3	5.7	5.5	5.7	5.3	5.2	5.2	5.2	5.4	5.2	5.4	5.3	5.3	

# SAFER STAFFING SCORECARD - CHPPD

December 2017

		Care Hours Per Patient Day (CHPPD)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Average	Trend
WSHFT	Nurse	3.7	3.7	3.9	4.0	3.9	4.0	4.0	4.0	4.0	4.1	3.8	3.8	3.7	3.9	
	Care	2.6	2.6	2.7	2.8	2.7	2.8	2.8	2.8	2.9	3.0	2.7	2.7	2.7	2.8	
	Overall	6.3	6.3	6.6	6.8	6.6	6.8	6.8	6.8	6.9	7.1	6.4	6.5	6.4	6.7	
Courtlands	Nurse	7.7	7.4	7.7	8.4	8.2	8.3	7.9	8.3	8.3	8.9	7.9	7.7	7.6	8.1	
	Care	2.4	2.4	2.6	2.7	2.7	2.7	2.6	2.9	3.1	3.1	2.6	2.5	2.5	2.7	
	Overall	10.1	9.8	10.3	11.1	10.9	11.0	10.6	11.2	12.0	12.0	10.5	10.2	10.1	10.8	
Ditchling	Nurse	3.0	3.0	3.2	3.2	3.2	3.1	3.1	3.1	3.0	2.9	2.9	2.9	3.1	3.0	
	Care	2.5	2.3	2.8	2.7	2.6	2.6	2.5	2.5	2.5	2.5	2.4	2.6	2.7	2.6	
	Overall	5.4	5.3	6.0	5.9	5.8	5.7	5.6	5.6	5.4	5.4	5.2	5.4	5.8	5.6	
Durrington	Nurse	3.1	3.1	3.2	3.3	3.2	3.2	3.2	3.2	3.1	3.1	3.0	3.1	3.2	3.2	
	Care	3.2	3.2	3.3	3.5	3.4	3.6	3.6	3.6	3.5	3.4	3.3	3.5	3.4	3.5	
	Overall	6.3	6.3	6.5	6.8	6.6	6.8	6.8	6.8	6.7	6.6	6.3	6.6	6.6	6.6	
Eartham	Nurse	4.1	4.1	4.2	4.3	4.2	4.5	4.3	4.3	4.3	4.5	4.3	4.2	4.2	4.3	
	Care	2.2	2.0	1.8	2.2	2.0	2.2	2.3	2.1	2.3	2.3	2.2	2.3	2.3	2.2	
	Overall	6.2	6.1	6.0	6.5	6.2	6.7	6.7	6.5	6.8	6.8	6.5	6.5	6.5	6.5	
Eastbrook	Nurse	3.3	3.3	3.3	3.4	3.3	3.6	3.3	3.4	3.4	6.0	4.4	3.2	3.2	3.6	
	Care	2.5	2.4	2.2	2.5	2.3	2.6	2.5	2.5	2.5	4.5	3.3	2.4	2.5	2.7	
	Overall	5.8	5.8	5.5	5.8	5.6	6.2	5.8	5.9	5.9	10.4	7.6	5.6	5.7	6.3	
Emergency Floor	Nurse	4.5	4.7	4.9	5.1	5.0	5.4	4.9	4.9	5.0	5.0	4.3	4.5	4.4	4.8	
	Care	3.8	3.9	4.1	4.1	4.0	4.4	4.0	4.0	4.3	4.4	3.8	3.9	3.8	4.1	
	Overall	8.2	8.6	9.0	9.2	9.0	9.7	8.9	8.9	9.3	9.3	8.1	8.4	8.2	8.9	
Enhanced Surgical Care Unit	Nurse	9.0	8.8	9.8	8.9	9.0	9.1	9.5	8.9	9.3	9.3	8.8	8.5	8.9	9.0	
	Care	9.3	8.6	9.7	8.8	8.8	8.6	9.5	8.9	9.5	9.5	8.8	8.5	8.9	8.9	
	Overall	18.3	17.5	19.5	17.7	17.8	17.7	19.0	17.8	18.8	18.8	17.6	17.0	17.8	17.9	
Erringham	Nurse	3.3	3.3	3.2	3.4	3.3	3.4	3.2	3.3	3.3	3.3	3.3	3.3	3.3	3.3	
	Care	2.4	2.3	2.4	2.7	2.4	2.8	2.5	2.2	2.2	2.4	2.3	2.2	2.3	2.4	
	Overall	5.6	5.6	5.6	6.0	5.7	6.2	5.7	5.6	5.7	5.7	5.6	5.5	5.7	5.7	
Fishbourne	Nurse	3.1	3.0	3.2	3.2	3.1	3.2	3.2	3.9	3.3	3.2	3.2	3.3	2.9	3.2	
	Care	2.4	2.1	2.6	2.5	2.7	2.4	2.4	3.1	2.4	2.6	2.4	2.6	2.2	2.5	
	Overall	5.4	5.1	5.8	5.8	5.8	5.5	7.0	5.7	5.8	5.8	5.6	5.9	5.1	5.8	

# SAFER STAFFING SCORECARD - CHPPD

December 2017

		Care Hours Per Patient Day (CHPPD)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Average	Trend
WSHFT	Nurse	3.7	3.7	3.9	4.0	3.9	4.0	4.0	4.0	4.0	4.1	3.8	3.8	3.7	3.9	
	Care	2.6	2.6	2.7	2.8	2.7	2.8	2.8	2.8	2.9	3.0	2.7	2.7	2.7	2.8	
	Overall	6.3	6.3	6.6	6.8	6.6	6.8	6.8	6.8	6.9	7.1	6.4	6.5	6.4	6.7	
Ford	Nurse	4.0	3.8	4.3	4.1	4.2	4.3	4.3	5.4	4.0	4.1	3.8	4.2	4.0	4.2	
	Care	2.1	1.8	2.3	2.3	2.2	2.2	2.2	2.8	2.1	2.2	2.1	2.1	2.1	2.2	
	Overall	6.1	5.6	6.6	6.4	6.4	6.5	6.5	8.1	6.1	6.2	5.9	6.3	6.1	6.4	
Howard Children's Unit	Nurse	7.8	6.3	6.4	8.2	7.6	7.5	7.0	7.0	6.9	6.9	8.4	5.4	6.6	7.1	
	Care	2.0	1.5	1.4	1.7	0.0	0.5	1.7	1.9	1.9	1.7	1.7	1.3	1.4	1.3	
	Overall	9.8	7.7	7.9	9.9	7.6	8.0	8.7	8.9	8.9	10.2	6.7	8.0	8.0	8.4	
Lavant	Nurse	3.1	3.1	3.3	3.3	3.5	3.5	3.5	4.5	3.5	3.7	3.3	3.7	3.3	3.6	
	Care	2.8	2.8	3.0	2.9	3.0	3.0	3.1	4.1	3.1	3.2	3.1	3.4	2.9	3.2	
	Overall	5.9	5.8	6.3	6.2	6.6	6.6	6.6	8.6	6.6	6.9	6.4	7.0	6.2	6.8	
Middleton	Nurse	3.0	3.0	3.1	3.2	3.1	3.1	3.1	3.1	3.6	3.1	2.7	3.0	2.8	3.0	
	Care	1.9	2.1	2.3	2.3	2.2	2.2	2.2	2.1	2.8	2.2	1.8	2.1	2.1	2.2	
	Overall	4.9	5.1	5.4	5.5	5.3	5.3	5.2	5.2	6.3	5.4	4.5	5.1	4.8	5.2	
Neonatal Unit	Nurse	7.3	7.7	8.5	10.9	7.7	5.1	6.4	5.8	8.3	8.0	8.0	6.4	6.3	6.8	
	Care	2.0	2.3	2.8	3.7	2.6	1.3	2.3	1.8	2.0	2.0	3.0	1.3	1.8	2.1	
	Overall	9.3	10.0	11.3	14.6	10.3	6.4	8.7	7.6	10.3	11.0	11.0	7.7	8.1	8.9	
Petworth	Nurse	3.3	3.2	3.3	3.3	3.3	3.3	3.3	3.5	3.1	11.2	3.1	3.1	3.2	3.5	
	Care	2.7	2.7	2.8	2.7	2.9	2.8	2.8	3.1	2.9	10.5	2.9	2.8	2.9	3.1	
	Overall	6.0	5.9	6.1	6.0	6.2	6.2	6.2	6.6	6.0	21.7	5.9	6.0	6.0	6.6	
Selsey	Nurse	4.0	4.5	4.7	4.8	3.7	3.9	3.6	3.6	3.8	3.7	3.3	3.7	3.5	3.7	
	Care	3.1	3.3	3.5	3.6	2.8	2.9	2.7	2.7	2.8	3.0	2.8	2.8	2.9	2.9	
	Overall	7.1	7.7	8.2	8.4	6.6	6.8	6.3	6.6	6.6	6.6	6.1	6.5	6.3	6.6	
Wittering	Nurse	3.3	3.5	3.3	3.7	3.5	3.3	3.2	3.2	3.6	3.4	3.4	3.6	3.2	3.4	
	Care	2.3	2.3	1.9	2.5	2.5	2.3	2.3	2.3	2.4	2.2	2.0	2.5	2.2	2.3	
	Overall	5.6	5.8	5.2	6.2	6.0	5.7	5.5	5.5	6.0	5.6	5.5	6.0	5.4	5.7	



## **SafeCare Live – current position January 2018**

- ◆ Data entry in SafeCare Live (SCL) recommenced on Sunday 01<sup>st</sup> October 2017.
- ◆ Information regarding the recommencement of the SCL project was detailed at the September NMB meeting and was subsequently communicated through Headlines, Staffnet and at the staff conference dates held in September.
- ◆ SCL information on Staffnet (under the Safety section) provides 'How to.....guides' and a short video animation detailing SCL and its relevance to safe staffing and patient safety within WSHFT.
- ◆ Training provision was available to all 32 previous 'live' phase 1 areas (equal on both acute sites).
- ◆ In addition, training was available to phase 2 areas (A/Es, ITUs, ESCU, Emergency floors and Women's & Children's Division). Training was well attended.
- ◆ In total, there are now 44 live areas completing staffing data entry with 36 also completing patient acuity and dependency levels.
- ◆ Compliance has steadily increased although demand during the period of Business Continuity over the Christmas and New Year period have affected data entry.
- ◆ Reporting of Safe Staffing levels required from the Trust for the Department of Health, will eventually be run from SCL alone. Currently, the Health Analyst Team at the Trust are running the SCL report alongside the older reporting systems to ensure consistent level of data. When assurance is achieved, the older reporting systems will no longer be used. This will reduce the demand/work load for the Analysts regarding safe staffing levels as all required information can be sourced from one report in SCL.

**Gary Wright**

**Matron – Workforce**

**Trust Project Lead – Safecare Live**

To: Trust Board

Date of Meeting: 1<sup>st</sup> February 2018

Agenda Item: 6.2

Title
<b>Month 9, 2017-18 Performance Report</b>
Responsible Executive Director
Peter Landstrom, Executive Director of Delivery and Strategy
Prepared by
Giles Frost, Interim Director – Performance & Information
Status
<b>Disclosable</b>
Summary of Proposal
The paper sets out organisational compliance against national and local key performance metrics. The report summarises both in year and projected year end performance for Western Sussex Hospitals NHS Foundation Trust, as detailed in dedicated performance scorecards relating to Quality Board indicators aligned to the Quality Strategy, the NHSI Single Oversight Framework and, when relevant, other indicators. This paper describes performance on an exceptional basis determined by RAG rating, key national/regulatory significance, or in year trend analysis.
Implications for Quality of Care
Describes Quality Outcome KPIs
Link to Strategic Objectives/Board Assurance Framework
<i>Trust Strategic Theme B</i> - Provide the highest possible quality of care to our patients. This we will do through focusing on a range of measures to improve clinical effectiveness. <i>Trust Strategic Theme G</i> - Ensure the sustainability of our organisation by exceeding our national targets and financial performance and investing in appropriate infrastructure and capacity. <i>Trust Strategic Theme F</i> - Improve our performance against a range of quality, access and productivity measures through the introduction and spread of best practice throughout the organisation.
Financial Implications
Describes KPIs linked to financial performance
Human Resource Implications
Describes KPIs linked to workforce
<b>Recommendation</b>
<b>The Board is asked to: NOTE the Trust position against the NHS Single Oversight Framework and STF Performance Monitoring targets.</b>
Communication and Consultation
Not applicable
Appendices
Appendix 1: Key Performance Deliverables, Operational Performance Scorecard, Single Oversight Framework Scorecard, STF Performance Monitoring.

To: Trust Board

Date: 1st February 2018

From: Pete Landstrom, Chief Operating Officer

Agenda Item: 6.2

## **FOR INFORMATION**

### **WSHFT PERFORMANCE REPORT: MONTH 9, 2017/18**

#### **1. INTRODUCTION**

1.1 This report summarises both current in year and projected performance for Western Sussex Hospitals NHS Foundation Trust, with further detail provided in the appendices relating to:

- The NHSI Single Oversight Framework
- Key Performance Deliverables Report
- Operational Performance Scorecard
- Sustainability and Transformation Fund Performance Monitoring

1.2 This paper provides the Board with an update on performance on a specific basis determined by RAG rating, national significance, or in year trend analysis.

1.3 Introduced as a condition of the National Sustainability and Transformation Programme and Funding, all Trusts have again submitted joint performance trajectories on the key areas of A&E, RTT, and Cancer. The detailed tracking of the Trust's performance against this trajectory is included in an Appendix of this report, and performance against the requirements is summarised for each relevant performance area. The trajectory has changed for 2017/18 based on specific criteria for all indicators, and diagnostic waiters are no longer included. The Sustainability and Transformation Fund payments in 2017/18 are indicatively based on A&E performance against trajectory only as per NHS Improvement advice, although official guidance confirming this has not yet been received.

#### **2. SUMMARY PERFORMANCE**

2.1 Under the Single Oversight Framework, the Trust was compliant for Cancer against National Constitutional Targets. RTT 18 week compliance and A&E 4 hour performance were below the national constitutional targets and STF trajectories for December. Diagnostics was also marginally non-compliant against national target in December.

2.2 Operationally December saw an increased level of A&E demand, and an increase in emergency admissions relative to the same period in 2016. It also experienced severe bed pressure during the latter half of the month:

- 11,867 A&E attendances compared to 11,482 in December 2016 (representing a 3.4% increase on this time last year). For patients aged 85 and over, there was an increase of 7.6%.
- 5,094 emergency admissions increased in comparison to 5,084 in December 2016.
- Over 85 emergency admissions increased considerably in December 2017 with a 7.5% increase compared to December 2016.
- Formally reportable Delayed Transfers of Care totalled 2.73% for December 2017. This is a marginal increase from the November figure of 3.53%.
- Average Inpatient Bed Occupancy reached 95.9% in December, an increase on November occupancy of 0.4%. The highest occupancy the trust reached during the month was 99% and the lowest was 88.6%. On average, 30 escalation beds per day were open across during December, ranging from between 12 to 45 beds. This is an increase against the November figure of 6 per day. The Trust flexes the number of open beds to respond to fluctuations in demand.

### **3. KEY AREAS OF PERFORMANCE**

#### **3.1 A&E Compliance**

3.1.1 The Trust was not compliant against the National target in December, with 85.4% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge. Cumulative year to date performance for the Trust in December was 93.52%.

3.1.2 December performance of 85.4% was not compliant with the delivery requirements of the in-month Sustainability and Transformation Fund trajectory for December of 93.00%.

3.1.3 By site, SRH performance in November was 87.20%, with Worthing achieving 82.52%. Emergency admissions at SRH increased by 3.7% from December 2016. Worthing saw a decrease in emergency admissions of 2.9% over the same period, however for the 85+ age group this was an 8.9% increase.

3.1.4 Worthing saw an average of 488 beds occupied in December, which is a slight decrease from 496 in November. Worthing had an average occupancy of 97% in December, reaching 100% on 4 occasions in the run up to Christmas. Emergency medical length of stay which decreased from 7.3 days in November to 6.9 days for patients in December.

- 3.1.5 In December, delayed transfers of care (DTOC) reduced to 2.73% compared to 3.53% in November. December DTOCs peaked at 4.2% on 10<sup>th</sup> December. In real terms, this reflects an impact in 'lost' beds that fluctuated between a minimum of c12 beds and a high of c38 beds during the month.
- 3.1.6 Patients who were medically fit for discharge (MFFD) remained high at 150 patients on average per day in December. The number of patients medically fit for discharge fluctuated between 113 patients on the 3<sup>rd</sup> December and 190 on 20<sup>th</sup> December. MFFD days delayed peaked on the 19<sup>th</sup> December (1,650 days).
- 3.1.7 The average number of patients with a LOS greater than 7 days at the trust increased on average by 4 patients Dec-17 compared to Dec-16. At month end however there were 52 more +7 day patients (medical and surgical patients) compared to Dec-16 (+13%).
- 3.1.8 Nationally and regionally A&E delivery has continued to be challenging. National performance has worsened to 85.07% for all attendances in December 2017 from 88.9% in November 2017. Regionally, compliance for the South of England was 83.3%, with NHS England South Surrey & Sussex Trusts (excluding WSHFT) generating aggregate compliance of 88.1%.
- 3.1.9 The publication of national data confirms that WSHFT with 84.7% was the 35th highest performing trust nationally in December 2017, and the 10th best performing trust in NHS South for type 1 attendances.
- 3.1.10 Forecasting forward, board members should note that January has remained challenging, as a result of continued demand and associated bed pressure, which has been exacerbated by the significant impact of flu. This has impacted the hospitals in terms of sheer numbers (at a peak of 73 patients in hospital with confirmed flu during their spell of care on 21<sup>st</sup> January) and the direct impact on these patients with a large number of bays and wards affected, particularly in Worthing. It has also impacted indirectly by constraining the flow and flexibility to manage non-flu patients within the reduced residual capacity.
- 3.1.11 Despite these continued pressures, part-month January performance at the point of writing (to 24<sup>th</sup> January) shows a 2.9% improvement to 88.32% from the reported December position.

## 3.2 Cancer

- 3.2.1 The Trust was compliant against all 7 cancer metrics applicable to the Trust in December. The board is reminded that there is approximately a six week lag from the end of the reporting period, to publication of final performance for cancer metrics.



- 3.2.2 The Trust achieved the Sustainability and Transformation Fund trajectory for 62 day patients (an aggregate of patients following urgent referral and patients referred via screening) of 85.09% in December, with the Trust’s provisional compliance against this combined metric of 87.43%.
- 3.2.3 2 week referrals received in December 2017 were 0.7% above the level observed in December 2016. The comparable figure for all referrals was an 18.8% decrease for the same period. However, for the year January to December 2017, 2 week referrals have increased by 11.2% on the previous year and the comparable figure for all referrals is a 7.3% decrease.
- 3.2.4 For context, latest comparative nationally published data relating to November 2017 shows national aggregate compliance for cancer attendance to be:
  - 82.5% for treatment within 62 days from GP referral (target 85.0%) compared to WSHFT performance of 92.0%. WSHFT was the 16<sup>th</sup> best performing trust against this standard nationally and the 2<sup>nd</sup> best in the South of England this month and year to date. In November 2017, approximately half of Trusts in England were non-compliant against this standard.

3.3 Referral to Treatment (RTT/18 Weeks)

- 3.3.1 The Trust was non-compliant against the National Constitutional Target of 92% in November with 87.1% of pathways waiting less than 18 weeks. This is 1.95% deterioration in performance since November (89.02%). Numbers of patients waiting over 18 weeks increased by 689 patients between months.
- 3.3.2 When stratified by division as below, there was 2.2% deterioration in surgical and medical specialties performance, with a 456 increase in surgical backlog, and 214 increase in medical backlog. There was less change in women & children and core divisions. It is important to note that this was the predicted implication of actions agreed in November and therefore in line with forecast expectations.

Division	30/11/2017			30/12/2017			Change between Months	
	Backlog	WL Size	%	Backlog	WL Size	%	Backlog	%
Surgery	2164	19489	88.90%	2620	19758	86.74%	456	-2.2%
Medicine	1304	9972	86.92%	1518	10013	84.84%	214	-2.1%
Women & Children	134	2520	94.68%	148	2561	94.22%	14	-0.5%
Core	34	1148	97.04%	39	1108	96.48%	5	-0.6%
Trust	3636	33129	89.02%	4325	33440	87.07%	689	1.95%

- 3.3.3 Ophthalmology saw the largest increase in backlog size to 928 December from 733 the end of November.

- 3.3.4 The Trust saw an increase of circa 650 to the RTT backlog from Christmas Eve to the 31<sup>st</sup> December. This due to limited numbers of elective clinics and operations the week commencing 24<sup>th</sup> December, despite the RTT 18 week timetable continuing unabated. This compounded constrained elective inpatient capacity from the week commencing 10<sup>th</sup> December due to emergency pressures.
- 3.3.5 The Trust completed 9,320 RTT patient pathways in December 2017.
- 3.3.6 Latest published national data relates to November 2017 and shows a slight increase in national compliance, to 89.5% from 89.3% in October 2017. This figure is exclusive of independent sector providers and does not reflect a number of large acute NHS providers that currently are not reporting RTT positions as part of agreed 'special measure' arrangements. Trust performance dipped below the national compliance figure in July and remained below in November with 89.0% for the Trust compared to 89.5% nationally. Approximately 43% of Trusts were non-compliant in November.

#### 3.4 Diagnostic Test Waiting Times

- 3.4.1 The Trust compliance for December was 1.31% over 6 week waiters across all diagnostic modes, which is non-compliant against the 1% national target. This represents 62 over 6 week waiters of a total list of 4729 patients.
- 3.4.2 WSHFT performance compared favourably against regional peers in November (the latest comparable national data); with South of England Region aggregate compliance of 2.1% and National compliance at 1.7%, compared to WSHFT November performance of 0.7%. Around a third of Trusts were non-compliant in November 2017.
- 3.4.3 Forecasting forward, the Trust has begun to recover diagnostic compliance in January and anticipates returning to and sustaining a compliant position from February.

## 4 **RECOMMENDATION**

- 4.1 The Board is asked to receive the Month 9 position.
- 4.2 The Board is also asked to note the year to date compliance against the delivery requirements of the Sustainability and Transformation Fund (STF) for Cancer, and non-compliant position for RTT and A&E.

Giles Frost, Interim Director – Performance & Information.

**25<sup>th</sup> January 2018**

# NHS Improvement Single Oversight Framework

**DECEMBER 2017**

		Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date	Trend
<b>Operational Performance Metrics</b>																
OP1	A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	95.09%	95.50%	94.11%	94.15%	95.05%	95.38%	94.11%	92.70%	85.45%				93.52%	
OP2	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	90.74%	91.28%	90.58%	89.41%	88.95%	88.72%	88.42%	89.02%	87.07%				89.35%	
OP3A	All cancers : 62-day wait for first treatment following urgent GP Referral	85%	94.09%	90.30%	89.33%	86.22%	86.55%	87.74%	88.92%	91.91%	86.35%				88.67%	
OP3B	All cancers : 62-day wait for first treatment following consultant screening service referral	90%	100.00%	93.48%	90.91%	98.08%	94.20%	98.15%	94.23%	94.20%	93.88%				93.65%	
OP4	Maximum 6-week wait for diagnostic procedures	94%	0.92%	0.97%	0.92%	1.00%	1.28%	0.99%	0.61%	0.69%	1.31%				0.97%	

**Notes**

# OPERATIONAL PERFORMANCE SCORECARD

DECEMBER 2017

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	DEC	2017/18 YTD	2017/18 Target	Trend
<b>NATIONAL AND OPERATIONAL PERFORMANCE TARGETS</b>																	
001	A&E : Four-hour maximum wait from arrival to admission, transfer or discharge	91.01%	91.08%	93.75%	95.81%	95.09%	95.50%	94.11%	94.15%	95.05%	95.38%	94.11%	92.70%	85.45%	93.52%	95%	
002	Cancer: 2 week GP referral to 1st outpatient	97.38%	96.64%	97.94%	96.94%	94.36%	96.60%	95.65%	95.92%	96.91%	95.75%	96.71%	96.71%	96.96%	96.03%	93%	
003	Cancer: 2 week GP referral to 1st outpatient - breast symptoms	95.42%	94.67%	97.40%	97.44%	91.67%	99.38%	98.26%	92.67%	98.73%	99.19%	97.24%	94.87%	96.89%	95.61%	93%	
004	Cancer: 31 day second or subsequent treatment - surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	94%	
005	Cancer: 31 day second or subsequent treatment - drug	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98%	
006	Cancer: 31 day diagnosis to treatment for all cancers	100.00%	97.54%	100.00%	98.95%	100.00%	100.00%	99.64%	99.65%	100.00%	100.00%	100.0%	100.0%	100.0%	99.8%	96%	
007	Cancer: 62 day referral to treatment from screening	96.61%	97.37%	88.37%	100.00%	100.00%	93.48%	90.91%	98.08%	94.20%	98.15%	94.23%	94.20%	93.88%	93.7%	90%	
008	Cancer: 62 day referral to treatment from hospital specialist	92.86%	96.00%	91.67%	88.14%	90.91%	93.33%	94.44%	84.62%	68.75%	67.86%	96.15%	92.86%	93.65%	86.4%	N/A	
009	Cancer: 62 days urgent GP referral to treatment of all cancers	86.23%	86.29%	87.13%	87.90%	94.09%	90.30%	89.33%	86.22%	86.55%	87.74%	88.92%	91.91%	86.35%	88.7%	85%	
014	RTT - Incomplete - 92% in 18 weeks	92.04%	92.01%	91.80%	92.01%	90.74%	91.28%	90.58%	89.41%	88.95%	88.72%	88.42%	89.02%	87.07%	89.35%	92%	
015	RTT delivery in all specialties (Incomplete pathways)	5	5	7	6	8	6	8	9	11	10	11	11	12	11	0	
016	Diagnostic Test Waiting Times	0.95%	2.33%	1.51%	0.84%	0.92%	0.97%	0.92%	1.00%	1.28%	0.99%	0.61%	0.69%	1.31%	0.97%	<1%	
017	Cancelled operations not re-booked within 28 days	0	3	4	0	2	0	0	1	1	0	1	2	0	7	-	
018	Urgent operations cancelled for the second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
019	Clinics cancelled with less than 6 weeks notice for annual/study leave	8	39	15	28	17	11	15	71	71	40	26	23	20	274	-	
020	Mixed Sex Accommodation breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
033	Delayed transfers of care	3.80%	3.64%	4.09%	3.16%	3.12%	3.15%	3.15%	3.34%	4.32%	4.15%	3.34%	3.47%	2.73%	3.4%	3.0%	
<b>IMPROVING CLINICAL PROCESSES</b>																	
023	% hip fracture repair within 36 hours	91.7%	91.2%	94.8%	89.2%	88.9%	90.5%	95.3%	89.3%	84.2%	88.2%	88.0%	90.5%	83.3%	89.5%	90%	
024	Patients that have spent more than 90% of their stay in hospital on a stroke unit*	87.6%				90.9%				86.3%	88.6%	92.0%	96.6%		89.9%	80%	

# OPERATIONAL PERFORMANCE SCORECARD

DECEMBER 2017

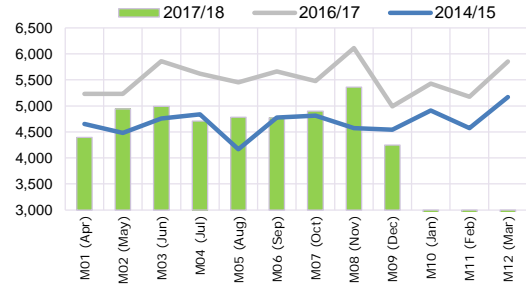
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	DEC	2017/18 YTD	2017/18 Target	Trend
<b>OPERATIONAL EFFICIENCY</b>																	
O36	Average length of stay - Elective	3.53	3.27	3.22	3.19	3.19	2.94	3.04	3.07	3.09	2.99	3.30	3.22	3.63	3.15	3.72	
O37	Average length of stay - Non-elective Surgery	5.66	5.81	5.49	5.51	5.16	5.61	5.87	5.34	5.76	5.66	5.26	5.93	5.38	5.55	6.07	
O38	Average length of stay - Non-elective Medicine	7.66	8.15	8.36	8.50	7.60	8.07	7.68	7.88	7.61	7.31	7.80	7.79	7.37	7.68	7.80	
O39	Day case rate (CQC day case basket of procedures) source: Dr Foster (reported 2-3 months in arrears)	90.45%	93.90%	90.58%	86.88%	90.08%	89.01%	88.38%	86.03%	90.80%	89.70%				89.70%	75.0%	
O40	Elective day of surgery rate (DOSR)	98.2%	97.5%	98.6%	97.9%	97.2%	98.8%	98.5%	98.1%	98.2%	98.4%	98.5%	99.1%	98.2%	98.4%	90.0%	
O41	Did not attend rate (outpatients)	6.80%	7.19%	6.74%	6.73%	6.85%	6.57%	6.80%	6.36%	6.36%	6.09%	5.80%	5.72%	6.38%	6.17%	7.65%	
<b>SUSTAINABILITY</b>																	
O43	Bank staff - % of all staff pay	7.29%	6.49%	7.67%	9.43%	7.60%	6.97%	6.92%	7.07%	8.40%	8.99%	7.85%	8.29%	8.12%	7.24%	7%	
O44	Agency staff - % of all staff pay	6.08%	6.42%	6.33%	6.03%	5.09%	5.33%	5.58%	5.03%	4.30%	4.51%	3.84%	5.06%	4.28%	5.93%	2%	
O45	Nurse : occupied bed ratio	1.782	1.689	1.708	1.821	1.843	1.767	1.793	1.785	1.850	1.861	1.805	1.774	1.741	1.826	-	
O46	% nurses who are registered	69.54%	69.30%	68.97%	68.75%	68.44%	68.23%	67.99%	67.78%	67.71%	67.67%	68.40%	68.30%	68.34%	68.10%	-	
O47	% Staff appraised	84.08%	83.31%	84.01%	83.95%	83.83%	89.33%	89.50%	86.80%	89.11%	88.05%	88.37%	88.20%	87.60%	87.60%	90%	
O48	Sickness Absence: % Sickness (reported one month in arrears)	4.10%	4.04%	3.78%	3.22%	3.19%	3.17%	3.27%	3.31%	3.20%	3.77%	3.80%	3.60%		3.40%	3.3%	
O49	Staff Turnover: Turnover rate (YTD position)	7.94%	7.97%	8.15%	8.03%	8.46%	8.46%	8.30%	8.10%	8.14%	8.00%	8.24%	8.20%	7.80%	7.80%	11%	
<b>ACTIVITY</b>																	
A01	Day Cases	4,994	5,429	5,176	5,855	4,395	4,945	4,990	4,707	4,784	4,767	4,900	5,359	4,249	38,847	40,148	
A02	Elective Inpatients	590	521	578	683	538	624	660	633	580	614	548	588	456	4,785	5,102	
A03	Non-elective inpatients	5,966	5,607	5,172	5,767	5,537	5,887	5,779	5,765	5,544	5,622	5,814	5,827	5,839	45,775	45,421	
A04	Outpatient First attendances	13,426	14,716	13,255	14,843	11,890	13,888	13,719	12,822	12,810	12,854	13,797	13,973	10,983	105,753	113,863	
A05	Outpatient Follow-up attendances	19,594	22,313	20,387	23,593	18,491	21,821	21,691	19,629	20,880	20,769	22,222	23,611	18,164	169,114	172,610	
A06	Outpatients with procedure	4,515	5,543	4,853	4,779	5,150	6,282	6,111	5,333	6,217	6,521	7,287	7,300	5,078	50,201	48,951	
A07	A&E Attendances	11,482	10,502	9,705	11,410	11,569	12,093	11,985	12,531	11,960	11,598	11,734	11,565	11,866	95,035	97,233	

Notes

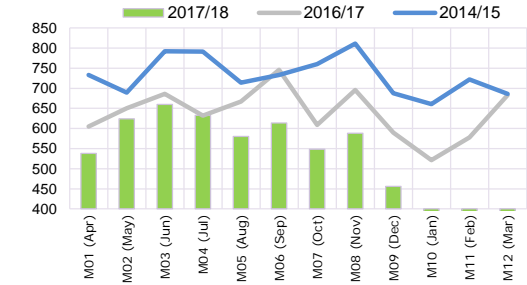
- 1 National reporting for these performance measures is on a quarterly basis. Data are subject to change up to the final submission deadline due to ongoing data validation and verification.
- 2 Data are provisional best estimates and will be amended to reflect the position signed-off in the relevant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

### Activity Trends

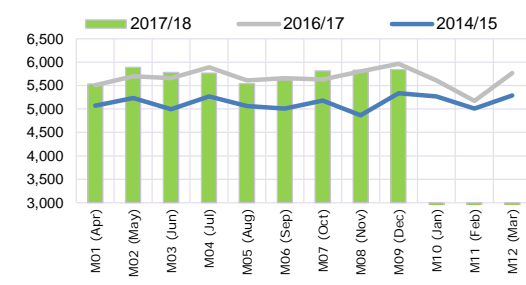
Day Cases



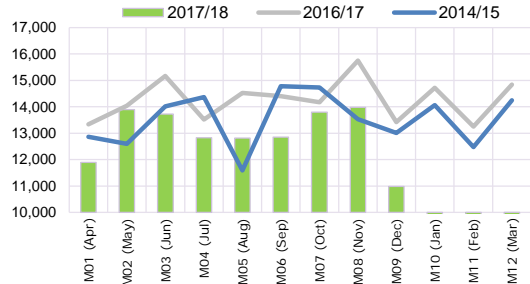
Elective Inpatients



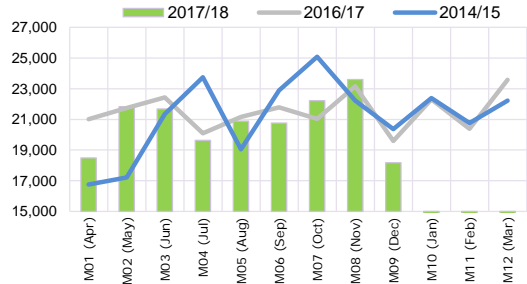
Non-elective Inpatients



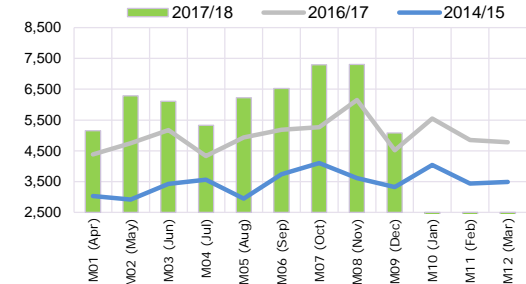
First Outpatients



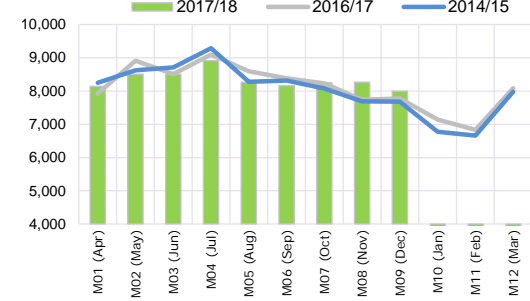
Follow-up Outpatients



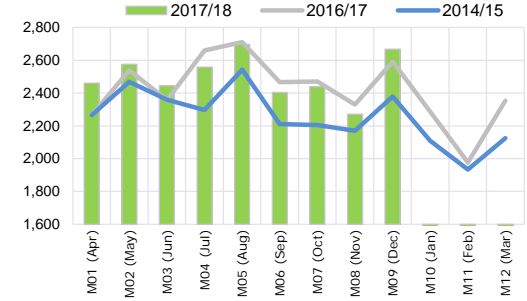
Outpatients with Procedure



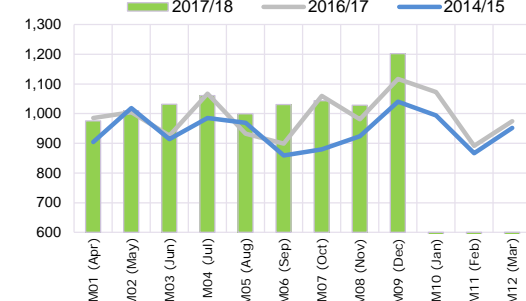
A&E Attendances (age 0-64)



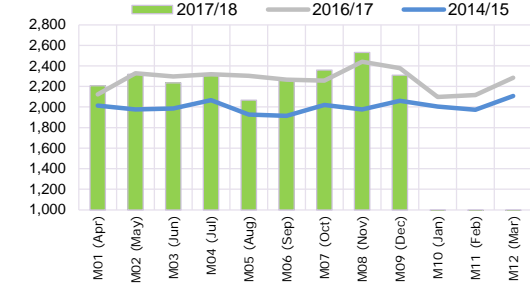
A&E Attendances (age 65-84)



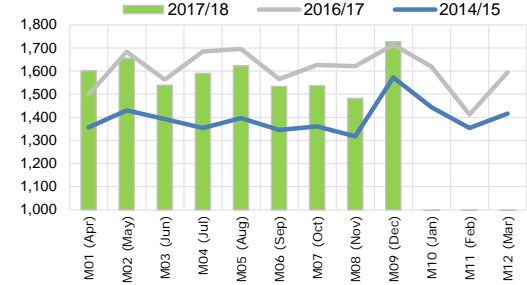
A&E Attendances (age >85)



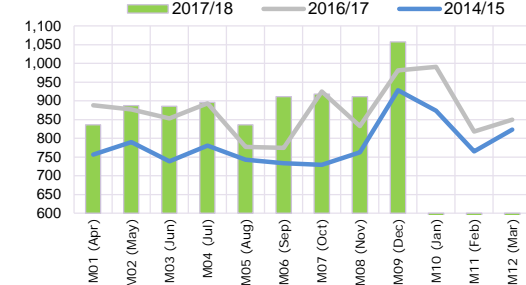
Emergency Admissions (age 0-64)



Emergency Admissions (age 65-84)



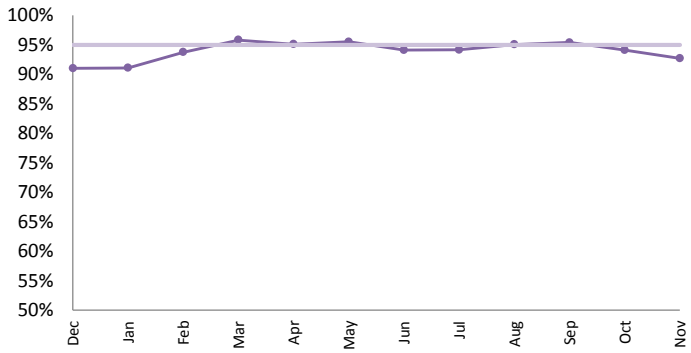
Emergency Admissions (age >85)



# Key Performance Deliverables Report

December 2017

A&E 4-hour waiting time target				Description / Comments / Actions
Target	Month	YTD	Projected O/T	Patients can expect to be admitted, transferred or discharged in 4 hours from arrival in A&E
95%	85.45%	93.52%	>95%	

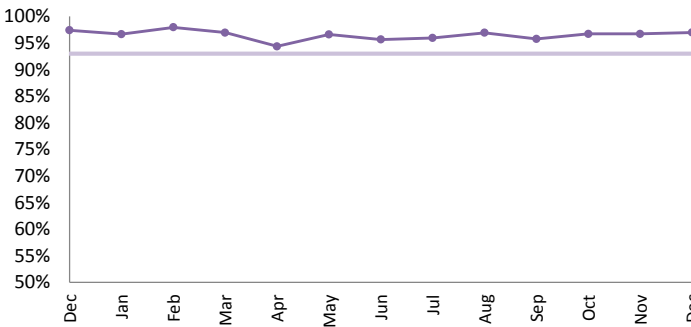


Sustained increases in underlying demand and acuity. Increased demand challenging ability to maintain hospital/system flow essential to delivery of A&E waiting time.

**Actions:**

1. Enhanced discharge planning arrangements
2. Augmented patient flow arrangements in conjunction with external partners
3. Dedicated operational delivery review cycle under the leadership of the Chief Operating Officer

Cancer - Two weeks from urgent GP referral to first appointment				Description / Comments / Actions
Target	Month	YTD	Projected O/T	Patients can expect to be seen within 2 weeks following an urgent GP referral for suspected cancer.
93.0%	96.96%	96.03%	>93%	

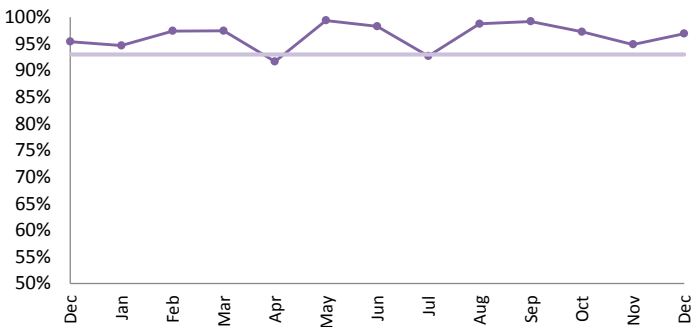


Significant and sustained increases in demand level.

**Actions:**

1. Management/tracking oversight through DDO led Cancer Delivery Group
2. Dedicated weekly review led by Chief Operating Officer

Cancer - Two weeks from urgent GP referral to first appt - Breast symptoms				Description / Comments / Actions
Target	Month	YTD	Projected O/T	Patients with breast symptoms can expect to be seen within 2 weeks following an urgent GP referral.
93%	96.89%	95.61%	>93%	

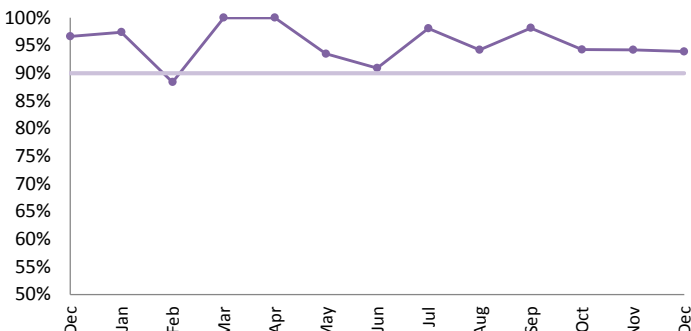


Significant and sustained increases in demand level.

**Actions:**

1. Management/tracking oversight through DDO led Cancer Delivery Group
2. Dedicated weekly review led by Chief Operating Officer

Cancer - 62 days from referral to treatment following screening contact				Description / Comments / Actions
Target	Month	YTD	Projected O/T	Patients with cancer can expect to commence treatment within 62 days following referral after a positive screening test.
90%	93.88%	93.65%	>90%	



Delays in receipt of onward referral from screening which reduces the time to secure capacity to treat patients.

**Actions:**

1. Management/tracking oversight through DDO led Cancer Delivery Group
2. Dedicated weekly review led by Chief Operating Officer

# Key Performance Deliverables Report

December 2017

Cancer - 62 days from referral to treatment following urgent referral by a GP.				Description / Comments / Actions
Target	Month	YTD	Projected O/T	
85%	86.35%	88.67%	>85%	Patients with cancer can expect to commence treatment within 62 days following urgent referral by a GP.
				Demand pressure exposing pathway efficiencies. Reduces the time to secure capacity to treat patients.  Actions: 1. Management/tracking oversight through DDO led Cancer Delivery Group 2. Dedicated weekly review led by Chief Operating Officer

Referral to treatment - Incomplete Pathways				Description / Comments / Actions
Target	Month	YTD	Projected O/T	
92.0%	87.07%	89.35%	>92%	All patients can expect to commence treatment within 18 weeks of a referral to consultant.
				Non-compliance an expected outcome of planned RTT recovery programme.  Actions: 1. Increase in internal capacity as per Monitor/NHSE agreed Joint Recovery Plan developed with support from IMAS 2. CCWSSCG commitment to reduced demand levels as supporting component of Joint Recovery Plan. 3. Dedicated weekly Divisional review meeting, with overarching assurance review by Chief Operating Officer (also weekly) 4. System Summit meetings with Monitor/NHSE to ensure partner deliver of agree Joint Recovery Plan actions.

% Medically fit hip fracture patients going to theatre within 36 hours				Description / Comments / Actions
Target	Month	YTD	Projected O/T	
90%	83.30%	89.48%	>90%	To ensure the best possible outcomes, hip fracture patients who are medically fit should be operated on within 36 hours of admission. This standard is part of the 'Best Practice Tariff' payment process under PbR.
				Increased volume of demand and variation of demand have impacted sustained compliance.  Actions: 1. Improved tracking and escalation processes in place to manage fluctuations in demand on a daily basis 2. Revised protocol introduced based on four key demand based triggers to ensure early escalation/intervention in periods of abnormal demand.



## STF PERFORMANCE TRAJECTORY MONITORING

December 2017

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>A&amp;E : FOUR-HOUR MAXIMUM WAIT FROM ARRIVAL TO ADMISSION, TRANSFER OR DISCHARGE</b>													
Trajectory	Trust Patients Seen	12,405	13,761	13,093	14,153	13,592	12,998	13,027	12,313	12,746	11,819	10,931	12,597
	>4 Hours	794	881	838	760	730	698	911	861	892	1,054	682	629
	Performance	93.60%	93.60%	93.60%	94.63%	94.63%	94.63%	93.01%	93.01%	93.00%	91.08%	93.76%	95.01%
	<b>Cumulative Performance</b>	93.60%	93.60%	93.60%	93.87%	94.03%	94.12%	93.97%	93.86%	93.76%	93.52%	93.54%	93.66%
Actual	Trust Patients Seen	13,272	13,994	14,012	14,501	13,910	13,562	13,610	13,267	13,563			
	>4 Hours	639	629	803	848	688	626	802	968	1974			
	Performance	95.19%	95.51%	94.27%	94.15%	95.05%	95.38%	94.11%	92.70%	85.45%			
	<b>Cumulative Performance</b>	95.19%	95.35%	94.98%	94.77%	94.82%	94.92%	94.80%	94.55%	93.55%			

### CANCER 62 DAY PATHWAYS > 62 DAYS

Trajectory	Trust Patients Seen	149.0	170.0	190.0	148.0	152.0	148.0	175.0	195.0	161.0	188.0	198.0	181.0
	>62 days wait	22.0	25.5	28.5	22.0	22.5	22.0	26.0	29.0	24.0	28.0	29.5	27.0
	Performance	85.23%	85.00%	85.00%	85.14%	85.20%	85.14%	85.14%	85.13%	85.09%	85.11%	85.10%	85.08%
Actual	Trust Patients Seen	146.5	157	185.5	177	173	167	195.5	189	171			
	>62 days wait	7	14.5	19	21	21.5	19	21.5	14.5	22.5			
	Performance	95.22%	90.76%	89.76%	88.14%	87.57%	88.62%	89.00%	92.33%	86.84%			

### REFERRAL TO TREATMENT INCOMPLETE PATHWAYS > 18 WEEKS

Trajectory	52 Week Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
	Total Patients Waiting	33,949	33,949	33,949	33,949	33,949	33,949	33,949	33,949	33,949	33,949	33,949	33,949
	Patients waiting >18 weeks	2,715	2,715	2,715	2,715	2,715	2,715	2,715	2,715	2,715	2,715	2,715	2,715
	Compliance	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Actual	52 Week Trajectory	0	1	0	0	0	0	1	2				
	Total Patients Waiting	33,985	32,955	32,639	32,838	33,222	33,027	33,097	33,129	33,440			
	Patients waiting >18 weeks	3,147	2,875	3,074	3,479	3,671	3,760	3,834	3,636	4,325			
	Cumulatively Ahead(behind trajectory)	-432	-592	-951	-1,715	-2,671	-3,716	-4,835	-5,756	-7,366			
	Compliance	90.74%	91.28%	90.58%	89.41%	88.95%	88.62%	88.42%	89.02%	87.07%			

	Performance meets Constitutional Standard and STF Trajectory
	Performance meets STF Trajectory but not Constitutional Standard
	Performance doesn't meet STF Trajectory

To: Board

Date of Meeting: 1<sup>st</sup> February 2018

Agenda Item: 6.3

Title:
<b>Report on Organisational Development and Workforce performance</b>
Responsible Executive Director
Denise Farmer, Director of OD and Leadership
Prepared by:
Jennie Shore, Director of Human Resources
Status:
Disclosable
Summary of Proposal:
This report details the Trust's performance in relation to the supply, development and engagement of its workforce and the organisations culture.
Implications for Quality of Care:
Provision of high quality, engaged staff has a direct impact on the quality of care.
Financial Implications:
Supports good financial performance
Human Resource Implications:
As described
<b>Recommendation</b>
<b>The Board is asked to NOTE the report</b>
Consultation:
n/a
Appendices:
None

To: Trust Board

Date: 01 February 2018

From: Denise Farmer, Chief Workforce and OD Officer

Agenda Item: 6.3

## FOR INFORMATION

### WORKFORCE AND ORGANISATIONAL DEVELOPMENT REPORT

#### 1.00 Introduction

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

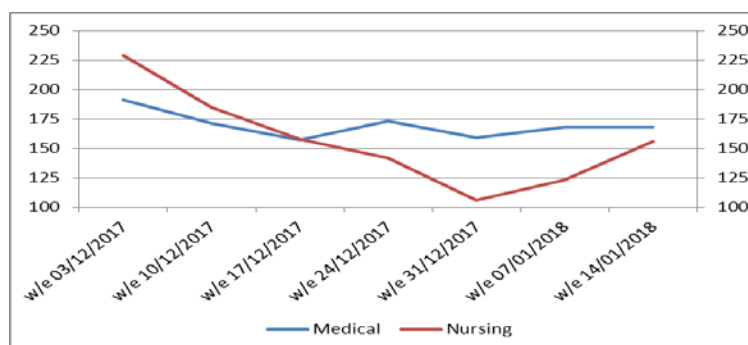
#### 2.00 Workforce Capacity

2.01 During December, the overall workforce capacity used was contained within the budgeted establishments. This is with the exception of the Medicine Division, which whilst improved from last month, exceeded the funded position by 75.7 wte.

2.02 The number of substantive staff used in the Trust accounted for 90% of total capacity used, with a further 8.4% supply of temporary staff.

2.03 The amount of temporary staff used in month was circa 665 wte, compared to 744 wte last month. Of this, 88% was worked through the staff bank and 12% through employment agencies.

2.04 Whilst the volume of supply through the staff bank decreased in month, the proportion used was higher (ie. 88% compared to 79.5% in November). Supply through employment agencies between Christmas and New Year fell significantly for both medical and nursing staff. This is shown below:



2.05 There has been another improvement in the number of nursing agency shifts booked at the capped rates and in the week beginning 14 January, this increased to 60%. Conversely the supply of medical staff at capped rate is non-compliant and the Trust's ability to attract supply at a reasonable rate is becoming increasingly difficult. A number of regularly used agencies are reporting increased rates at other hospitals both locally and across England thereby further inflating the market. This is not a sustainable solution and work to increase the number of staff supplied through the medical bank, together with alternative workforce solutions is

underway. This will be progressed and reported through the Workforce Transformation and Efficiency Group.

2.06 As noted last month, the results of an internally led financial records audit identified a number of anomalies with regards to the provision of medical locums by agencies. Steps to recover the financial loss to the Trust of circa £200k have now been taken.

### **3.00 Staff Retention**

3.01 Staff turnover fell during December to 7.8%, with further improvement within the Core Division. This is a seasonal fall and reflects the month 9 position of previous years.

3.02 In the autumn, HEE commissioned a large research project “Clever Together” across Kent, Surrey and Sussex to better understand staff turnover in the NHS. The findings of the project have now concluded and are due to be published shortly. There is an early indication that regardless of demographics (location, gender, staff group and generation), the reasons why staff leave, or are retained by their employer are the same. A separate briefing on the research findings will be provided to the Board, once the findings are released for distribution, including how this will inform the Trust’s retention strategies.

### **4.00 Facing the Facts, Shaping the Future**

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

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

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

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

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

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

- 4.06 The strategy also sets out how the workforce will be grown and developed through making the NHS the employer of choice. There is acknowledgement about the global healthcare workforce and the workforce response to the Five Year Forward View.
- 4.07 The Trust will be engaged in the consultation and Board colleagues are invited to contribute. A copy of the draft strategy is available at:

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

## **5.00 Workforce Efficiency**

- 5.01 The rolling 12 month sickness absence rate at 30 November fell to 3.5% with an in-month position of 3.6%. Sickness rates ranged from 2.4% in the Corporate division to 4.9% in the Facilities and Estates division.
- 5.02 It is anticipated that the sickness rates will see an increase during December and January. In the first two weeks of January, an extract from Healthroster, showed that the number of staff absent by reason of cold, flu or respiratory symptoms was a third higher than in January 2017.

## **6.00 Flu Vaccinations**

- 6.01 4,275 of our staff have been vaccinated. This equates to 62.64% of all staff. 75% of staff have been approached. This includes 3295 frontline staff which equates to 65%. 79.33% of frontline staff have been approached.
- 6.02 We have seen a significant increase in uptake over the last 2 weeks which appears to be in response to the flu outbreak. We have also received a reasonably positive response to the letters sent out with staff contacting us to advise they have already received their vaccination elsewhere.
- 6.03 Divisions are also continuing to work hard to increase uptake in their areas, with particular focused plans on those areas with high numbers of staff still to be approached.

## **7.00 Appraisals**

- 7.01 Appraisal compliance remains good with 87.6% of staff having had an appraisal within the last 12 months. With the exception of the Core and Women and Children's divisions, this represents a slight decline from last month.

## **8.00 Staff Survey 2017**

- 8.01 The engagement score, as calculated using the nine questions from the Staff Survey, was 3.91 out of 5 in December. This is a stable position overall.
- 8.02 A drive to improve engagement with staff in the Core, Corporate and Surgery divisions continues and during December saw further increases.
- 8.03 The annual Staff Survey 2017 results are expected to be available to the Trust in the week beginning 19 February. This will also set out the Trust's relative position against the national findings, after which divisional results will become available. An update will be available for next month's Board, noting that an embargo on publication is in place until Tuesday 6 March.

## **9.00 Senior Staff Changes**

9.01 A number of senior staff changes have taken place across the organization in the last few weeks. Jane Farrell has been appointed to interim Chief Operating Officer until 31 March. A permanent appointment has now been made to this post following a competitive recruitment and assessment process. An announcement will follow once due diligence checks have been completed.

9.02 Changes designed to strengthen the delivery of urgent care during a time of significant and sustained demands on services have also been made. Effective immediately, responsibilities for resilience and operations in the Medicine division, both led by Jeannie Baumann, have been made. Jeannie will focus solely on the Trust's operational status as resilience lead, support the organization to maximize the follow of patients needing unplanned care and optimizing discharges.

Gethin Hughes has been appointed to the role of the Divisional Director of Operations for Medicine, having been deployed from his role as Director of Integrated Care.

9.03 Fiona Lynch, has also been appointed as Head of Nursing within the Women and Children's Division, where she also joins recently appointed Lynn Woolley, Head of Midwifery.

## **10.00 Statutory and Mandatory Training**

10.01 Attendance on all mandatory training modules remains above the Trust target of 90% for the fifth consecutive month.

10.02 The number of staff who have never completed any training is three (the lowest since January 2017). All of these are Medical staff who have not yet to completed their on-line Induction training. The names of the three individuals have been escalated to Chiefs/ DDOs and we will continue to work with Divisions to ensure that these individuals completed their training as soon as possible.

## **11.00 Widening Participation**

### **11.01 Apprenticeships**

Two more apprentice posts have been created in Pharmacy.

The Trust is providing a new initiative to support to Healthcare workers who would like to go onto further higher education. The Bridging Programme is a 12 week course which gives individuals the requirements to get into a degree level course. This is being offered to all Clinical Support staff in the Trust. The Bridging programme is currently being advertised in the Trust.

The data collected so far from a Skills Scans across the Trust, has been used to see which members of staff have the requirements for the course. So far there have been 377 (42%) responses skills scans received across site. A £15 voucher for Argos has been purchased to try and encourage more Clinical Support workers to complete the Skills Scan.

## 11.02 Work Experience

The seven Level 3 Health and Social Care students from Shoreham Academy and Chichester College have had observations from their college assessors. The students have received positive feedback and all targets were met. The students have been on placement since 5 October 2017 and have been placed on the general medical wards in both Worthing and St Richard's Hospitals. The students are currently in the process of applying to study Nursing at University.

During December three students have been placed in Dietetics, Occupational Therapy and the IT department.

## 12.00 COMMUNICATIONS, ENGAGEMENT AND FUNDRAISING

### 12.01 Campaigns

The communications team has continued to work with colleagues from across the trust, provided support for a number of long-term campaigns and initiatives. This includes the Health and Wellbeing Wednesdays, and "Let's Get You Home", a Sussex-wide initiative designed to support the safe and timely discharge of patients from acute and other hospital settings.

The team has continued to support the trust's bid to vaccinate more than 80% of front-line staff against flu.

### 12.02 Winter pressures

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

The team has continued to promote the appropriate use of emergency services via our social media channels, as well as on screens in the hospital, phone messages and appointment letters.

Coverage of the increase in demand has included praise for staff in our local media.

### 12.03 News

New longer visiting hours from 10am to 10pm each day has featured across local media and been promoted via the trust's own channels including our website, twitter and facebook. Patients are now able to see their friends and family more at Worthing and St Richard's hospitals in Chichester after the decision to extend visiting times from 3.5 hours a day to 12 hours, with adult inpatient wards open from 10am to 10pm, seven days a week.

Over the last month, we have seen a 4% increase in Facebook followers from 3,000 to 3,120 with the top posts relating to Flu and the appropriate use A&E. There was a 2.3% increase in Twitter followers from 2,802 to 2,868, again with the same topics as the most popular.

#### 12.04 Fundraising

A number of corporate and community activities have taken place over the past month including the Spirit FM quiz which raised awareness of the charity and enabled the team to promote our Christmas gift appeal. The team won the quiz and donated the prize of pizza to the A&E team at SRH.

Two sleighs were put into St Richard's and Worthing hospitals as gift drop off points to manage the expectations of donors visiting the wards, and help manage the increased footfall. Feedback from the wards has been excellent including how staff had more time to look after patients with LYH assisting with visits. This also enabled the charity to thank all our supporters properly.

Coverage was secured in the Chichester Observer, Chichester Post, Bognor Post and on the Spirit FM website for local mum Dr Liz Leek who completed a 90-day challenge covering a mile a day through various activities. Liz raised more than £2,700 for Love Your Hospital in aid of St Richard's Neonatal unit to thank staff for caring for both her daughters who were born prematurely.

#### **13.00 RECOMMENDATION**

The Board is asked to NOTE the report.



# WSHT WORKFORCE SCORECARD

December 2017

Key performance Indicators	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017/18 YTD	Target/ Ceiling	Amber Limit	Trend	
<b>1) WORKFORCE CAPACITY</b> <i>NB</i>																		
Budgeted FTE	6729.9	6732.2	6734.6	6734.6	6584.8	6586.6	6591.3	6609.3	6610.5	6614.8	6619.1	6619.1	6634.6	6607.8	N/A	N/A		
Total FTE Used	6612.0	6539.8	6678.7	6692.3	6529.6	6545.0	6632.5	6564.5	6596.5	6560.6	6602.6	6666.4	6597.7	6588.4	N/A	N/A		
Total FTE Used Variance from Budget	-117.9	-192.4	-55.9	-42.3	-55.2	-41.6	41.2	-44.8	-14.0	-54.2	-16.5	47.3	-36.9	N/A	N/A	N/A		
Total FTE Used Vacancy Factor	1.8%	2.9%	0.8%	0.6%	0.8%	0.6%	-0.6%	0.7%	0.2%	0.8%	0.2%	-0.7%	0.6%	0.3%	N/A	N/A		
Substantive Contracted FTE	6049.3	6055.7	6061.5	6064.6	6033.4	6011.0	6029.2	6011.6	6188.9	6046.9	6062.1	6036.5	6040.4	6051.1	N/A	N/A		
Substantive FTE Worked	5882.4	5856.9	5877.0	5909.4	5881.5	5870.8	5883.5	5868.5	5888.7	5877.4	5917.9	5922.9	5932.9	5893.8	N/A	N/A		
Substantive FTE Used Vacancy Factor	10.1%	10.0%	10.0%	9.9%	8.4%	8.7%	8.5%	9.0%	6.4%	8.6%	8.4%	8.8%	9.0%	8.4%	N/A	N/A		
Bank Usage As % Of Total FTE Used	7.7%	7.3%	8.8%	8.8%	7.3%	7.5%	8.6%	8.1%	8.6%	8.4%	8.5%	8.9%	8.4%	8.3%	N/A	N/A		
Agency Usage As % Of Total FTE Used	3.4%	3.2%	3.2%	2.9%	2.6%	2.8%	2.7%	2.5%	2.1%	2.1%	1.9%	2.3%	1.7%	2.3%	N/A	N/A		
<b>2) WORKFORCE EFFICIENCY</b> <i>NB</i>																		
Rolling 12 Month Sickness Absence	1	3.8%	3.8%	3.8%	3.7%	3.7%	3.6%	3.6%	3.6%	3.5%	3.6%	3.6%	3.5%	N/A	3.3%	3.3%		
In Month Sickness Absence %		4.1%	4.0%	3.8%	3.2%	3.2%	3.2%	3.3%	3.3%	3.2%	3.8%	3.8%	3.6%	3.4%	3.3%	3.3%		
In Month Maternity Leave %		2.3%	2.4%	2.4%	2.4%	2.4%	2.3%	2.3%	2.4%	2.3%	2.3%	2.4%	2.4%	2.3%	N/A	N/A		
In Month Other Absence %		1.3%	1.5%	1.7%	1.8%	1.5%	1.8%	1.7%	1.5%	1.2%	1.8%	1.9%	2.2%	1.7%	N/A	N/A		
In Month Total Absence %		7.7%	7.9%	7.8%	7.4%	7.1%	7.3%	7.2%	7.2%	6.7%	7.9%	8.1%	8.2%	7.5%	N/A	N/A		
Sickness Episodes		1680	1709	1376	1285	1114	1149	1128	1157	1145	1317	1435	1535	N/A				
Maternity Heads		181	187	190	196	189	187	187	199	195	188	196	194	N/A	N/A	N/A		
In Month Long Term Sickness Absence % (28 Days Or More)		1.7%	1.5%	1.5%	1.4%	1.6%	1.5%	1.5%	1.6%	1.7%	1.7%	1.5%		1.6%	N/A	N/A		
In Month Short Term Sickness Absence % (<28 days)		2.4%	2.5%	2.3%	1.8%	1.6%	1.6%	1.8%	1.8%	1.6%	2.1%	2.0%	2.2%	1.8%	N/A	N/A		
In Month Stress Related Sickness Absence %		0.6%	0.5%	0.5%	0.6%	0.5%	0.6%	0.7%	0.6%	0.6%	0.8%	0.8%	0.7%	0.7%	N/A	N/A		
In Month Musculo Skeletal Sickness Absence %		0.7%	0.7%	0.6%	0.6%	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%	0.6%		0.7%	N/A	N/A		
Number of Staff breaching Management Triggers for sickness absence		1047	1085	1090	1051	1036	1032	1037	1020	998	995	1009	1016	N/A				
% of Staff (headcount)		14.8%	15.4%	15.4%	15.0%	14.7%	14.7%	14.7%	14.5%	14.2%	14.1%	14.3%	14.4%	N/A				
Rolling 12 Month Turnover		7.8%	7.8%	8.0%	7.9%	8.2%	8.2%	8.3%	8.1%	8.1%	8.0%	8.2%	8.2%	7.8%	N/A	8.5%	8.5%	
<b>3) TRAINING &amp; PERSONAL DEVELOPMENT</b> <i>NB</i>																		
% Appraisals Up To Date		84.1%	83.3%	84.0%	83.9%	83.8%	89.3%	89.5%	86.8%	89.1%	88.1%	88.4%	88.2%	87.6%	N/A	90.0%	80.0%	
% In Date - All Mandatory Training	2	80.3%	82.3%	82.3%	82.5%	81.7%	82.3%	83.2%	81.9%	83.4%	83.6%	83.7%	86.1%	85.2%	N/A	90.0%	80.0%	
% In Date - Fire		91.1%	92.0%	92.4%	92.2%	91.2%	92.1%	92.6%	89.9%	92.2%	92.2%	92.4%	93.0%	92.3%	N/A	90.0%	80.0%	
% In Date - Infection Control (Role Specific)		88.5%	89.8%	89.5%	89.9%	89.6%	90.6%	90.6%	88.2%	90.9%	90.8%	90.8%	91.9%	91.4%	N/A	90.0%	80.0%	
% In Date - Back Training (Role Specific)		92.5%	93.4%	93.2%	92.9%	92.8%	92.9%	93.1%	91.6%	92.3%	92.0%	92.4%	93.8%	93.7%	N/A	90.0%	80.0%	
% In Date - Child Protection (Role Specific)		95.8%	96.7%	96.6%	96.6%	96.5%	96.9%	97.4%	96.0%	96.5%	96.7%	96.9%	97.7%	97.7%	N/A	90.0%	80.0%	
% In Date - Information Governance		89.4%	90.4%	90.4%	90.3%	89.7%	90.3%	90.6%	89.0%	91.1%	91.3%	91.1%	91.9%	91.2%	N/A	90.0%	80.0%	
% In Date - Adult Protection		95.1%	95.4%	95.2%	95.9%	95.9%	96.1%	96.5%	94.7%	95.3%	95.3%	95.4%	96.9%	96.9%	N/A	90.0%	80.0%	
Number of Staff with no mandatory training		5	2	3	8	6	6	6	8	5	4	5	5	3	N/A			
Number of Staff > 12 months since any mandatory training		0	0	0	0	0	0	0	0	0	0	0	0	N/A				
<b>4) REAL-TIME STAFF FEEDBACK</b> <i>NB</i>																		
Total Respondents To Survey		210	229	184	266	246	274	386	258	212	300	257	276	239	2448	N/A	N/A	
% Respondents who would recommend this trust as a place to work		85.2%	83.8%	88.3%	83.4%	84.7%	84.3%	84.9%	83.1%	82.5%	84.3%	86.4%	89.8%	85.3%	85.1%	N/A	N/A	
% Respondents happy with standard of care if a friend/relative needed treatment		93.0%	89.5%	95.9%	89.2%	92.9%	90.8%	91.5%	91.6%	92.7%	91.2%	90.8%	94.7%	91.5%	91.9%	N/A	N/A	
Overall Staff Engagement Composite Score	3	3.81	3.76	4.00	3.76	3.92	3.98	3.98	3.89	3.93	3.88	3.94	3.91	3.91	N/A	4.02	3.78	

Notes:

- 1 Absence data is available one month in arrears.
- 2 An employee is counted as being up to date with all their mandatory training if their Fire, Infection Control, Back, Child Protection and Information Governance training is up to date.
- 3 Overall indicator for staff engagement is a composite score using 3 key finding questions, friend and family recommendation, motivation and making improvements.
- 3 WSHT Total Respondents To Survey is greater than the sum of the divisional Total Respondents To Survey as some staff did not select a division when completing the survey.
- 3 Baseline Data from 2016 Staff Survey, Overall Staff Engagement Score - 3.88

To: Trust Board

Date of Meeting: 01<sup>st</sup> February 2018

Agenda Item: 6.4

<b>Title</b>
<b>Financial Performance - December 2017</b>
Presented by
Karen Geoghegan, Chief Financial Officer
Prepared by
Alison Ingoe, Finance Director; David Lowe, Assistant Director of Finance
Status
Confidential
Summary of Proposal
The Trust reported a surplus of £0.706m (before STF) in December bringing the total surplus to £2.266m. The Trust has achieved its control total for Q3 will therefore earn a minimum of £2.4m of STF income. A further £1m is available subject to delivery of GP streaming and A&E waiting time targets. The Trust delivered its cumulative A&E waiting time trajectory to 24th December but was marginally below the cumulative trajectory at the end of December. The Trust is appealing this element of the STF on the basis of increase in acuity and a reduction in community capacity. Full achievement of the STF has been reported pending the outcome of the appeal. The Trust continues to report an FSSR rating of '1'. The forecast out-turn includes receipt of £1.2m of winter monies. The forecast for Q4 is being reviewed in light of the significant pressures experienced by the Trust in Q3 and continuing into Q4. The Financial Performance paper provides further detail on the Trust's financial position.
Implications for Quality of Care
Financial planning principles have been established to ensure that expenditure budgets reflect anticipated activity levels and that agreed staffing levels are maintained.
Support for/integration with Corporate Objectives and Strategies
G1. Maintain an acceptable financial risk rating
Financial Implications
These are noted within the Financial Performance Report
Human Resource Implications
N/A
<b>Recommendation</b>
<b>The Finance and Investment Committee is asked to NOTE the Financial Performance Report for December 2017.</b>
Consultation
N/A
Appendices
Financial Performance Report

**Summary**  
 The Trust reported a surplus of £0.706m (before STF) in December bringing the total surplus to £2.266m. The Trust has achieved its control total for Q3 will therefore earn a minimum of £2.4m of STF income. A further £1m is available subject to delivery of GP streaming and A&E waiting time targets. The Trust delivered its cumulative A&E waiting time trajectory to 24th December but was marginally below the cumulative trajectory at the end of December. The Trust is appealing this element of the STF on the basis of increase in acuity and a reduction in community capacity. Full achievement of the STF has been reported pending the outcome of the appeal. The Trust continues to report an FSSR rating of '1'. The forecast out-turn includes receipt of £1.2m of winter monies. The forecast for Q4 is being reviewed in light of the significant pressures experienced by the Trust in Q3 and continuing into Q4.

SOF Finance Rating <b>G</b>			Control Total (exc STF) Surplus £k <b>A</b>			Premium Pay Spend £k <b>G</b>		
	Plan	Actual / Forecast		Plan	Actual / Forecast		Plan	Actual
Year to Date	1	1	Year to Date £k	2,227	2,265	Agency Ceiling (YTD) £k	13,087	9,989
Year End Forecast	1	1	Year End Forecast £k	3,363	3,363	WLI Payments (YTD) £k	1,740	2,108
						Total Premium Pay (YTD) £k	14,827	12,097
At the end of December, the finance rating has remained a '1'. Individual metrics are in line with the financial plan.			The Trust is reporting a surplus of £2.27m against a planned surplus of £2.23m at the end of December. Delivery of this surplus means the Trust will be eligible for a further £3.5m of STF income. Elective activity reduced in December, however, non-elective admissions increased in comparison to November. The cost base continues to be above plan, driven predominantly premium pay expenditure.			Premium pay expenditure is £2.7m below the target level at the end of December, primarily due to agency spend continuing to be below the ceiling level, mitigating overspend within waiting list initiatives. Expenditure on Waiting List Initiative payments remains above plan by £0.4m, however expenditure decreased within both Medical and Nursing staff in the month, in comparison to November.		

Income £k <b>G</b>			Operating Costs £k <b>R</b>			Agency Ceiling £k <b>G</b>		
	Plan	Actual / Forecast		Plan	Actual / Forecast		Plan	Actual/Forecast
Year to Date £k	317,090	322,553	Year to Date £k	(297,020)	(303,713)	Year to Date £k	13,087	9,989
Year End Forecast	424,857	426,090	Year End Forecast £k	(397,698)	(400,103)	Year End Forecast £k	17,249	17,249
Cumulatively Income is £5.5m above plan. Non-elective admissions remained above plan, however, this was offset by a reduction in Elective and Outpatient activity per working day. Private patient income remains behind plan year to date.			Pay is £4.6m above plan at the end of December with expenditure on all clinical staff continuing above planned levels. In aggregate pay across all clinical staffing groups decreased in December. Substantive increases in both Medical and Nursing staff were offset by decreases within agency expenditure. Medical locum costs also reduced but additional nursing bank shifts were worked resulting in higher expenditure. Non pay remains above plan but reduced drug expenditure was reported in December linked to lower elective activity levels.			Cumulatively agency expenditure is £3.1m below the ceiling target. Spend reduced in month due to reduced demand in elective areas and reduced supply over the Christmas period. The reported figures also include a reduction of £0.2m in respect of medical agency overcharges from prior periods.		

Cash £k <b>A</b>			Capital £k <b>A</b>			Efficiency and Transformation Programme £k <b>A</b>		
	Plan	Actual		Plan	Actual / Forecast		Plan	Actual / Forecast
Year to Date £k	7,662	5,535	Year to Date £k	13,975	8,082	Year to Date £k	14,168	13,738
Year End Forecast £k	7,306	7,306	Year End Forecast £k	20,427	20,427	Year End Forecast £k	19,949	19,770
The cash position is behind plan by £2.1m. Increased trade receivables due outstanding invoices from 2016/17 activity with the Trust's main commissioner have been partially offset by slippage on the capital plan.			December capital expenditure totalled £1.1m, the largest contributor being £0.5m for the ward configuration scheme. Cumulatively the capital programme is now £5.9m behind plan, reflecting a delay in commencing schemes. As a number of these are now train, slippage is forecast to be recovered by year-end.			At the end of December the efficiency programme has delivered savings of £13.7m (97.1% of YTD plan). The shortfall within transformation and workforce schemes is being partially mitigated by over performance within Medicines Management, Commercial and Procurement schemes. The year end forecast remains £19.8m.		

**Key Risks:**

- The Trust and Coastal West Sussex CCG have signed a contract variation for 2017/18 which will allow the Trust and CCG to work more closely to promote clinical innovation, reduce activity and deliver services in different ways and settings which are better for patients. The contract variation has mitigated some financial risk present at the planning stage for both parties but there remains affordability and delivery risk for both parties that will be managed through a Joint Delivery Board. Discussions are continuing at Executive level to agree a resolution to the outstanding 2016/17 contract dispute.
- Alignment of capacity to non-elective and elective activity levels and responsiveness to changes in levels of demand. The Trust is experiencing significant operational pressures. Close management of capacity and flow will be required.
- Achievement of financial control on a quarterly basis and delivery of access trajectories to secure access to the Sustainability and Transformation Funds. The Trust has delivered its Q3 financial control total but further improvements in financial performance will be required in order to secure the remaining STF income. The Q4 forecast is being reviewed and will be discussed with the Finance and Investment Committee.
- Ability to exit premium rate workforce arrangements, Medical agency remains the most significant risk. The Workforce Transformation Group is overseeing action plans to increase recruitment, redesign workforce roles and manage sickness, rostering and retention issues. Opportunities to move to framework agencies and reduce rates paid per shift are also being explored.

At the end of December, the finance rating has remained a '1'. Individual metrics are line with the financial plan.

YTD	Plan Metric	Plan Rating	Actual Metric	Actual Rating
Capital Service Capacity	3.2	1	3.2	1
Liquidity	(3.6)	2	1.0	1
I&E Margin	3.0%	1	3.0%	1
Distance from Financial Plan	0.0%	1	0.0%	1
Agency Spend	(12.7)%	1	(23.7)%	1
<b>2017/18 Finance Rating</b>		<b>1</b>		<b>1</b>

Area	Metric	Construction	Rating				Weighting
			1 (best)	2	3	4 (worst)	
Financial Sustainability	Capital Service Capacity	$\frac{\text{Revenue available for capital service}}{\text{Annual debt service}}$	2.5x	1.75x	1.25x	<1.25x	20%
	Liquidity Days	$\frac{\text{Working capital balance} \times 360}{\text{Annual operating expenses}}$	0.0	(7.0)	(14.0)	<(14.0)	20%
Financial Efficiency	I&E Margin	$\frac{\text{I\&E Surplus or deficit}}{\text{Total Operating and Non Op Income}}$	1%	0%	(1)%	≤(1)%	20%
Financial Controls	Distance from Financial Plan	$\frac{\text{YTD Actual I\&E Surplus/Deficit} - \text{YTD Planned I\&E Surplus/Deficit}}{\text{YTD Planned I\&E Surplus/Deficit}}$	0%	(1)%	(2)%	≤(2)%	20%
	Agency Ceiling	$\frac{\text{YTD Actual Agency Ceiling} - \text{YTD Planned Agency Ceiling}}{\text{YTD Planned Agency Ceiling}}$	0%	25%	50%	≥50%	20%

The Trust is reporting a surplus of £2.27m against a planned surplus of £2.23m at the end of December. Delivery of this surplus means the Trust will be eligible for a further £3.5m of STF income.

	Plan £k	Year To Date		Variance £k
		Actual £k		
(Surplus) Deficit including STF	2,227	2,265	38	
less Sustainability and Transformation Fund	7,512	7,512	0	
<b>Underlying Performance against Control Total excluding STF</b>	<b>9,739</b>	<b>9,778</b>	<b>38</b>	

	Plan £k	Year Forecast		Variance £k
		Forecast £k		
(Surplus) Deficit	3,363	3,363	0	
less Sustainability and Transformation Fund	11,557	11,557	-	
<b>Underlying Performance against Control Total excluding STF</b>	<b>14,920</b>	<b>14,920</b>	<b>0</b>	

Non-elective admissions increased in December, the resulting operational pressures experienced resulted in a proportion of the activity being delivered at premium rates contributing to expenditure continuing to be incurred above plan levels.

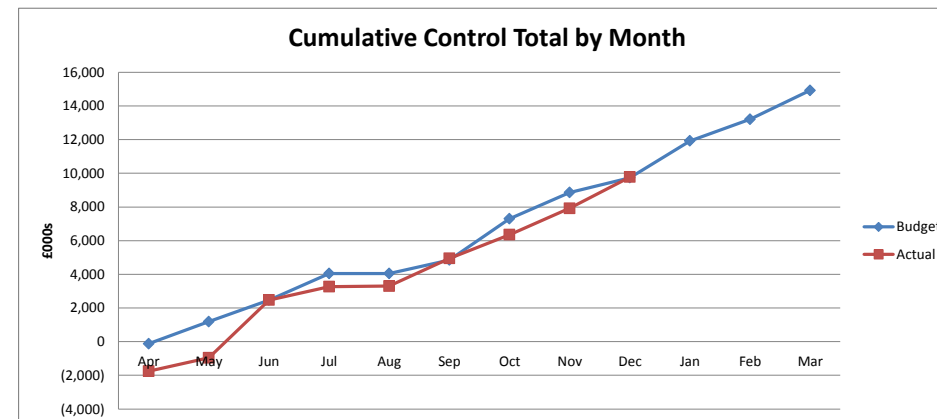
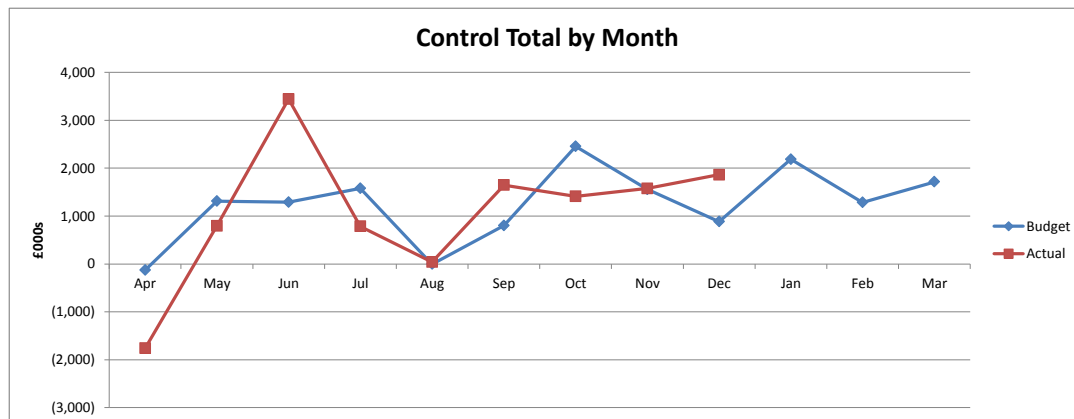
Nursing pay in aggregate increased marginally, with substantive and bank nursing costs both increasing in December, the costs of which were only partially mitigated by a reduction in premium agency and WLI expenditure, following the implementation of a number of initiatives within nursing. Successful recruitment within Medical staffing has reduced vacancies leading to an increase in substantive expenditure in December. In addition there has been reduced temporary staffing over the Christmas period, resulting in a decrease in the usage of both locum, WLI and agency staff. An adjustment has also been made to recover overpaid agency commission of £0.2m within Medical staff, this has been reflected in the December position.

Non Pay Expenditure decreased by £1m compared to November, predominantly within drugs as a result of seasonal reductions and cancellations of elective activity.

	Prev Yr Actual £k	Year to Date		
		Plan £k	Actual £k	Variance £k
Income	320,792	317,090	322,553	5,463
Pay	(210,224)	(208,385)	(212,968)	(4,583)
Non-Pay (tariff)	(67,523)	(64,602)	(67,709)	(3,108)
Non-Pay (PbR exc)	(23,247)	(24,033)	(23,035)	998
<b>EBITDA *</b>	<b>19,799</b>	<b>20,070</b>	<b>18,841</b>	<b>(1,230)</b>
Profit / Loss on Disposal of Fixed Assets	5	-	7	7
Interest Payable	(658)	(666)	(620)	46
Interest Receivable	21	24	15	(9)
Depreciation	(10,446)	(10,900)	(10,302)	598
Impairments	-	-	-	-
Public Dividend Capital Dividend	(5,669)	(5,995)	(5,844)	151
<b>Net Surplus / (Deficit)</b>	<b>3,052</b>	<b>2,533</b>	<b>2,097</b>	<b>(436)</b>
less: Impairment	-	-	-	-
<b>Retained Surplus/(Deficit)</b>	<b>3,052</b>	<b>2,533</b>	<b>2,097</b>	<b>(436)</b>
Donated Assets	(1,325)	(1,111)	(529)	581
Donated Asset Depreciation and Amortisation	825	804	704	(100)
less Profit/Loss on Disposal of Fixed Assets	-	-	(7)	(7)
<b>Control Total excluding STF</b>	<b>2,551</b>	<b>2,227</b>	<b>2,265</b>	<b>38</b>
add Sustainability and Transformation Fund	9,900	7,512	7,512	0
<b>Control Total including STF</b>	<b>12,451</b>	<b>9,739</b>	<b>9,778</b>	<b>38</b>

\* EBITDA Earnings before Interest Taxation Depreciation and Amortisation

	Plan £k	Full Year		Variance £k
		Actual £k		
Income	424,857	426,090	1,233	
Pay	(277,927)	(281,030)	(3,103)	
Non-Pay (tariff)	(87,584)	(88,140)	(555)	
Non-Pay (PbR exc)	(32,187)	(30,934)	1,254	
<b>EBITDA *</b>	<b>27,159</b>	<b>25,987</b>	<b>(1,172)</b>	
Profit / Loss on Disposal of Fixed Assets	-	-	-	
Interest Payable	(888)	(939)	(51)	
Interest Receivable	33	27	(6)	
Depreciation	(14,536)	(14,117)	419	
Impairments	-	-	-	
Public Dividend Capital Dividend	(7,989)	(7,791)	198	
<b>Net Surplus / (Deficit)</b>	<b>3,779</b>	<b>3,167</b>	<b>(611)</b>	
less: Impairment	-	-	-	
<b>Retained Surplus/(Deficit)</b>	<b>3,779</b>	<b>3,167</b>	<b>(611)</b>	
Donated Assets	(1,481)	(860)	621	
Donated Asset Depreciation and Amortisation	1,065	1,056	(9)	
less Profit/Loss on Disposal of Fixed Assets	-	-	-	
<b>Control Total excluding STF</b>	<b>3,363</b>	<b>3,363</b>	<b>0</b>	
add Sustainability and Transformation Fund	11,557	11,557	-	
<b>Control Total including STF</b>	<b>14,920</b>	<b>14,920</b>	<b>0</b>	



The Trust achieved its control for Q3 and is therefore eligible to earn STF for Q3. A total of £3.5m STF income is available in Q3 of which a minimum of £2.4m has been secured through delivery of the control total.

The remaining £1m is earned based upon delivery of access targets. The Trust was compliant with its cumulative A&E trajectory up to and including 24th December. The Trust has seen an increase in acuity of admissions, which increases time spent in the department, and reduced community capacity which impacts upon flow. The Trust has discussed with NHSI its intention to appeal and has reflected full receipt of STF income pending the outcome of the appeal.

			Q1	Q2	Oct-17	Nov-17	Dec-17	Q3	Q4	2017/18	
Financial Control Total (exc STF)	Plan	£000s	737	803	2,098	2,498	2,228	2,228	3,363	3,363	
	Actual	£000s	741	897	1,151	1,560	2,265	4,976	0	0	
Eligible for STF Funding				Yes	No	No	Yes	Yes			
STF Income Available			£000s	1,734	2,311	1,156	1,156	1,155	3,468	4,044	11,557
Delivery of Financial Control Total	Achieved?			Yes	No	No	Yes	Yes			
	Income	70.0%	1,213	1,618	-	-	809	2,428	2,831	8,090	
A&E Waiting Times	Achieved?			Yes	Yes	Yes	No	Yes*			
	Income	30.0%	520	693	347	347	-	1,040	1,213	3,467	
RTT	Achieved?			No	No	No	No	No			
	Income	0.0%	0						0	0	
Cancer	Achieved?			Yes	Yes	Yes	Yes	Yes			
	Income	0.0%	0						0	0	
<b>Total STF Income Achieved (£000s)</b>			<b>1,734</b>	<b>2,311</b>	1,156	1,156	1,155	<b>3,468</b>	<b>4,044</b>	11,557	

Total income is continuing to overperform year to date and is £5.5m favourable to plan. Over-performance on commissioned income is being offset by lower non-contract income and private patient activity.

Year To Date	Prev Yr. Actual £k	Plan £k	Actual £k	Variance £k
<b>Total Income</b>	<b>320,792</b>	<b>317,090</b>	<b>322,553</b>	<b>5,463</b>

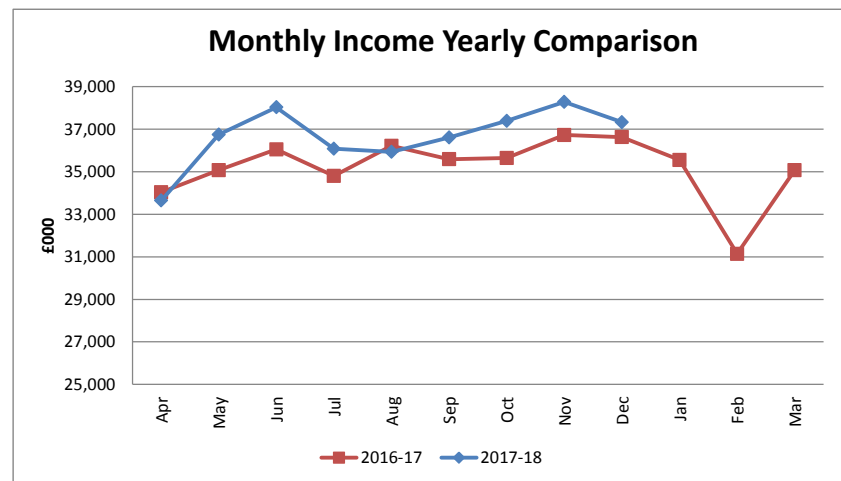
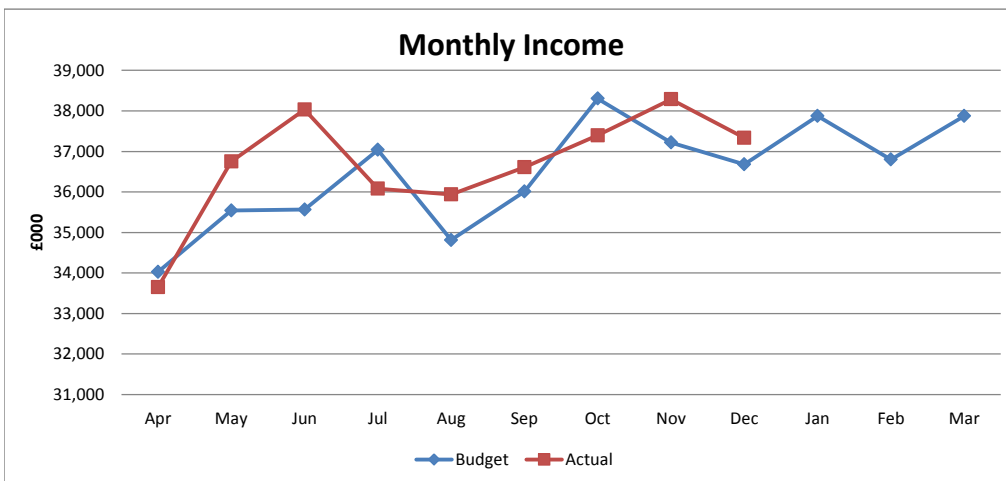
Year End Forecast	Plan £k	Actual £k	Variance £k
<b>Total Income</b>	<b>424,857</b>	<b>426,090</b>	<b>1,234</b>

Cumulatively Income is £5.5m above plan. Non-elective admissions remained above plan, however, this was offset by a reduction in Elective and Outpatient activity per working day.

Private patient income remains behind plan year to date. Planned increases in income from overseas visitors are continuing. Donated asset income is behind plan and is forecast to remain so, however, this is excluded from calculation of the control total.

Income	Prev Yr Actual £k	Plan £k	Year to Date Actual £k	Variance £k
Coastal West Sussex	223,890	223,521	230,873	7,352
Other Clinical Commissioning Groups	9,481	14,850	14,112	(738)
Specialist LAT	34,941	36,964	36,515	(449)
WSSC - Sexual Health	3,338	3,892	3,877	(15)
NCA	4,729	4,544	4,195	(349)
Other Trust Income	12,462	1,042	1,563	521
<b>Income From Activities</b>	<b>288,841</b>	<b>284,813</b>	<b>291,135</b>	<b>6,322</b>
Private Patients	5,103	6,118	5,366	(751)
Education, Training and Research	10,983	10,745	11,293	548
Donated Asset / Grant Income	1,325	1,111	529	(581)
Other Income	14,540	14,305	14,230	(75)
<b>Other Operating Income</b>	<b>31,951</b>	<b>32,278</b>	<b>31,418</b>	<b>(859)</b>
<b>Total Income</b>	<b>320,792</b>	<b>317,090</b>	<b>322,553</b>	<b>5,463</b>
Sustainability and Transformation Funding (STF)	9,900	7,512	7,512	0
<b>Total Income including STF</b>	<b>330,692</b>	<b>324,602</b>	<b>330,065</b>	<b>5,463</b>
<i>of which : PbR Drugs/Devices</i>	<i>23,469</i>	<i>24,033</i>	<i>23,035</i>	<i>(998)</i>

Income	Plan £k	Full Year Actual £k	Variance £k
Coastal West Sussex	298,443	305,614	7,171
Other Clinical Commissioning Groups	19,938	19,294	(644)
Specialist LAT	49,762	47,194	(2,568)
WSSC - Sexual Health	5,200	5,296	96
NCA	6,294	5,483	(811)
Other Trust Income	2,339	2,547	208
<b>Income From Activities</b>	<b>381,976</b>	<b>385,428</b>	<b>3,452</b>
Private Patients	6,977	6,487	(490)
Education, Training and Research	14,299	14,351	52
Donated Asset Income	1,481	823	(657)
Other Income	20,124	19,001	(1,123)
<b>Other Operating Income</b>	<b>42,881</b>	<b>40,662</b>	<b>(2,218)</b>
<b>Total Income</b>	<b>424,857</b>	<b>426,090</b>	<b>1,234</b>
Sustainability and Transformation Funding (STF)	11,557	11,557	0
<b>Total Income including STF</b>	<b>436,414</b>	<b>437,647</b>	<b>1,234</b>



The Trust reports income based on the contract monitoring position for prior months and an estimate of income for the current month based on priced and coded activity in the month as available. An estimate is made for the value of uncoded spells and missing days and included within the reported income position.

### 1) Context

The Trust has signed contracts with all of its major commissioners. The Trust has recently signed an Aligned Incentives contract variation with Coastal West Sussex Clinical Commissioning Group for 2017/18.

### 2) YTD Report

Trust internal monitoring information shows overperformance against the Trust's main CCG contract.

It is important to note that the performance indicated is compared to the Trust's plan and does not necessarily reflect the over-performance against commissioner contracts.

**Table 1. Total Financial Values by Contract**

	Estimated Values YTD (inc CQUIN)			
	£'000			
	FYE Plan	YTD Plan	YTD Actual	YTD Var
Coastal West Sussex	298,443	223,521	230,873	7,352
Other CCG Acute contracts	19,938	14,850	14,112	(738)
NHS England	49,762	36,964	36,515	(449)
Integrated Sexual Health Services	5,200	3,892	3,877	(15)
Non Contract Activity	6,294	4,544	4,195	(349)
<b>Total</b>	<b>379,637</b>	<b>283,771</b>	<b>289,572</b>	<b>5,801</b>

**NB: Variances are reported against Western Sussex Hospitals Planned Income Levels**

**Table 2. Activity and Income by Point of Delivery**

Point of Delivery	Activity Volumes			£'000		
	YTD Plan	YTD Actual	YTD Var	YTD Plan	YTD Actual	YTD Var
Daycases	45,182	43,096	(2,086)	28,735	27,530	(1,205)
Elective Spells	5,653	5,241	(412)	17,674	17,621	(54)
Elective Excess Bed days	1,059	719	(340)	263	178	(85)
Non Elective Spells	41,672	41,897	225	89,930	92,266	2,336
Non Elective short-stay	9,787	9,717	(70)	7,184	7,402	218
Non Elective Excess Bed days	4,785	11,844	7,059	1,216	3,027	1,811
Outpatients	455,625	438,705	(16,920)	47,573	46,025	(1,548)
A&E	108,361	106,901	(1,460)	13,732	13,794	63
PbR exclusions				24,033	23,035	(998)
Critical Care				12,228	10,670	(1,558)
Maternity Pathway				8,225	8,006	(219)
OP Diagnostic Imaging				5,663	5,438	(225)
Sexual Health				3,801	3,801	(0)
Direct Access Pathology				7,109	6,817	(292)
Other Direct Access (Imaging and Dietetics)				1,982	1,755	(227)
Breast Screening				2,525	2,525	-
Other				6,803	14,476	7,673
CQUIN				5,095	5,207	112
<b>Total</b>				<b>283,771</b>	<b>289,572</b>	<b>5,801</b>

**Table 3. - Reconciliation to Income Reporting**

	£000s		
	FYE Plan	YTD Plan	YTD Actual
Contract Monitoring Performance	372,796	278,676	284,366
CQUIN 2.0%	6,841	5,095	5,207
<b>Total Contracted Income</b>	<b>379,637</b>	<b>283,771</b>	<b>289,572</b>
<b>Income Recharged non-contract</b>			
Seasonal Resilience funding	2,208	552	552
Horsham Older People's service	370	277	277
Maternity pathway payment	(156)	(116)	(100)
Cystic Fibrosis	346	258	110
Other invoicing	(429)	71	365
Work-in-progress adjustment	0	0	358
<b>Total Income from Activities</b>	<b>381,976</b>	<b>284,813</b>	<b>291,135</b>
Strategic Transformation Fund	11,557	7,512	7,512
<b>Total Income from Activities plus STF</b>	<b>393,533</b>	<b>292,325</b>	<b>298,647</b>

**Table 4. Contract Income by CCG and NHS England**

SUSSEX CCGs and NHS ENGLAND	£'000		
	YTD Plan	YTD Actual	YTD Var
NHS COASTAL WEST SUSSEX CCG	223,521	230,873	7,352
NHS HORSHAM AND MID SUSSEX CCG	3,584	3,541	(43)
NHS BRIGHTON AND HOVE CCG	4,278	3,885	(393)
NHS HIGH WEALD LEWES HAVENS CCG	375	431	56
NHS CRAWLEY CCG	234	313	79
NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	362	337	(25)
NHS HASTINGS AND ROTHER CCG	193	223	30
NHS SOUTH EASTERN HAMPSHIRE CCG	4,741	4,317	(424)
NHS PORTSMOUTH CCG	492	441	(51)
NHS FAREHAM AND GOSPORT CCG	206	264	58
NHS GUILDFORD AND WAVERLEY CCG	385	360	(25)
<b>Subtotal CCG Acute Contracts</b>	<b>238,371</b>	<b>244,985</b>	<b>6,614</b>
NHS England	36,964	36,515	(449)
<b>Total</b>	<b>275,335</b>	<b>281,500</b>	<b>6,165</b>

This table represents the Trusts assessment of the performance against commissioners only with whom a Contract SLA has been agreed.

There are some differences between the Trust's income plan and the agreed contract values due to QIPP assumptions



Pay and non pay expenditure continue to exceed plan, although overall pay costs decreased by £0.24m and non pay costs decreased by £1.01m compared to November. New starters within nursing undertook a period of orientation during the month resulting in substantive pay increasing and additional bank shifts being worked. Following successful market management initiatives, premium pay expenditure decreased within both WLI and agency, albeit not fully mitigating the substantive increases. Substantive medical pay increased in month following substantive appointments and some back dated pay arrears. Despite a reduction in usage over the Christmas period, continued pressure remains stemming from the most recent rotation junior doctors rotation which means expenditure will continue in Q4 on locum, waiting list initiatives and agency resources at premium rates. The spend on clinical supplies and services increased further in month, although some of this spend is non recurrent. Due to lower levels of elective activity, drug expenditure showed a reduction compared to the previous month.

	Prev Yr Actual	Plan	Year To Date Actual	Variance
	£k	£k	£k	£k
Pay	(210,224)	(208,385)	(212,968)	(4,583)
Non Pay	(90,770)	(88,635)	(90,744)	(2,110)
Operational Costs	(300,993)	(297,020)	(303,713)	(6,693)

	Plan	Year Forecast Actual	Variance
	£k	£k	£k
Pay	(277,927)	(281,030)	(3,103)
Non Pay	(119,771)	(119,073)	698
Operational Costs	(397,698)	(400,103)	(2,405)

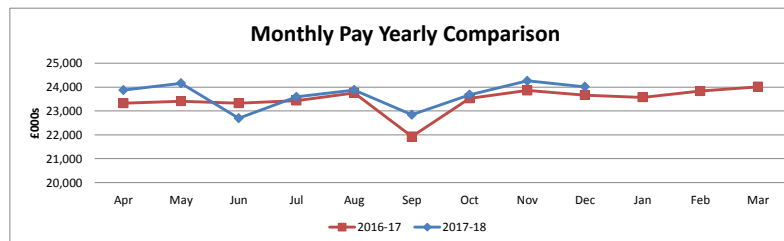
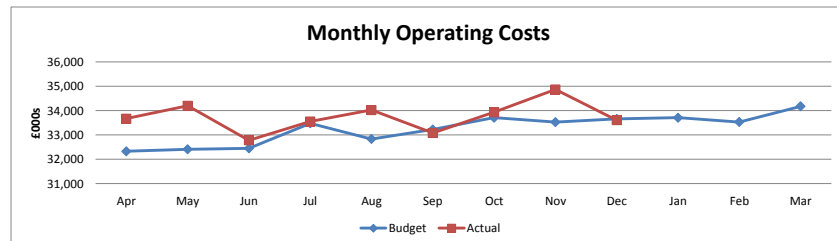
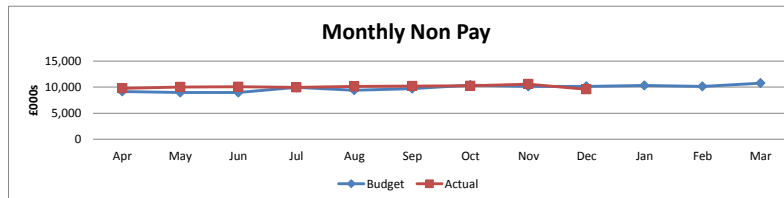
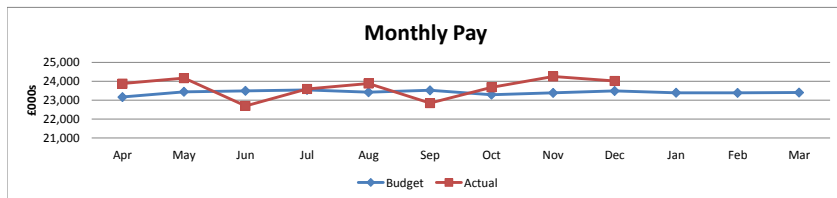
Pay: In totality pay decreased by £0.24m in comparison to November. Medical pay increased within substantive staff following successful recruitment primarily within Surgery. This increase was offset by locum, WLI and agency expenditure all decreasing. Some of this reduction was a short term mitigation during the Christmas period.

Nursing pay in aggregate increased across both substantive and bank resources, following additional bed capacity opening at the end of December to manage large levels of demand. These additional costs were partially mitigated by reduced WLI and agency expenditure. The suite of initiatives around Nurse agency spend continues to deliver reduced premium rate expenditure and the proportion of agency shifts secured at cap rates has increased. Medical expenditure reduced across all temporary resources, however some of this reduction was a short term mitigation during the Christmas period.

Non Pay: Remains significantly above plan. High cost drug usage decreased in December in line with seasonal reductions in elective and outpatient activity. Reduced levels of elective activity has resulted in lower levels of drugs predominantly within theatres. Increased Pathology consumable costs are continuing to adversely impact within clinical supplies and services.

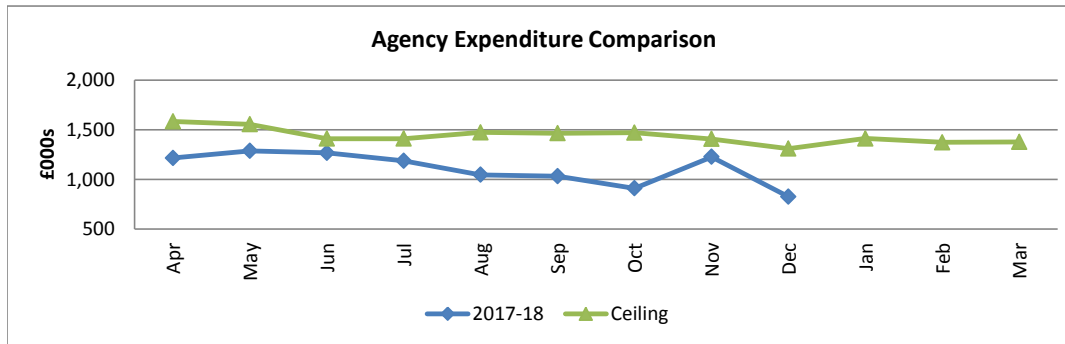
	Prev Yr. Actual	Plan	Year to Date Actual	Variance
	£k	£k	£k	£k
<b>Pay</b>				
Management & Admin	(28,539)	(30,849)	(30,173)	675
Medical and Dental Staff	(59,525)	(58,414)	(61,467)	(3,052)
Nursing & Midwifery	(80,028)	(78,997)	(81,429)	(2,431)
Other Healthcare	(30,079)	(29,668)	(30,009)	(341)
Estates	(12,050)	(11,682)	(11,282)	400
Other Staff	(1)	1,225	1,393	167
<b>Total Pay</b>	<b>(210,224)</b>	<b>(208,385)</b>	<b>(212,968)</b>	<b>(4,583)</b>
<b>Non-Pay</b>				
Services from Other NHS Bodies	(2,752)	(1,726)	(2,170)	(445)
Purchase of Healthcare from Non NHS Bodies	(1,895)	(1,757)	(1,503)	254
Drugs & Medical Gases - tariff	(9,009)	(9,168)	(9,467)	(299)
Drugs & Medical Gases - PbR excluded	(18,788)	(19,227)	(19,131)	95
Drugs & Medical Gases - Cancer Drug Fund	(2,199)	(2,189)	(1,222)	967
Supplies and Services - Clinical	(26,316)	(24,297)	(25,903)	(1,606)
Supplies and Services - Clinical PbR Excluded	(2,261)	(2,617)	(2,682)	(64)
Supplies and Services - General	(3,296)	(2,686)	(2,838)	(151)
Establishment Expenses	(4,511)	(3,878)	(4,251)	(372)
Premises	(11,525)	(11,712)	(11,847)	(135)
Education and Training	(621)	(943)	(635)	308
Clinical Negligence Premium	(5,446)	(7,757)	(7,624)	133
Other Non-Pay	(2,152)	(678)	(1,472)	(794)
<b>Total Non-Pay</b>	<b>(90,770)</b>	<b>(88,635)</b>	<b>(90,744)</b>	<b>(2,110)</b>
<b>Total Expenditure</b>	<b>(300,993)</b>	<b>(297,020)</b>	<b>(303,713)</b>	<b>(6,693)</b>

	Plan	Full Year Actual	Variance
	£k	£k	£k
<b>Pay</b>			
Management & Admin	(41,111)	(40,386)	725
Medical and Dental Staff	(77,981)	(79,337)	(1,356)
Nursing & Midwifery	(105,372)	(107,555)	(2,183)
Other Healthcare	(39,510)	(39,504)	6
Estates	(15,399)	(15,081)	318
Other Staff	1,447	834	(613)
<b>Total Pay</b>	<b>(277,927)</b>	<b>(281,030)</b>	<b>(3,103)</b>
<b>Non-Pay</b>			
Services from Other NHS Bodies	(2,291)	(2,703)	(412)
Purchase of Healthcare from Non NHS Bodies	(2,350)	(2,228)	122
Drugs & Medical Gases	(12,437)	(12,092)	345
Drugs & Medical Gases - PbR excluded	(22,884)	(21,760)	1,124
Drugs & Medical Gases - Cancer Drug Fund	(5,792)	(5,792)	0
Supplies and Services - Clinical	(32,675)	(33,364)	(689)
Supplies and Services - Clinical PbR Excluded	(3,511)	(3,382)	129
Supplies and Services - General	(3,561)	(3,758)	(197)
Establishment Expenses	(5,184)	(6,593)	(1,409)
Premises	(15,784)	(15,651)	133
Education and Training	(1,228)	(1,192)	36
Clinical Negligence Premium	(10,342)	(10,342)	0
Other Non-Pay	(1,731)	(217)	1,514
<b>Total Non-Pay</b>	<b>(119,771)</b>	<b>(119,073)</b>	<b>698</b>
<b>Total Expenditure</b>	<b>(397,698)</b>	<b>(400,103)</b>	<b>(2,405)</b>



Agency	Year To Date				
	2015/16	2016/17	Ceiling	Actual	Variance
	£k	£k	£k	£k	£k
Medical and Dental Staff	(7,953)	(4,788)	(5,089)	(5,050)	39
Nursing & Midwifery	(6,162)	(7,453)	(6,555)	(3,788)	2,767
Other Healthcare	(2,147)	(1,798)	(1,427)	(1,074)	354
Management & Admin	(331)	(202)	-	(69)	(69)
Estates	(340)	(180)	(15)	(8)	8
	<b>(14,481)</b>	<b>(12,982)</b>	<b>(13,087)</b>	<b>(9,989)</b>	<b>3,098</b>

Division	Year to Date		
	Budget	Actual	Variance
Surgery	(959)	(1,116)	(156)
Medicine	(111)	(308)	(197)
Core	(746)	(651)	96
Women & Children	(9)	(34)	(25)
Corporate	86	(0)	(86)
	<b>(1,740)</b>	<b>(2,108)</b>	<b>(369)</b>



Division	Year to Date		
	Budget	Actual	Variance
Surgery	(493)	(499)	(6)
Medicine	(1,045)	(3,575)	(2,530)
Core	(376)	(272)	104
Women & Children	(78)	(662)	(585)
Corporate	12	(18)	(29)
	<b>(1,980)</b>	<b>(5,026)</b>	<b>(3,046)</b>

Payroll	Year To Date			
	Prev Yr Actual	Plan	Actual	Variance
	£k	£k	£k	£k
Medical and Dental Staff	(54,738)	(52,431)	(49,887)	2,544
Nursing & Midwifery	(72,576)	(76,034)	(77,273)	(1,238)
Other Healthcare	(28,281)	(28,858)	(28,750)	108
Management & Admin	(28,337)	(30,801)	(30,056)	746
Estates	(11,870)	(11,659)	(11,271)	388
Other Staff	(1)	1,225	1,393	167
	<b>(195,803)</b>	<b>(198,558)</b>	<b>(195,844)</b>	<b>2,714</b>

Staff in post incl Bank	Year To Date			
	Prev Yr Actual	Plan	Actual	Variance
	WTE	WTE	WTE	WTE
	756	791	797	(6)
	2,641	2,807	2,757	50
	1,012	1,047	1,011	37
	1,312	1,328	1,299	29
	675	660	624	35
	-	-	-	-
	<b>6,395</b>	<b>6,633</b>	<b>6,488</b>	<b>145</b>

**Surgery:** Following a stepped increase in activity in November, elective surgical work and outpatient activity fell in December. Premium expenditure which had been supporting additional patient sessions was therefore reduced. Non elective work remained above plan, including critical care, where acuity and occupancy continued at a higher level than earlier in the year. Both pay and non pay reduced in month as marginal costs were constrained through actions to reduce premium spend including recruitment and rota management for General Surgery and T&O Junior rotas, and reduced agency in theatres.

	Year To Date				
	PY Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Contract Income	83,529	79,985	77,397	(2,587)	R
Other Income	1,667	1,614	1,744	130	G
<b>Total Income</b>	<b>85,196</b>	<b>81,599</b>	<b>79,141</b>	<b>(2,457)</b>	<b>R</b>
Pay	(48,307)	(47,807)	(47,656)	151	G
Non Pay	(17,116)	(16,590)	(16,448)	142	G
<b>Total Expenditure</b>	<b>(65,423)</b>	<b>(64,397)</b>	<b>(64,104)</b>	<b>293</b>	<b>G</b>
<b>EBITDA Surplus/(Deficit)</b>	<b>19,773</b>	<b>17,202</b>	<b>15,038</b>	<b>(2,164)</b>	<b>R</b>

**Medicine:** Outpatient, Day Case and Elective activity reduced and was adverse to plan as business continuity pressures drove increased A&E and Non Elective activity during December. Year to date the Division continues to perform above the activity plan resulting in contract income above plan. The pressures around junior and middle grade rota gaps continued into December with the underlying run rate being maintained. Similarly the nursing expenditure run rate was at a similar level to November. Non pay reduced compared to the previous month with a particular impact seen in Cardiology reflective of planned seasonal activity reductions and within drugs.

	Year To Date				
	PY Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Contract Income	118,545	122,648	123,431	783	G
Other Income	2,230	2,108	2,131	23	G
<b>Total Income</b>	<b>120,775</b>	<b>124,756</b>	<b>125,562</b>	<b>806</b>	<b>G</b>
Pay	(66,082)	(64,472)	(68,138)	(3,666)	R
Non Pay	(25,784)	(25,786)	(25,631)	156	G
<b>Total Expenditure</b>	<b>(91,866)</b>	<b>(90,259)</b>	<b>(93,769)</b>	<b>(3,510)</b>	<b>R</b>
<b>EBITDA Surplus/(Deficit)</b>	<b>28,909</b>	<b>34,497</b>	<b>31,793</b>	<b>(2,704)</b>	<b>R</b>

**Core:** Income continues to deliver below plan, but pressures within expenditure continue. In aggregate pay expenditure reduced in December largely due to reduced agency and locum availability over the Christmas period. Recruitment pressures remain resulting in the continuation of premium costs driving expenditure above plan levels. Premium WLI payments within Radiology have reduced this month following a very high level of usage in November. Non pay expenditure reduced compared to November, including a number of non-recurrent benefits. Overall high pathology consumable expenditure remains a key driver of financial management and a demand management project is underway to reduce this expenditure.

	Year To Date				
	PY Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Contract Income	30,798	33,431	32,742	(689)	R
Other Income	8,942	9,002	8,800	(202)	R
<b>Total Income</b>	<b>39,740</b>	<b>42,433</b>	<b>41,542</b>	<b>(891)</b>	<b>R</b>
Pay	(41,982)	(42,151)	(42,419)	(268)	R
Non Pay	(18,464)	(17,552)	(18,876)	(1,325)	R
<b>Total Expenditure</b>	<b>(60,446)</b>	<b>(59,703)</b>	<b>(61,295)</b>	<b>(1,592)</b>	<b>R</b>
<b>EBITDA Surplus/(Deficit)</b>	<b>(20,706)</b>	<b>(17,270)</b>	<b>(19,753)</b>	<b>(2,484)</b>	<b>R</b>

**Women & Children:** Activity levels for Paediatric non elective activity and for Neonatology have remained high in December, reducing the year to date variance in contract income. Pay remains above budgeted levels due to ongoing divisional staffing pressures within Medical Staffing, and the recourse to agency to cover medical rotas. Nursing agency costs have reduced in December, following high numbers of paediatric inpatients requiring RMN specialising in the two preceding months. Non pay remains broadly on plan in aggregate, with clinical supplies and service expenditure remaining high.

	Year To Date				
	PY Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Contract Income	44,314	45,927	46,016	89	G
Other Income	621	632	751	119	G
<b>Total Income</b>	<b>44,936</b>	<b>46,559</b>	<b>46,766</b>	<b>208</b>	<b>G</b>
Pay	(23,443)	(23,175)	(23,913)	(738)	R
Non Pay	(8,190)	(8,663)	(8,729)	(66)	R
<b>Total Expenditure</b>	<b>(31,633)</b>	<b>(31,838)</b>	<b>(32,642)</b>	<b>(804)</b>	<b>R</b>
<b>EBITDA Surplus/(Deficit)</b>	<b>13,302</b>	<b>14,721</b>	<b>14,125</b>	<b>(596)</b>	<b>R</b>

**Facilities & Estates:** Income performance continues to be below planned levels, but is expected to improve in the remainder of the year taking into account seasonal trends seen in car parking. Pay remains favourable as a result of vacancies across the division, predominantly within the Domestic departments. Non pay spend was lower than plan in December due to a cash rebate for paper products, however year to date spend remains above plan.

	Year To Date				
	PY Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Contract Income	-	-	-	-	
Other Income	3,885	3,241	3,082	(159)	R
<b>Total Income</b>	<b>3,885</b>	<b>3,241</b>	<b>3,082</b>	<b>(159)</b>	<b>R</b>
Pay	(12,247)	(11,735)	(11,263)	472	G
Non Pay	(10,798)	(10,606)	(10,884)	(278)	R
<b>Total Expenditure</b>	<b>(23,044)</b>	<b>(22,341)</b>	<b>(22,148)</b>	<b>193</b>	<b>G</b>
<b>EBITDA Surplus/(Deficit)</b>	<b>(19,159)</b>	<b>(19,100)</b>	<b>(19,066)</b>	<b>34</b>	<b>G</b>

**Corporate:** Private Patient activity and income continues to be compromised by demand for beds by NHS patients. This has both reduced planned activity and also led to short term cancellations in response to escalating NHS admissions. Admin and Managerial expenditure remains below plan.

	Year To Date				
	PY Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Contract Income	3	(0)	-	0	G
Other Income	11,392	11,512	12,283	770	G
<b>Total Income</b>	<b>11,395</b>	<b>11,512</b>	<b>12,283</b>	<b>771</b>	<b>G</b>
Pay	(19,725)	(20,808)	(20,529)	279	G
Non Pay	(10,614)	(10,904)	(11,038)	(134)	R
<b>Total Expenditure</b>	<b>(30,340)</b>	<b>(31,712)</b>	<b>(31,567)</b>	<b>145</b>	<b>G</b>
<b>EBITDA Surplus/(Deficit)</b>	<b>(18,945)</b>	<b>(20,200)</b>	<b>(19,285)</b>	<b>915</b>	<b>G</b>

**Finance Report M9 2017/18**
**Statement of Financial Position**

The Trust Balance Sheet is produced on a monthly basis, and reflects changes in the asset values, as well as movement in liabilities.

	Year to Date			Notes		Full Year			Notes
	Plan £k	Actual £k	Variance £k			Plan £k	Actual £k	Variance £k	
Property, Plant and Equipment	280,986	265,658	(15,328)	1	Property, Plant and Equipment	277,373	274,596	(2,777)	1
Intangible Assets	390	4,654	4,264		Intangible Assets	390	4,654	4,264	
Other Assets	-	-	-		Other Assets	-	-	-	
<b>Non Current Assets</b>	<b>281,376</b>	<b>270,312</b>	<b>(11,064)</b>		<b>Non Current Assets</b>	<b>277,763</b>	<b>279,250</b>	<b>1,487</b>	
Inventories	6,341	7,068	727		Inventories	6,450	6,673	223	
Trade and Other Receivables	39,696	41,667	1,971	2	Trade and Other Receivables	43,268	32,494	(10,774)	
Cash and Cash Equivalents	7,662	5,535	(2,127)		Cash and Cash Equivalents	7,306	7,306	(0)	
Non Current Assets Held for Sale	-	-	-		Non Current Assets Held for Sale	-	-	-	
<b>Current Assets</b>	<b>53,698</b>	<b>54,270</b>	<b>572</b>		<b>Current Assets</b>	<b>57,024</b>	<b>46,473</b>	<b>(10,551)</b>	
Trade and Other Payables	(48,840)	(43,458)	5,382	3	Trade and Other Payables	(48,292)	(39,869)	8,423	
Borrowings	(1,724)	(1,707)	17		Borrowings	(2,224)	(2,207)	17	
Other Financial Liabilities	-	-	-		Other Financial Liabilities	-	-	-	
Provisions	(728)	(471)	257		Provisions	(811)	(412)	399	
Other Liabilities	-	-	-		Other Liabilities	-	-	-	
<b>Current Liabilities</b>	<b>(51,292)</b>	<b>(45,636)</b>	<b>5,657</b>		<b>Current Liabilities</b>	<b>(51,327)</b>	<b>(42,488)</b>	<b>8,839</b>	
Borrowings	(21,643)	(21,643)	(0)		Borrowings	(20,564)	(20,564)	-	
Trade and Other Payables	-	-	-		Trade and Other Payables	-	-	-	
Provisions	(2,613)	(2,958)	(346)		Provisions	(2,530)	(2,958)	(428)	
<b>TOTAL ASSETS EMPLOYED</b>	<b>259,526</b>	<b>254,344</b>	<b>(5,182)</b>		<b>TOTAL ASSETS EMPLOYED</b>	<b>260,366</b>	<b>259,713</b>	<b>(653)</b>	
<b>Financed by:</b>					<b>Financed by:</b>				
Public Dividend Capital	239,210	240,260	1,050		Public Dividend Capital	239,210	240,634	1,424	
Retained Earnings	(24,673)	(33,737)	(9,064)		Retained Earnings	(19,833)	(29,138)	(9,305)	
Surplus/(Deficit) for Year	-	-	-		(Surplus)/Deficit for Year	-	-	-	
Revaluation Reserve	44,989	47,821	2,832		Revaluation Reserve	40,989	47,821	6,832	
<b>TOTAL TAXPAYERS EQUITY</b>	<b>259,526</b>	<b>254,344</b>	<b>(5,182)</b>		<b>TOTAL TAXPAYERS EQUITY</b>	<b>260,366</b>	<b>259,317</b>	<b>(1,049)</b>	

1. The out-turn position includes the full delivery of the capital programme. The variance to plan is due to the impact of year-end valuations in 2016/17.

2. The trade and other receivables balance continues to be higher than plan due to higher trade receivables due to 2016/17 invoices raised to the Trust's main commissioner that remain outstanding.

3. Trade payables are lower than plan due to the Trust being able to reduce the outturn creditor numbers in 2016/17 by £4.2m, however the restriction of supplier payments continues in Q3 2017/18, which is being mitigated by slippage on the capital plan.

The cash position is behind plan by £2.1m. This is predominantly due to a reduction in working capital due to outstanding invoices for 2016/17 resulting from the disputed balance with the Trust's main commissioner. The adverse working capital position has been partially offset by slippage on the capital plan. Central capital, in the form of Public Dividend Capital has been received to support the delivery of the capital works for the GP streaming programme.

	Plan	Year To Date	Variance
	£k	Actual	£k
		£k	£k
<b>Cash Balance</b>	<b>7,662</b>	<b>5,535</b>	<b>(2,127)</b>

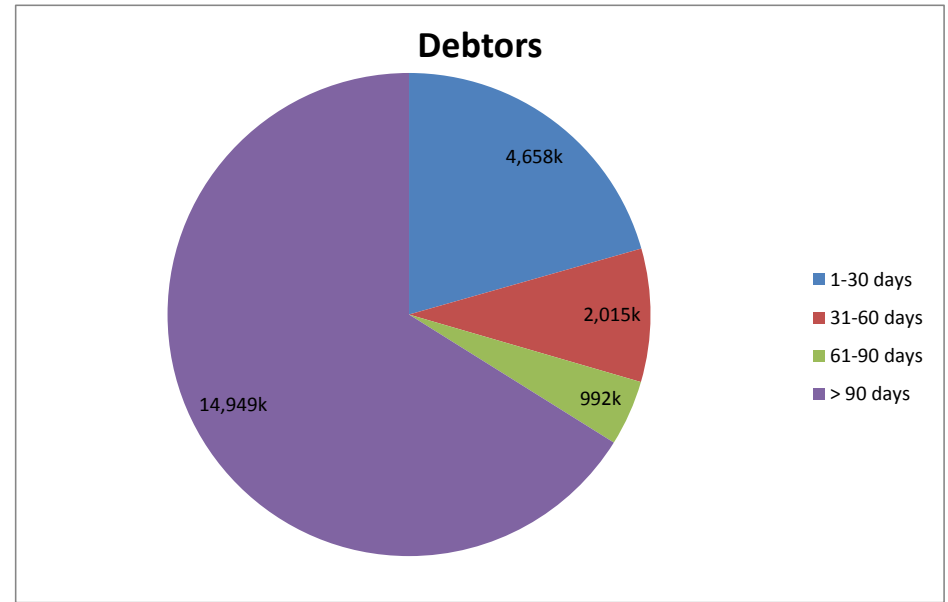
	Plan	Full Year	Variance
	£k	Actual	£k
		£k	£k
	<b>7,306</b>	<b>7,306</b>	<b>(0)</b>

	Plan	Year to Date	Variance
	£k	Actual	£k
		£k	£k
EBITDA	26,475	26,369	(106)
Movement in Working Capital	(3,333)	(13,696)	(10,362)
Provisions	-	73	73
<b>Cashflow from Operations</b>	<b>23,142</b>	<b>12,746</b>	<b>(10,396)</b>
Capital Expenditure	(13,974)	(8,077)	5,897
Cash receipt from asset sales	-	-	-
<b>Cashflow before financing</b>	<b>9,168</b>	<b>4,668</b>	<b>(4,499)</b>
PDC Received	-	1,050	1,050
PDC Repaid	-	-	-
Dividends Paid	(3,996)	(4,048)	(52)
Interest on Loans and leases	(666)	(611)	55
Interest received	24	15	(9)
Donations received in cash	-	-	-
Drawdown on debt	-	-	-
Repayment of debt	(1,579)	(1,579)	(0)
<b>Cashflow from financing</b>	<b>(6,217)</b>	<b>(5,173)</b>	<b>1,044</b>
<b>Net Cash Inflow / (Outflow)</b>	<b>2,951</b>	<b>(505)</b>	<b>(3,455)</b>
Opening Cash Balance	4,712	6,040	1,328
<b>Closing Cash Balance</b>	<b>7,662</b>	<b>5,535</b>	<b>(2,127)</b>

	Plan	Full Year	Variance
	£k	Forecast	£k
		£k	£k
EBITDA	37,233	36,683	(550)
Movement in Working Capital	(4,635)	(5,566)	(931)
Provisions	-	13	13
<b>Cashflow from Operations</b>	<b>32,598</b>	<b>31,130</b>	<b>(1,468)</b>
Capital Expenditure	(19,003)	(20,427)	(1,424)
Cash receipt from asset sales	-	-	-
<b>Cashflow before financing</b>	<b>13,595</b>	<b>10,703</b>	<b>(2,892)</b>
PDC Received	-	1,424	1,424
PDC Repaid	-	-	-
Dividends Paid	(7,987)	(7,791)	196
Interest on Loans and leases	(888)	(939)	(51)
Interest received	33	27	(6)
Donations received in cash	-	-	-
Drawdown on debt	-	-	-
Repayment of debt	(2,158)	(2,158)	-
<b>Cashflow from financing</b>	<b>(11,000)</b>	<b>(9,437)</b>	<b>1,563</b>
<b>Net Cash Inflow / (Outflow)</b>	<b>2,595</b>	<b>1,266</b>	<b>(1,329)</b>
Opening Cash Balance	4,712	6,040	1,328
<b>Closing Cash Balance</b>	<b>7,306</b>	<b>7,306</b>	<b>(0)</b>

The Trust debtors are a mixture of invoiced debtors, accrued income and prepayments as set out in the table below. The Trust has outstanding debtors of 31 days or more of £18.0m, which is an increase since November of £0.5m, predominantly related to the Sexual Health contract (which was paid on the 10th January). The most significant debtors greater than 90 days also relate to invoices for 2016/17 over-performance with the Trust's lead CCG and outstanding balances with three foundation trusts for provider to provider agreements and specialist drugs/services.

	Within Terms		Overdue			Total £k
	1-30 days		31-60 days	61-90 days	> 90 days	
	£k	£k	£k	£k	£k	
CCG's	-	392	137	119	9,991	10,640
NHS England (in Health Education England)	-	1,477	187	5	252	1,920
NHS Trusts	-	1,333	312	196	1,391	3,231
Foundation Trusts	-	713	724	504	2,158	4,100
Other NHS	8	6	11	6	112	143
Non-NHS	52	736	644	162	1,045	2,640
<b>Total</b>	<b>61</b>	<b>4,658</b>	<b>2,015</b>	<b>992</b>	<b>14,949</b>	<b>22,675</b>
	<b>0%</b>	<b>21%</b>	<b>9%</b>	<b>4%</b>	<b>66%</b>	
Provision for Bad Debts (including RTA Provision)					(730)	
Accrued Income (including Work in Progress)					10,840	
Prepayments					4,533	
Other Debtors					4,349	
<b>Total Trade &amp; Other Receivables</b>					<b>41,667</b>	



Other debtors includes £2.2m of RTA debtors, £1.2m of Private Patients, £0.6m relates to Charity funding (of which £0.4m relates to the League of Friends) and £0.3m relating to VAT and other debtors. Accrued income consists of £6.1m of commissioner income (which includes £3.5m of Q3 STF income), £0.4m of provider to provider income, non-contracted activity £0.4m, drugs/pharmacy £0.6m, private patients £0.3m, work-in-progress £2.7m and £0.3m of other income recharges including radiology, catering and clinical excellence awards.

December capital expenditure totalled £1.1m, the largest contributors being £0.5m for the ward configuration scheme, £0.1m for minor works and £0.1m of expenditure on the Southlands masterplan. Cumulatively the capital programme is now £5.9m behind plan, reflecting a delay in commencing the schemes relating to ward reconfiguration (£2.0m), patient catering services (£1.0m) and other service development schemes (£1.3m). An updated forecast was presented and discussed at the last Capital Investment Group. The Trust is continuing to forecast full delivery of the capital plan.

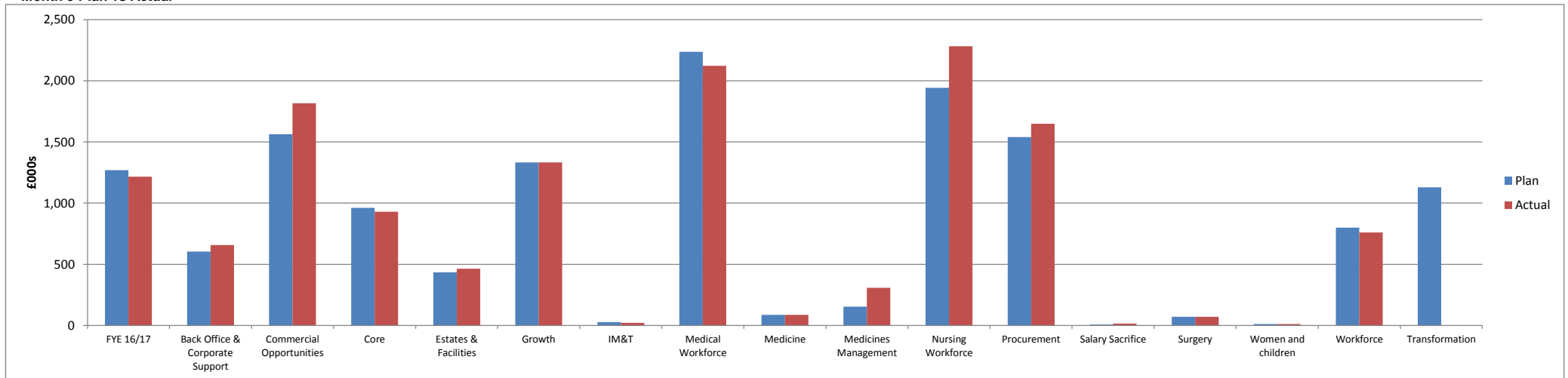
Year To Date	Plan	Actual	Variance	Year End Forecast	Plan	Actual	Variance
	£k	£k	£k		£k	£k	£k
<b>Total Capital</b>	<b>13,975</b>	<b>8,082</b>	<b>5,893</b>	<b>Total Capital</b>	<b>20,427</b>	<b>20,427</b>	<b>-</b>

Capital	Year to Date			Source of Funds	Full Year		
	Budget	Actual	Variance		Plan	Actual	Variance
	£k	£k	£k	£k	£k	£k	
<b>Source of Funds</b>							
Depreciation (net of IFRIC 12)	10,900	10,302	(598)	Depreciation (net of IFRIC 12)	15,180	15,180	-
Loan Repayments	-	-	-	Loan Repayments	(1,158)	(1,158)	-
Charitable Funds	667	112	(555)	Charitable Funds	1,000	1,000	-
Donation/Grants	321	417	96	Donation/Grants	481	481	-
GP A&E Streaming PDC Funding	-	1,050	1,050	GP A&E Streaming PDC Funding	-	1,424	1,424
Cash Reserves		509		Cash Reserves	3,500	3,500	-
	<b>11,887</b>	<b>12,390</b>	<b>(6)</b>		<b>19,003</b>	<b>20,427</b>	<b>1,424</b>
<b>Application of Funds</b>				<b>Application of Funds</b>			
Southlands Ophthalmology	498	746	(248)	Southlands Ophthalmology	498	498	-
MSK	333	-	333	MSK	500	500	-
Equipment Replacement - Imaging	300	220	80	Equipment Replacement - Imaging	1,050	1,050	-
Other Service Developments	9,864	3,226	6,638	Other Service Developments	12,800	12,800	-
Medical Equipment	1,572	954	618	Medical Equipment	2,096	2,096	-
Facilities & Estates	3,063	1,132	1,930	Facilities & Estates	4,894	4,894	-
Information Technology	2,387	1,829	559	Information Technology	3,581	3,581	-
Misc	-	(24)	24	Misc	-	-	-
Overprogramming	(4,042)	-	(4,042)	Overprogramming	(4,992)	(4,992)	-
<b>Total Expenditure</b>	<b>13,975</b>	<b>8,082</b>	<b>5,893</b>	<b>Total Expenditure</b>	<b>20,427</b>	<b>20,427</b>	<b>-</b>

At the end of December, efficiency savings of £13.7m (97.1% of YTD plan) have been achieved. Under-performance in workforce and transformation schemes has been mitigated by over-performance in Medicines Management, Commercial and Procurement work-streams. The forecast out-turn position is £19.8m.

Workstream	Year to Date			Forecast Out-turn		
	Plan £k	Actual £k	Variance £k	Plan £k	Forecast £k	Variance £k
FYE 16/17	1,270	1,216	(54)	1,348	1,293	(56)
Back Office & Corporate Support	603	657	53	847	877	30
Commercial Opportunities	1,564	1,817	253	2,174	3,197	1,023
Core	962	929	(33)	1,418	1,298	(120)
Estates & Facilities	434	463	28	583	633	50
Growth	1,333	1,333	-	2,000	2,000	-
IM&T	26	21	(5)	53	33	(20)
Medical Workforce	2,237	2,122	(114)	3,246	3,116	(130)
Medicine	86	87	1	100	100	0
Medicines Management	152	307	154	200	390	189
Nursing Workforce	1,943	2,283	340	2,865	3,266	401
Procurement	1,540	1,648	108	2,150	2,269	119
Salary Sacrifice	6	15	9	10	15	4
Surgery	71	71	-	94	94	-
Women and children	11	10	(1)	16	13	(2)
Workforce	798	759	(39)	1,230	1,177	(53)
Transformation	1,130	-	(1,130)	1,614	-	(1,614)
<b>Efficiency Plan Total</b>	<b>14,168</b>	<b>13,738</b>	<b>(430)</b>	<b>19,949</b>	<b>19,770</b>	<b>(179)</b>

Month 9 Plan vs Actual





To: Trust Board

Date of Meeting: 1<sup>st</sup> February 2018

Agenda Item: 7

Title
<b>Learning from Deaths</b>
Responsible Executive Directors
George Findlay Chief Medical Officer
Prepared by
Tim Taylor Medical Director, Simon Higgs Clinical Effectiveness Manager
Status
Disclosable
Summary of Proposal
The purpose of the briefing is to update the Board of 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.
Implications for Quality of Care
Opportunity to gain assurance on care or identify areas for focused improvement
Link to Strategic Objectives/Board Assurance Framework
A1, A2, B1, B2 and C1.
Financial Implications
Reviewers and co-ordination of activity
Human Resource Implications
There are training requirements and allocated protected time for individuals to undertake the full review element of this process.
<b>Recommendation</b>
<b>The Board is asked to:</b> Receive and discuss the implementation of the policy and the learning identified from structured mortality reviews.
Communication and Consultation
A plan for communication is being developed
Appendices

## Learning from Deaths

### 1. Purpose

1.1. There are approximately 2200 deaths occurring in WSHFT every year. This paper summarises the implementation of the WSHFT Learning from Deaths Policy. The key learning identified from mortality screening and structured mortality reviews completed for quarters one to three 2017/18 thus far is highlighted. Crude and risk adjusted mortality for the Trust is also provided.

### 2. Background

2.1. In March 2017 the National Quality Board published guidance based on the recommendations from the Care Quality Commission (CQC) report '*Learning, candour and accountability: A review of the way NHS Trusts review and investigate the deaths of patients in England*'.

In accordance with the new national guidance screening reviews of all deaths commenced in April 2017. This entails a consultant review of each case against a template of commonly identified potential problems. A Learning from Deaths Policy was published in October 2017 and structured judgement mortality review (SJR) was introduced from quarter two 2017/18. SJR provides in depth reviews for triggered cases.

2.2. **Criteria for Structured Judgement Case note Review:** The mortality review process includes a programme of SJR based on the Royal College of Physicians (RCP) methodology. SJR in addition to first level screening will be mandated in the following cases:

2.2.1. Any death where independent review has been requested as a result of screening

2.2.2. All deaths where bereaved families and carers, or staff, have raised a significant concern about the quality of care provision that has not been addressed

2.2.3. All deaths of those with significant mental illness. A modified SJR is being developed nationally which the Trust will adopt for appropriate cases once available

2.2.4. All deaths in a speciality, particular diagnosis or treatment group where an 'alarm' has been raised either internally or via Dr Foster, Imperial College, CQC or any other external source

2.2.5. Any death within 24 hours of surgery

2.2.6. Any death where death would be unexpected eg following elective surgery or in low risk diagnostic groups

2.2.7. Serious Incident Requiring Investigation (SIRI) involving a patient death

2.2.8. A random sample of 5% of deaths not falling into the above categories

- 2.3. As per guidance the structured review methodology will not apply to child deaths. The national mortality review process for children is due to be published at a later date. Until revised guidance is released child deaths will follow current Trust policy which is in line with existing national guidance
- 2.4. Maternal deaths will also follow an existing mandated process until further central guidance is received.
- 2.5. The national guidance requires publication to the Trust Board of the data and learning points from Q3 2017/18 onwards. This data includes:
  - 2.5.1. The total number of the Trust's in-patient deaths
  - 2.5.2. Those deaths that the Trust has subjected to a screening process
  - 2.5.3. Those deaths that the Trust has subjected to structured judgement review
  - 2.5.4. Of those deaths subjected to structured judgement review; the total number of deaths where the quality of care was more likely than not to have contributed to the death
  - 2.5.5. The total number of inpatient deaths for patients with identified learning disabilities. NB All deaths of people with learning disabilities are referred to the national Learning Disabilities Mortality Review Programme (LeDeR)

### **3. Implementation of the Trust Policy on Learning from Deaths**

#### **Governance**

- 3.1. The Chief Medical Officer is the Board level lead with a lead non-executive director with responsibility for oversight of process.
- 3.2. The operational process is led by the Clinical Effectiveness Manager through the Mortality Steering Group which reports to the Trust Quality Board

#### **Screening Review**

- 3.3. All deaths are reviewed at consultant level using a set of prompts designed to cover broad areas where problems in care may occur. Examples of prompts include:
  - Family/carer concerns
  - Recognition of deterioration and escalation
  - Fluid and medication management
  - End of life care

Consultants are also asked if they would like an independent review of the case. The output from this screening informs is also used prioritise cases for SJR and all screening is reviewed by the medical director to identify learning independent of the SJR process

## **Reviewers**

- 3.4. Six reviewers, led by the medical director have been recruited from the consultant body to undertake independent reviews and contribute to mortality panel meetings to triangulate learning.

## **Training:**

- 3.5. The Clinical Effectiveness Manager and one of the Care of the Elderly Consultants have received tier one training in Structured Judgement Review with the Royal College of Physicians. Completion of this training enables participants to train others in the SJR methodology.  
Reviewers will soon reach a level of practice where they can undertake reviews independently and discuss cases with peers as necessary. It is expected now some capacity has been developed that the number of SJR's should increase building up to the level stated in the Learning from Deaths policy.
- 3.6. Two formal training sessions have been held with the recruited reviewers in the SJR process. Reviewers are currently working as a group to calibrate their reviews and ensure consistency of practice.
- 3.7. Training sessions within speciality meetings are planned to ensure there is understanding and competence in SJR outside the formal review process and generate a wider body of expertise in SJR methodology

## **Involving Families and Carers**

- 3.8. The Trust is currently awaiting central guidance before finalising plans for involving families and carers in the review process
- 3.9. Work continues with the hospital chaplain and bereavement teams staff to encourage relatives and carers to feedback any issues or concerns at an early stage.

## **4. Screening and Structured Judgement Reviews**

- 4.1. Screening has been in place since April 2017 and structured judgement review process implemented in quarter two. It should be noted however that the recruitment of formal reviewers was only finalised at the end of quarter three

Table 1 provides the number of inpatient deaths, number of deaths screened and number of SJR's completed for quarters one and two and for quarter 3 as at the publication of this report.

**Table 1: Screening and SJR reviews**

	Quarter 1 2017	Quarter 2 2017	Quarter 3 2017
Total number of deaths	476	447	549
Total number of deaths screened	424 (89%)	392 (87.6%)	413 (75.2%)*
Learning disabilities deaths	0	4	2
Total number of structured reviews**	0 (0%)	6(1.6%)	8(1.4%)
Number of deaths where the quality of care was judged more likely than not to have contributed	0	0	0

\*The lower compliance in Q3 is related to the timing of this report

\*\* The recruitment and training of SJR reviewers is at an early stage. Whilst numbers of SJR reviews are low it should be noted that mortality review within certain specialities continues as before

## 4.2 Key areas for learning and action from screening and SJR process.

### 4.2.1 Screening Reviews

Learning arising from the screening process includes:

- Missed opportunities for the earlier recognition of the need for end of life care
- Providing the appropriate environment for the dying patients
  - ward moves during EOL care
  - difficulty accessing single rooms
  - inappropriate admissions and difficulties transferring to hospice care
- Staff skills for managing EOL care e.g. agitation and resistant pain
- Recognition of deterioration and escalation

## 4.2.2 Structured Judgement Review

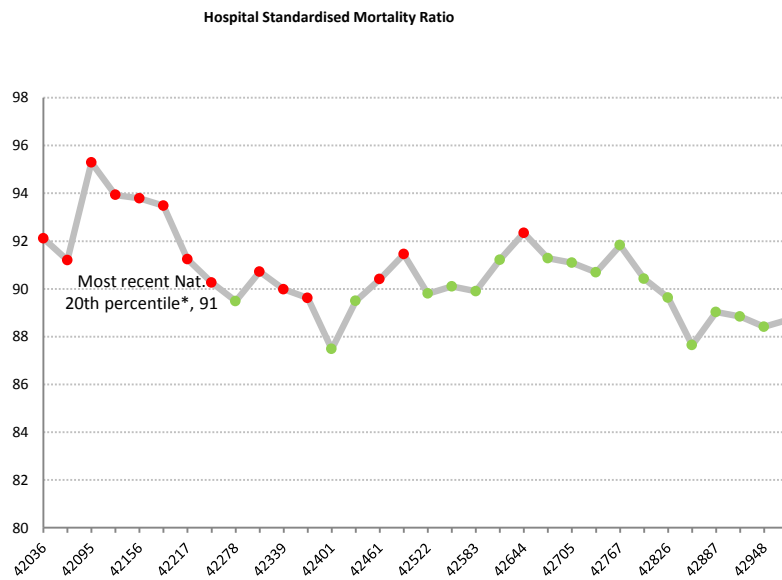
Overall Care Score		Learning Points	Actions
Excellent Care	1	<p>Clear senior involvement in key decision making at every stage</p> <p>Excellent documentation of shared decision making with the patient at end of life</p>	Feedback to relevant clinical teams
Good Care	8	<p>Prompt identification and treatment of sepsis.</p> <p>Good documentation of end of life discussions handled with sensitivity</p> <p>Good documentation of multidisciplinary decision making, family discussion and end of life care planning with senior input at all stages</p> <p>Good documentation of thorough and sensitive discussion related to the option of palliative surgery at end of life</p>	Feedback to relevant clinical teams
Adequate Care	2	<p>Difficulties with ensuring effective symptom control at the end of life.</p> <p>Shortfalls in senior input with end of life care planning</p> <p>Late recognition of end of life leading to lack of time to plan effective end of life care.</p>	Feedback of specific issues to End of Life Care Board
Poor Care	3	<p>Failure to recognise deterioration leading to a delay in escalation and treatment plan</p> <p>Missed low blood glucose result leading to a delay in recognition of deterioration and subsequent treatment</p> <p>Failure to review regular opiate treatment in a frail elderly patient leading to opiate toxicity</p>	<p>Highlight with medical division governance processes.</p> <p>Reported through Trust risk reporting</p> <p>Feedback to medicines optimization committee</p>

			Re-establish Trust 'Deteriorating Patient' Group to keep an overview of linked work streams
Very Poor Care	0		

It was not judged by reviewers that any of the deaths subject to SJR were more likely than not be due to deficits in care.

### 5.0 Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR)

- 5.1 The latest SHMI data made available by the Health and Social Care Information Centre is for the period to June 2017. The Trust value is 0.95% (where 1.00 is the national average), with the Trust banded as 'as expected'.
- 5.2 For the twelve months to September 2017 performance using this measure continues to place us well within the top 20% of Trusts on the 15th centile. There have been no mortality outliers reported for WSHFT from the CQC or the Dr Foster Unit at Imperial College



source: Dr Foster

## **7.0 Summary**

In accordance with the new national mortality guidance, the Trust has developed a 'Learning from Deaths' policy, screening and a structured judgement review process. This paper describes progress toward the implementation of the policy and summarises the learning identified to date.

### **7.1 Next Steps**

- 7.1.1 Increasing capacity and throughput of SJR's now the Trust has a body of trained reviewers
- 7.1.2 Respond to anticipated further national guidance on involving families/carers in the review process
- 7.1.3 Establish a multidisciplinary panel including palliative and primary care members to review the output from reviews and undertake second stage SJR as necessary.
- 7.1.4 Develop systems and methods of feedback to individual clinicians and specialties
- 7.1.5 Further develop Trust Board reporting in response to feedback
- 7.1.6 Provide on-going feedback on end of life care to the End of Life Board to inform future service development

## **8.0 RECOMMENDATION**

The Board is asked to receive and discuss the implementation of the 'Learning from Deaths' policy and the learning identified from screening and structured judgement reviews.



To: Trust Board

Date of Meeting: 01<sup>st</sup> February 2018

Agenda Item: 9

<b>Title</b>
<b>Annual Equality Report 2017</b>
Presented by
Denise Farmer, Chief Workforce and Organisational Development Director
Prepared by
Simon Anjoyeb, Equality Project Manager - BSUH Nikki Kriel, Organisational Development Manager – Western Sussex
Status
Disclosable
Summary of Proposal
The report helps demonstrate how the Trust is progressing in delivering fair, equitable and inclusive services, as both a healthcare provider and an employer. Data gathered from 1 October 2016 – 30 September 2017 has been analysed with actions to be taken as a result.
Implications for Quality of Care
To have a greater understanding of the needs and cultures of all patients, particularly those from protected groups and the potential health inequalities related to this. Excellent care is far more likely to meet the needs of all patients when the workforce is drawn from diverse communities which is reflective of the population served, and when all our staff are themselves free from discrimination.
Link to Strategic Objectives/Board Assurance Framework
Recognising equality and celebrating diversity is an integral part of the Trusts core business, Patient First and 'We Care'. Data from the findings in this report feed into The Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES). The regulators, the Care Quality Commission (CQC), National Trust Development Agency (NTDA) and Monitor, will use both standards to help assess whether NHS organisations are well-led.
Financial Implications
Increase in staff satisfaction and therefore less time and finance spent on employee relations issues. In addition, better understanding of health inequalities and therefore targeting right patient audience.
Human Resource Implications
As described above. Also meets the requirements to publish annual data as part of the Equality Act 2010.
<b>Recommendation</b>
<b>The Board is asked to NOTE the report</b>
Consultation
Approved via Diversity Matters Steering Group
Appendices
None

# Annual Equality Report 2017



**Published January 2018**

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Case Studies can be found on pages: 6, 30, 35, 40 & 46



## Introduction

Western Sussex Hospitals Foundation Trust (WSHFT) was rated by their regulators, the Care Quality Commission (CQC) as outstanding in April 2016. A number of factors within the CQC's inspection regime are linked with equality and diversity. This report helps demonstrate how the Trust is progressing in delivering fair, equitable and inclusive services, as both a healthcare provider and as an employer.

This report also helps to demonstrate compliance with the Equality Act 2010, specifically the Public Sector Equality Duty contained within it. The Act states people interacting with public services should be treated fairly, have equitable access to services and not experience discrimination or harassment because of:

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

The report is also driven by a number of other legal and regulatory drivers which include:

- CQC - The Fundamental Standards (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)
- Equality and Human Rights Commission - codes of practice
- Human Rights Act 1998
- The NHS Equality Delivery System 2
- NHS Constitution
- WSHFT's [Patient First Programme](#) - a programme that aims to deliver changes to improve the quality of care for patients
- WSHFT's equality objectives - a requirement under the Equality Act 2010

The data contained in this report reflects activity which occurred during 1<sup>st</sup> October 2016 to 30<sup>th</sup> September 2017 (unless otherwise stated). In future editions of this report, the reporting period will change to 1<sup>st</sup> April to 31<sup>st</sup> March, to align with the financial year.



## Who are we?

The Trust has three main sites. 24-hour emergency care, acute medical care, maternity and children services operate from [St. Richard's](#) (in Chichester) and [Worthing](#) Hospitals. [Southlands Hospital](#) (in Shoreham-by-Sea) specialises in day-case procedures, diagnostic and outpatient appointments. The Trust also provides a

wide range of satellite services across West Sussex in community settings.

WSHFT serves a population of around 500,000 people who live in a catchment area covering most of West Sussex. The last census conducted in 2011 highlighted that the population of West Sussex is 806,892 people. The Trust currently employs approximately 7,000 members of staff, representing over 89 nationalities.

### **Facts and figures about the Trust during 2016/17 (financial year):**



**Treated 141,824 inpatients and day cases**



**Held 594,337 outpatient appointments**



**Saw 138,196 people in the two Accident and Emergency departments**



**Delivered 5,500 babies**



**Dispensed around 740,000 medicines**



**Took 310,000 imaging exams (x-rays/scan)**



## **Who benefits from this report?**

### **Those with an interest in our services**

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

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

### **Those who work within the Trust**

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



## How the Trust is supporting the equality agenda

The Trust undertakes a number of activities to raise awareness of the equality agenda, and to ensure as many people have a voice into the way services are delivered.

During this past year the Trust has supported:



**Celebrating Cultures Network** - that has welcomed a new chair and been set up to work towards improving patient care and working conditions for all staff from BME and non-British backgrounds. This group is also involved in our policy development, to ensure issues relating to culture are taken into account.



**Disability Forum** - who provide a mechanism to ensure disabled people have a voice within the Trust. One of the key objectives is to ensure that monitoring systems and processes are put in place to support disabled people, are fit for purpose. This group is also involved in our policy development, to ensure issues relating to disability are taken into account.



**Disability Confident** - replaces the 'Two Ticks - Positive about Disabled People' scheme. The aim of this national programme is to ensure that the Trust has mechanisms, systems and processes to support existing and newly disabled employees throughout their employment journey. The programme is administered by Job Centre Plus.



**Diversity Matters Group** - this key steering committee helps to ensure that equality, diversity and human rights are at the heart of the Trust's strategic plans. All of the staff and patient networks and forums feed into this committee.



**LGBT Network** - the network was reinvigorated this year with a new chair. The network helps to raise the profiles of Lesbian, Gay, Bisexual and Trans issues within the Trust. The network provides support to LGBT staff, patients and visitors. This group is also involved in our policy development, to ensure issues relating to sexual orientation and gender identity are taken into account.

### Specific provision of patient services:

- Communication support services e.g. British Sign Language interpreters, Braille Transcription, etc.
- Learning Disability Liaison Team
- NHS Accessible Information Standard
- Overseas language interpretation and translation

## Equality Delivery System 2

[EDS2](#) is a way of measuring how fair and equitable services offered by the Trust are for its staff and patients. The system provides a grading system, which is validated and agreed with key internal and external stakeholders. This also helps to demonstrate compliance with the Public Sector Equality Duty.

### Equality Impact Assessments

The process is a means of providing assurance that new policies, service changes and important decisions have been properly scrutinised. The scrutiny is to make sure no protected characteristics are unfairly impacted upon, and any opportunity to advance equality is taken. Our staff networks (Celebrating Cultures Network, Disability Forum and LGBT Network) review policies to provide expert opinion on proposed policies and decisions. During the next financial year, a review will take place of the current process.

### Equality Objectives

The Equality Act 2010 places the Trust under a specific duty to set one or more [equality objectives](#), which it thinks will help achieve or improve equality. The objectives will need to be reviewed at least annually and re-set at least every four years. The objectives should demonstrate what the Trust aims to do, to further the aims of the general duties, which are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

In 2016 the Trust set the following objectives:

- Patient access and satisfaction data (including complaints) to be recorded and reported by all protected groups, consistently across the Trust (linked to goals 1.3 and 2.4 in Equality Delivery System 2 (EDS2)).
- To ensure the workforce is representative at all levels and across all protected groups, incorporating actions necessary from the [Workforce Race Equality Standard](#) (linked to EDS2 goal 3.1).
- To ensure training and development opportunities are recorded and taken up by all staff with equal access for all (linked to EDS2 goal 3.3).
- Identify a process where all papers that come before the Trust Board and any other major committees are assessed in relation to the equality related impacts (linked to EDS2 goal 4.2).

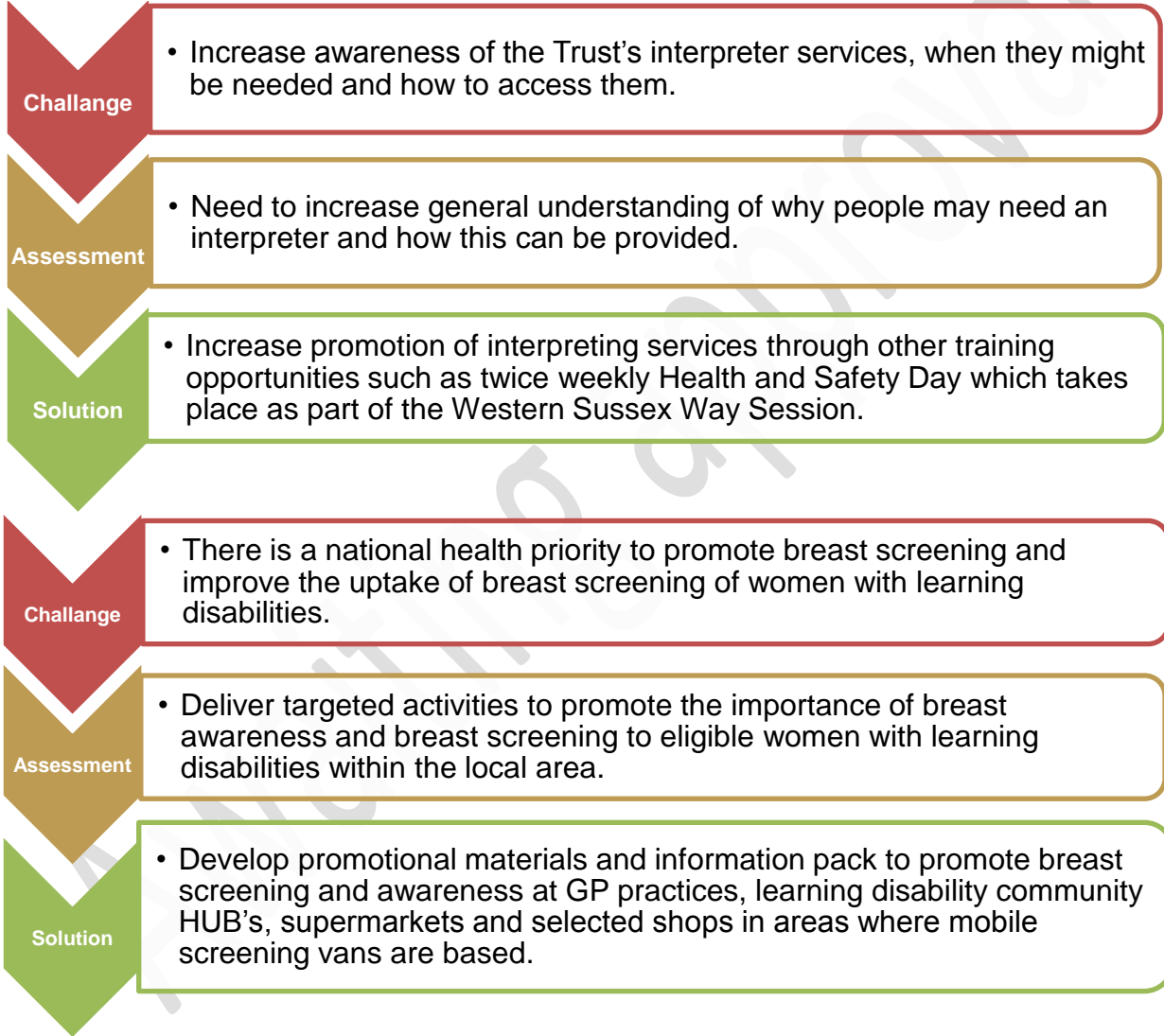
The equality objectives not only support the general duties (see above), but also help to underpin the Trust's corporate objective of 'improving the overall experience

patients received from our Trust'. Successful delivery of these objectives will help to drive up quality and safety for patients and staff.

### Workforce Race Equality Standard (WRES)

NHS England introduced the [standard](#) in 2015; it helps to demonstrate how Trusts are addressing race equality issues in a range of staffing areas. Data is taken from the annual National Staff Survey and Electronic Staff Records (reporting). A report and an action plan is produced to measure and address issues of inequity.

### Case Studies of Good Practice







## Facts and figures about the workforce

### Reporting Period:

**2016** – 1<sup>st</sup> October 2015 to 30<sup>th</sup> September 2016

**2017** – 1<sup>st</sup> October 2016 to 30<sup>th</sup> September 2017

### Headcount of WSHFT staff:

2016 – 6,922

2017 – 6,986

### Number of staff attending training:

2016 – 21,746

2017 – 22,196

### NHS Staff Survey 2016

**59%** response rate (this places WSHFT in the **highest 20%** of all **Acute Trusts** in England & Wales)

### During 2017 WSHFT (Non-medical recruitment\*):

Received **15,852** applications

Shortlisted **9,786** applicants

Interviewed **3,639** applicants

Appointed **1,614** applicants

### Number of staff leaving WSHFT

2016 – 588

2017 – 619

### During 2017 WSHFT (medical recruitment\*):

Received **1,358** applications

Shortlisted **752** applicants

Interviewed **214** applicants

Appointed **258** applicants

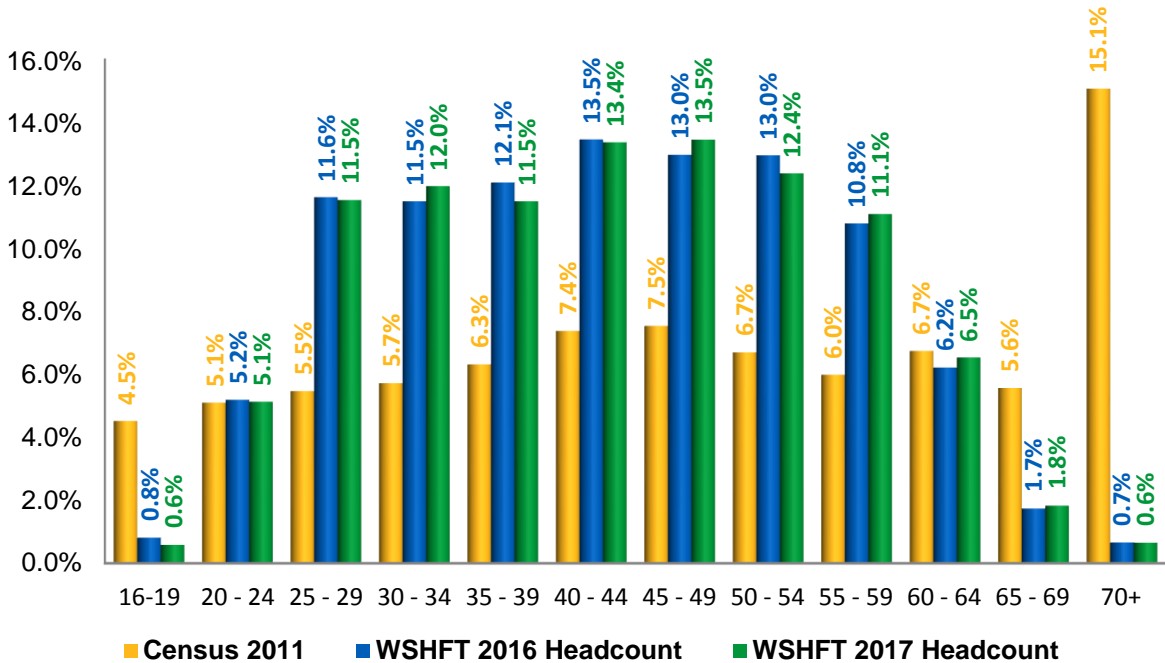
\* The recruitment tracking software, looks at all activity over the reporting period. It is not able to specifically filter out activity from recruitment campaigns that began or ended outside of the reporting period.



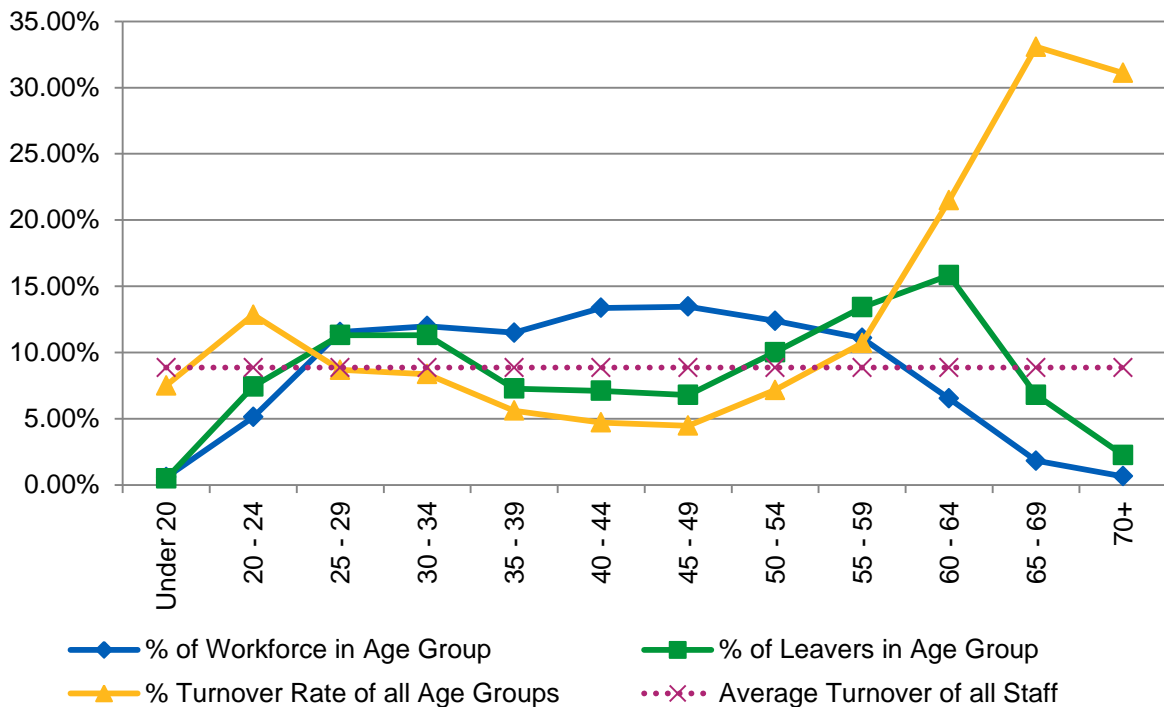
## What we know about our staff

Data from this section of the report compares information from the Census 2011 to the headcount from WSHFT in 2016 and 2017.

### Age

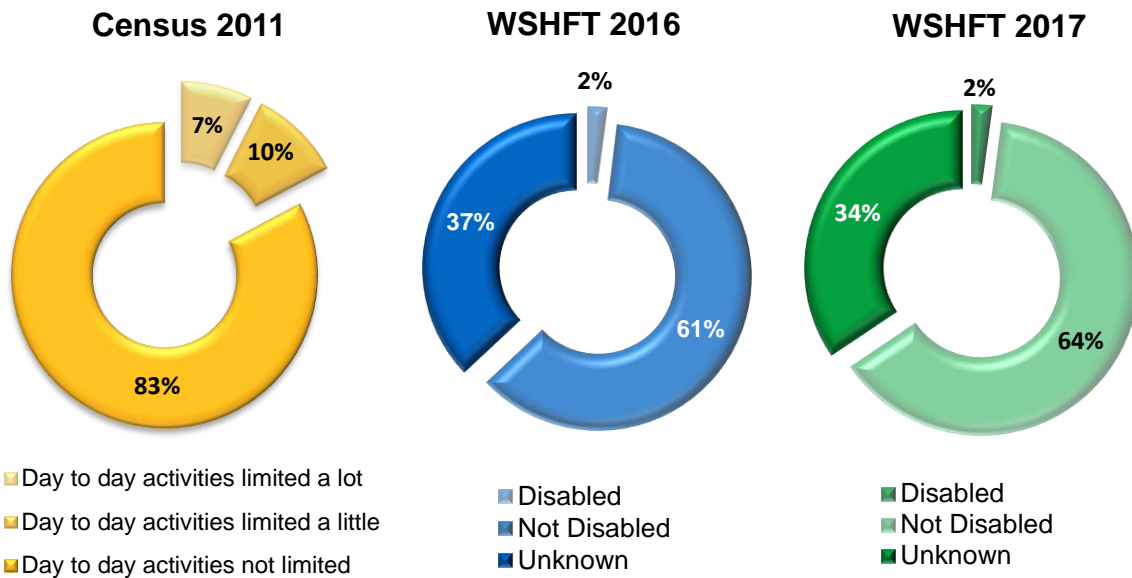


### Staff Leaving the Trust by Age Group

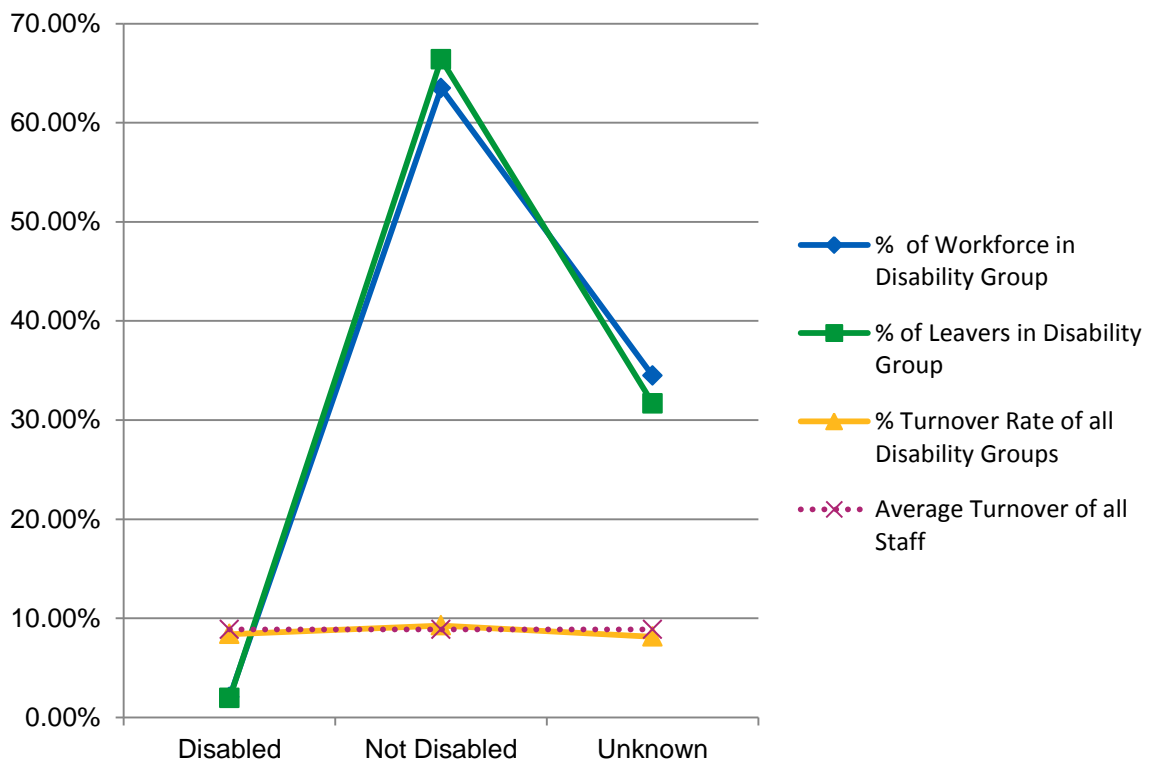


### Disability

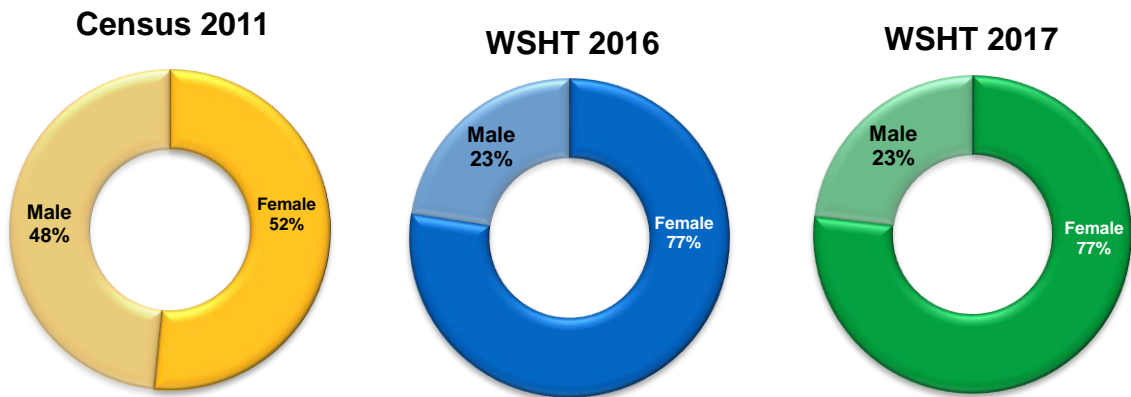
Collection of disability data for the census does not directly correlate with the collection method from Electronic Staff Records (ESR), however it provides a level of comparison.



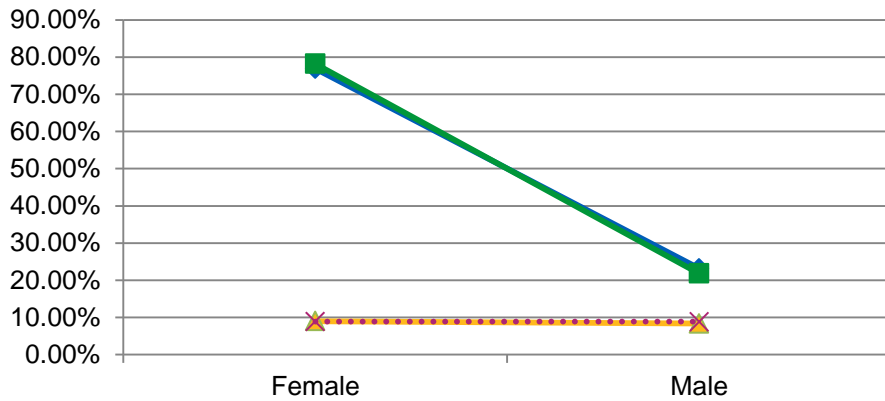
### Staff Leaving the Trust by Disability



## Gender

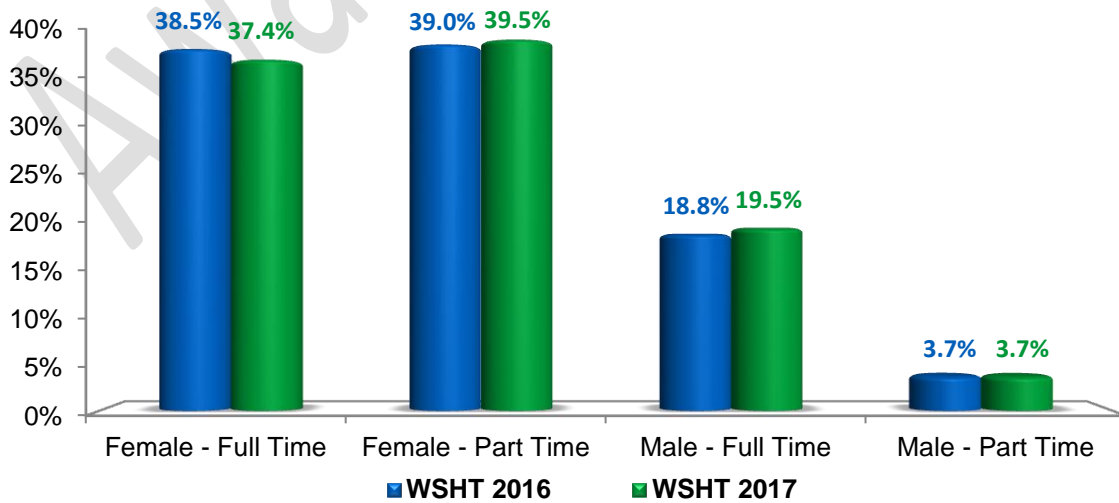


## Staff Leaving the Trust by Gender



- ◆ % of Workforce in Gender Group
- % of Leavers in Gender Group
- ▲ % Turnover Rate of all Gender Groups
- ⋯×⋯ Average Turnover of all Staff

## Full Time/Part Time Split by Gender



## Gender Identity

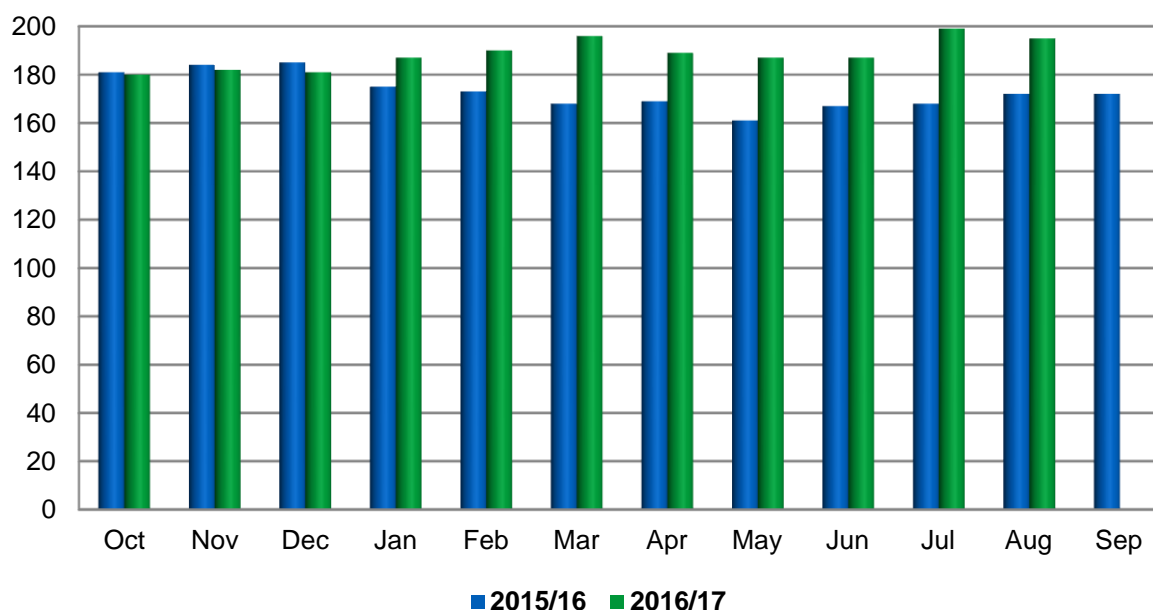
The Trust does not currently collect information relating to staff gender identity. The NHS national Electronic Staff Records does not provide a method to collect this information at present.

There is no census information on the size of the trans population in the UK, however there are discussions being held on including this in the 2021 census. The Gender Identity Research and Education Society (GIRES) estimate that in the UK, around 650,000 people, 1% of the population, are estimated to experience some degree of gender non-conformity. The growth rates of those seeking medical care are +20% p.a. among adults (who currently account for the majority cases) and 50% p.a. among young people. This growth looks set to continue. These assertions are backed up from the House of Commons, Women's and Equality Unit inquiry into transgender equality (January 2016).

The Trust continues to reinforce behaviours and support staff and patients through our LGBT Network. During the year a 'Frequently asked questions' guide for clinical staff providing hospital care to Trans patients was produced.

## Maternity and Pregnancy

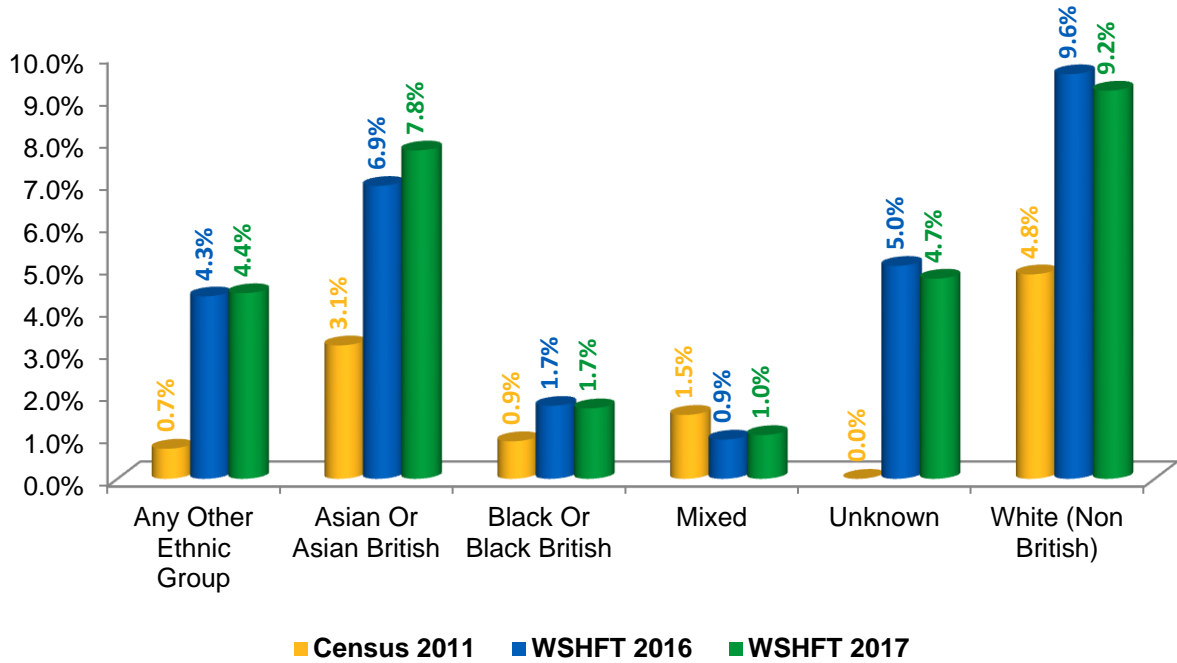
### Numbers of staff on maternity leave



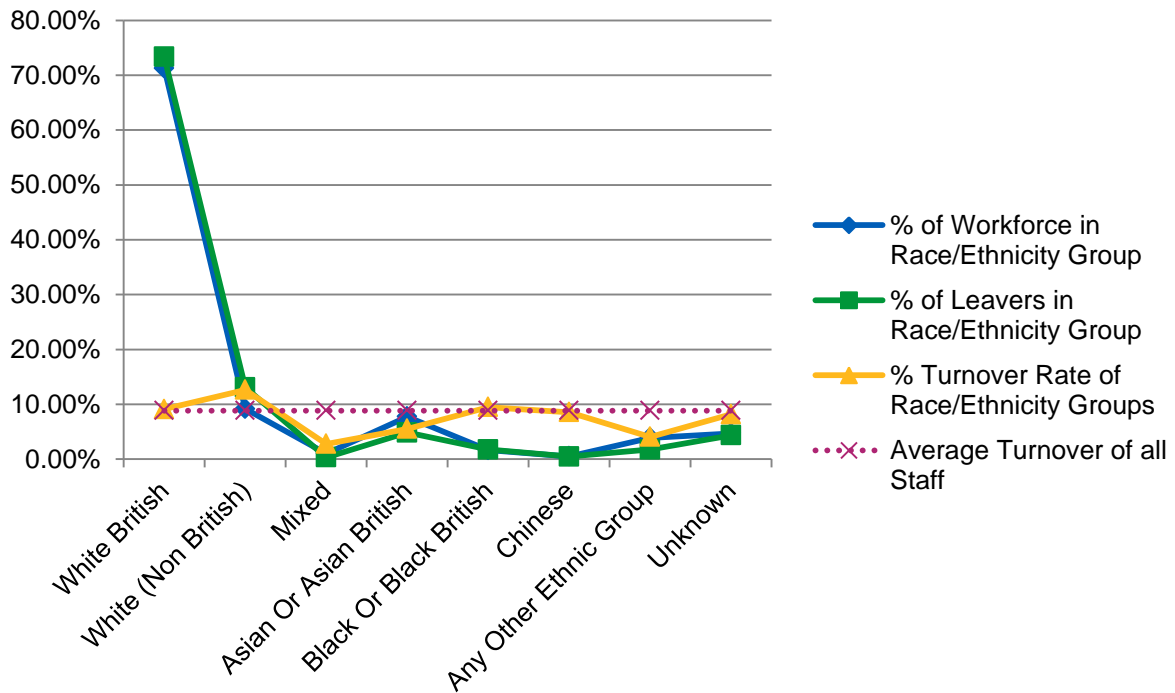
At the time of production of this report figures for September 2017 were not available.

## Race and Ethnicity

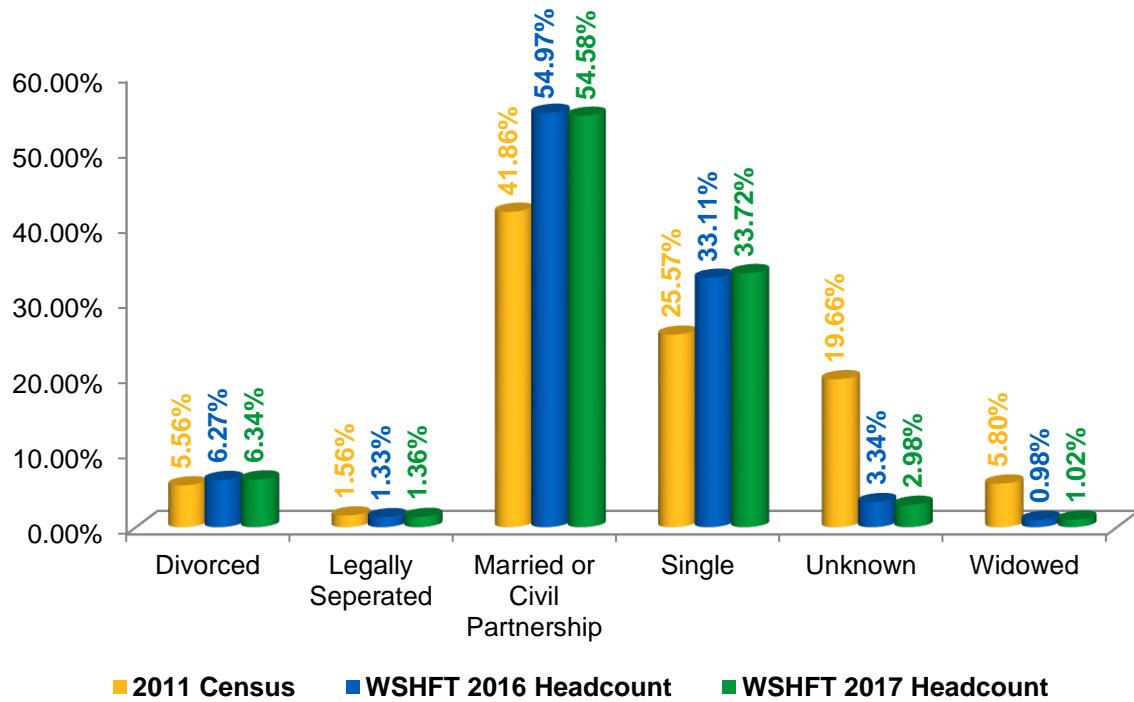
89.0% of the local population and 71.2% (71.6% in 2016) of WSHFT staff are in the ethnicity group 'White British' (not displayed on the below chart). When compared to the local population, the Trust has proportionately more of all ethnic categories described than in the local population apart from Mixed. This is particularly so for the White Non-British group which is much higher.



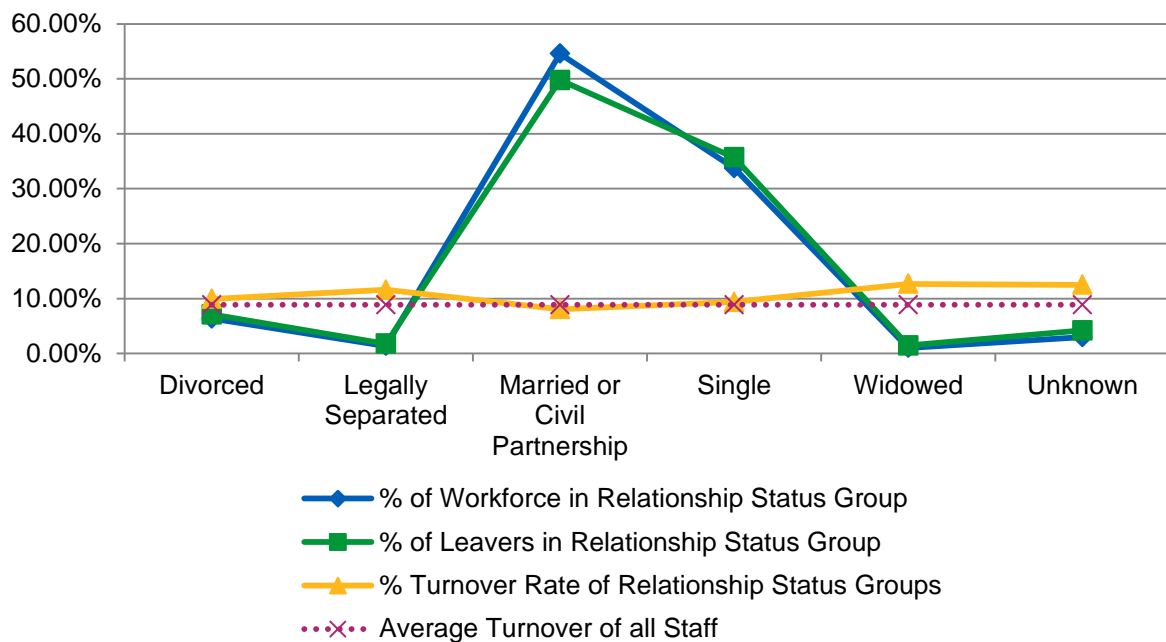
## Staff Leaving the Trust by Race/Ethnicity



## Relationship Status

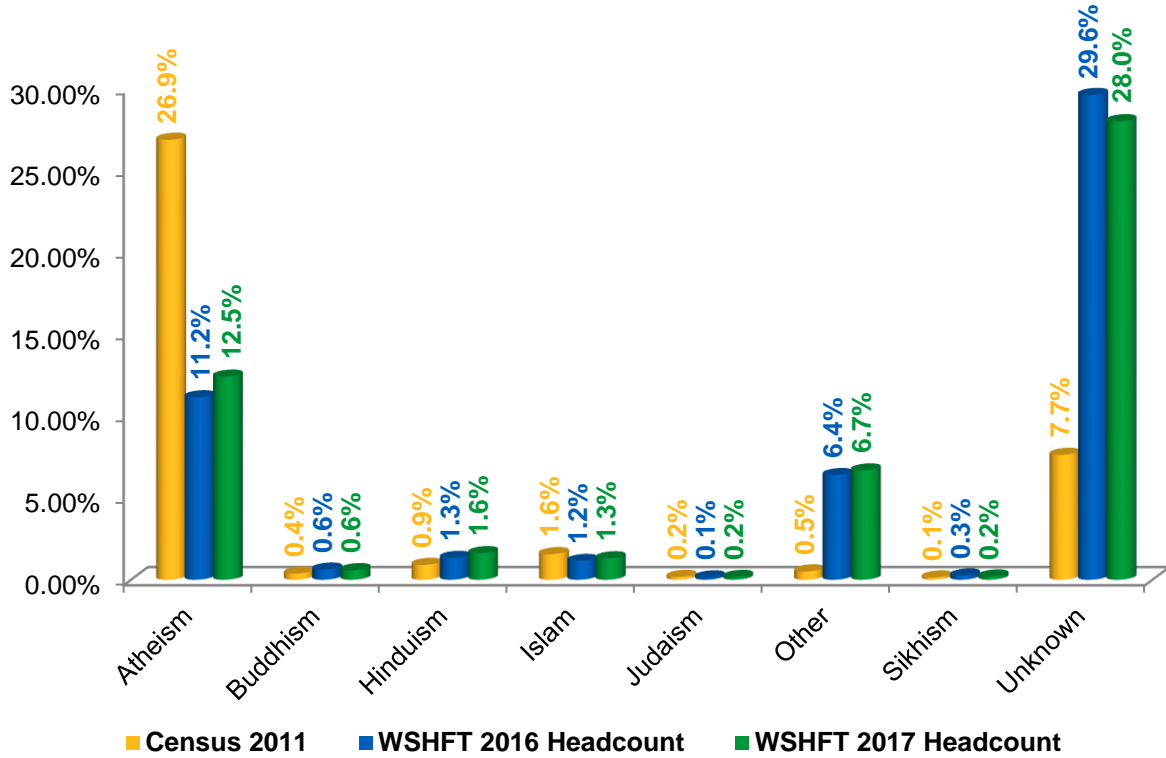


## Staff Leaving the Trust by Relationship Status

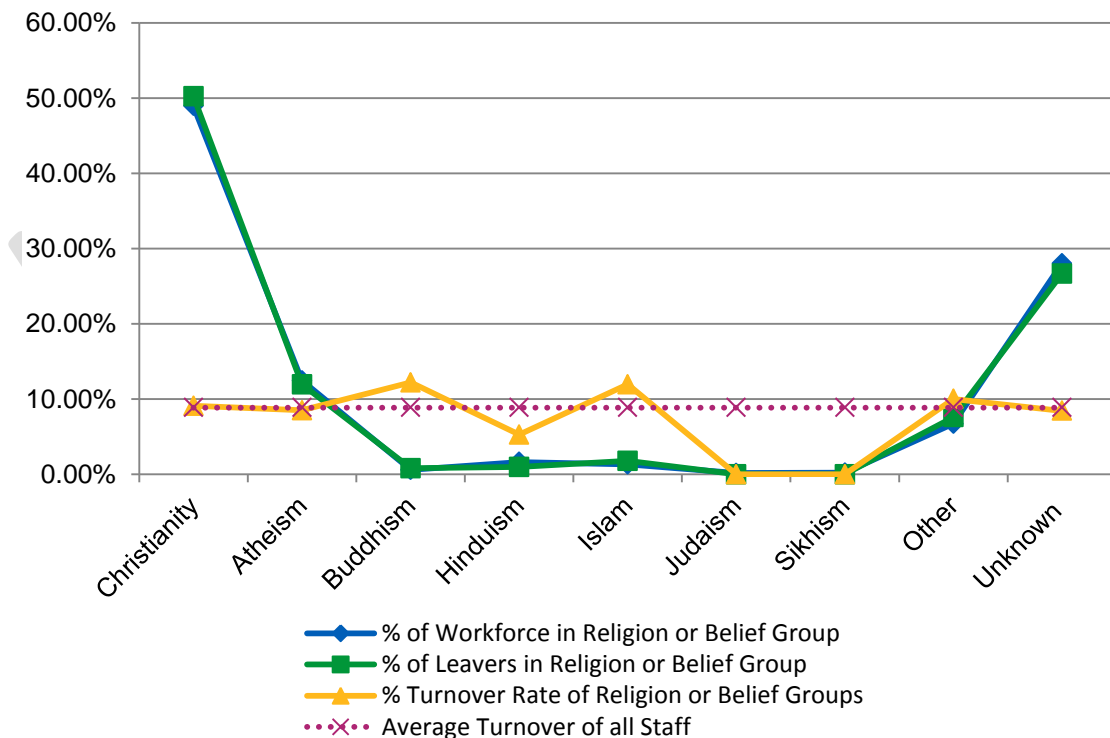


## Religion or Belief

61.7% of the local population and 48.9% (49.3% in 2016) of WSHFT staff are from a Christian faith (not displayed on the below chart). Christianity has been excluded from this chart to aid viewing of smaller groups.



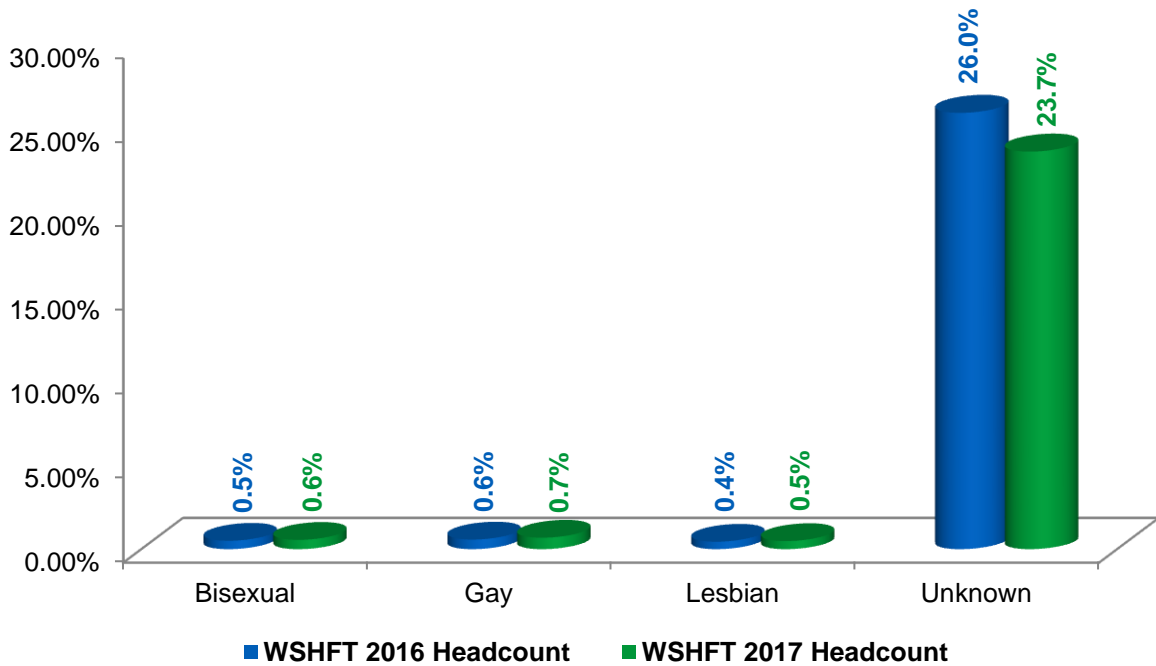
## Staff Leaving the Trust by Religion or Belief



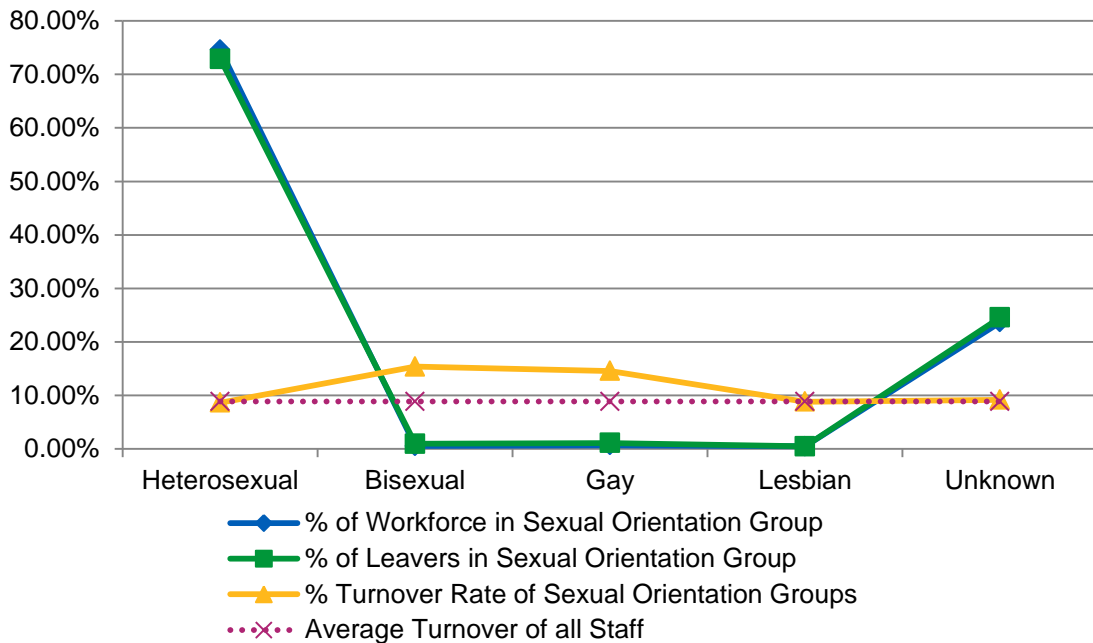


## Sexual Orientation

At present the census does not collect data on sexual orientation, but is currently being considered for potential inclusion in the 2021 Census. Estimates from Public Health England and Stonewall estimate between 2.5% to 6.0% (about 20,172 - 48,414 in West Sussex) of the population will be lesbian, gay or bisexual. In 2017 74.5% of the workforce identify as heterosexual (72.5% in 2016), this has been excluded from the chart below to help identify the smaller groups.



## Staff Leaving the Trust by Sexual Orientation



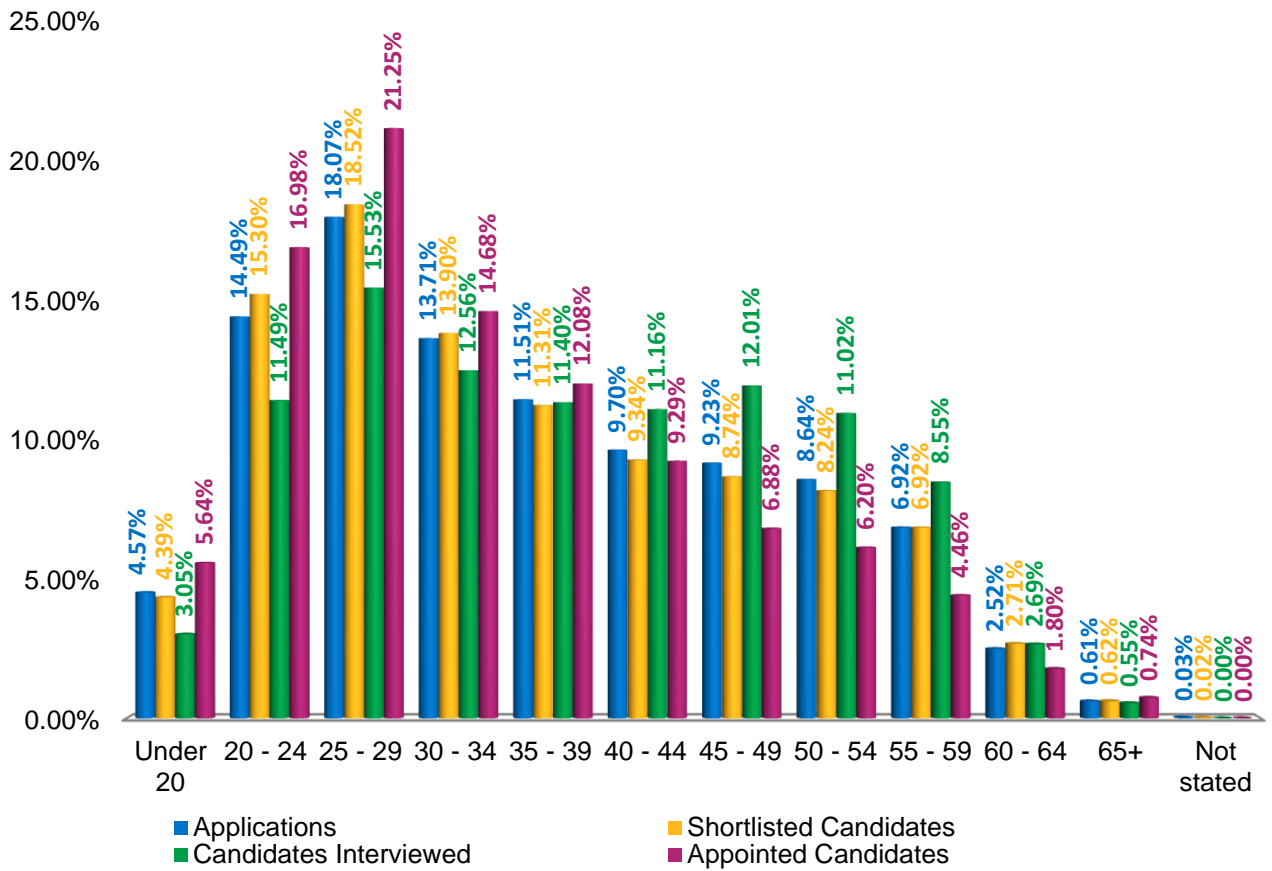


## How fair have our recruitment processes been?

The following pages look at the demographics of people going through WSHFT's recruitment processes. It is possible to gauge a level of how fair the process are when comparing the demographic profile of all candidates throughout the different processes (or stages) in recruitment.

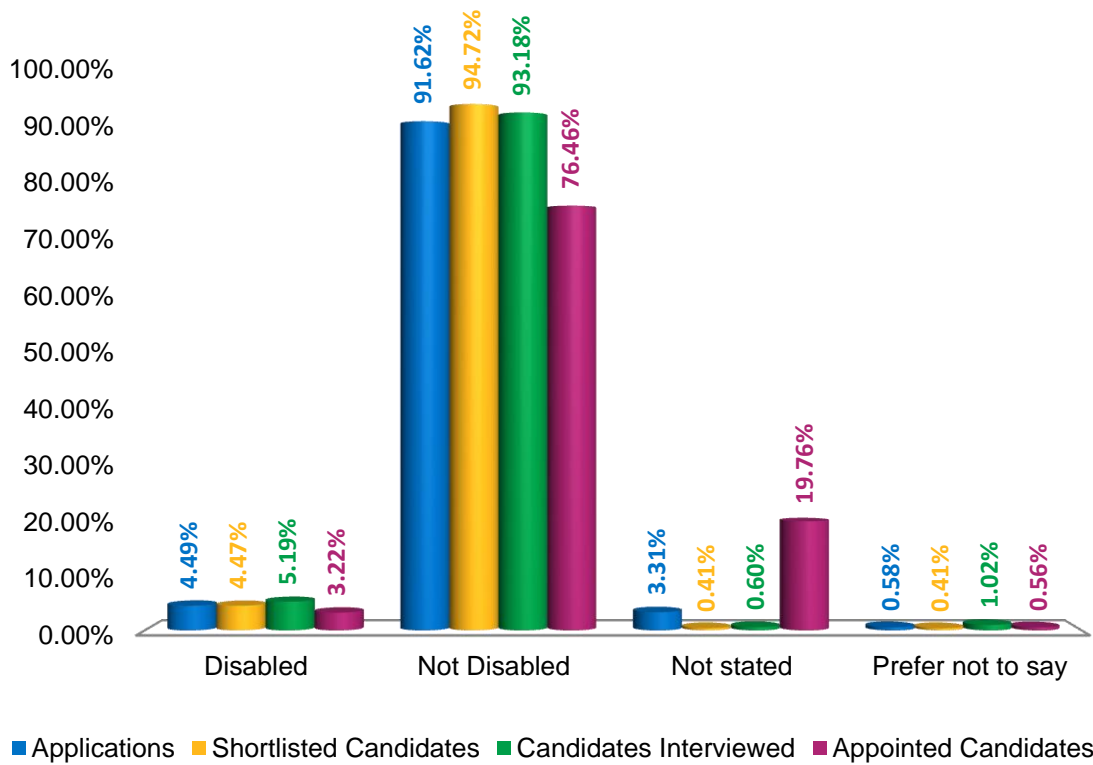
### Non-Medical Recruitment

#### Age



#### Disability

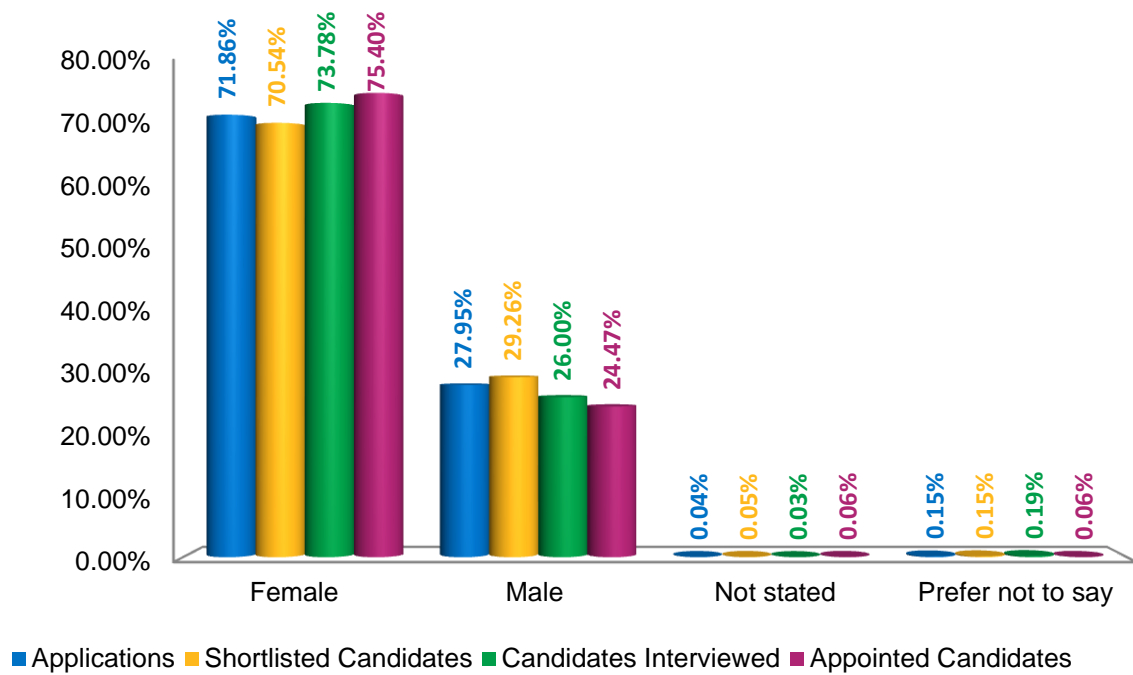
	Applicants	Shortlisted	Interviewed	Appointed
Applications under the guaranteed interview scheme.				
<b>No</b>	8.93%	7.13%	10.20%	12.33%
<b>Yes</b>	2.72%	2.77%	3.22%	2.17%
<b>Not stated</b>	88.35%	90.10%	86.59%	85.81%



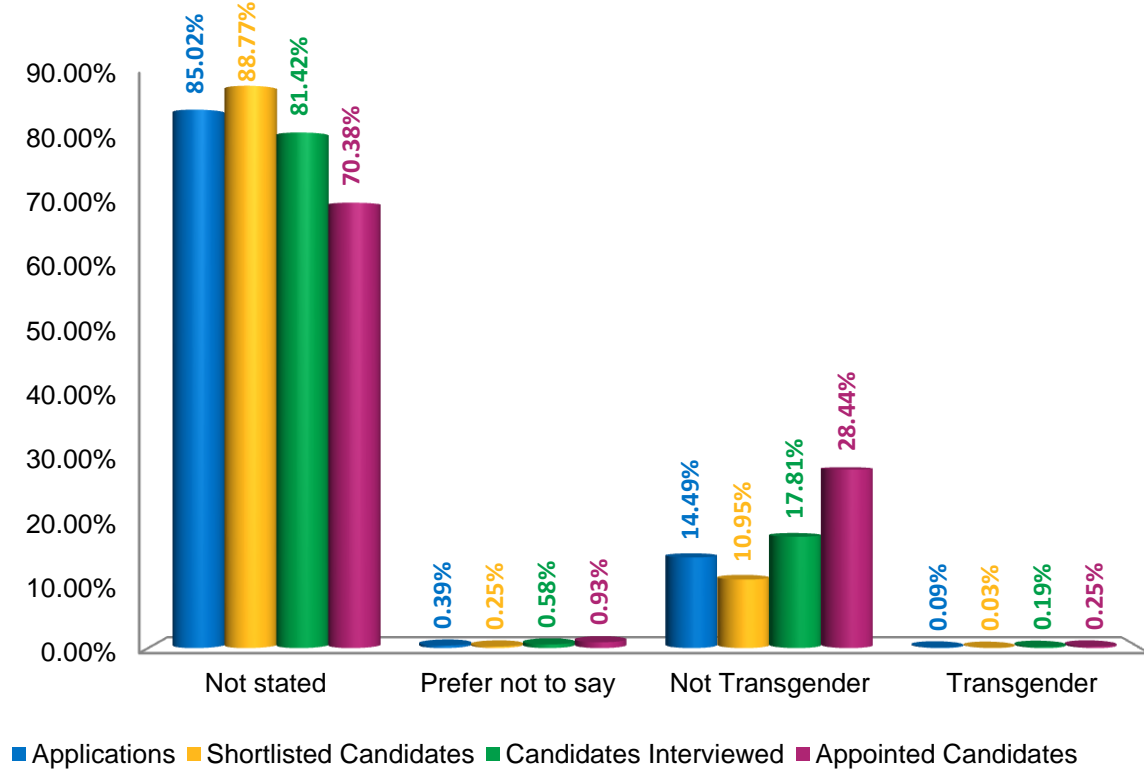
### Types of disability:

	Applications	Shortlisted	Interviewed	Appointed
Learning disability/difficulty	0.92%	0.58%	1.32%	1.67%
Long-standing illness	0.76%	0.78%	0.85%	0.43%
Mental health condition	0.80%	0.87%	0.66%	0.56%
None / Not applicable	49.41%	48.98%	53.06%	43.43%
Not stated	45.94%	46.46%	41.60%	52.85%
Other	0.76%	0.78%	0.93%	0.43%
Physical impairment	0.83%	0.94%	0.96%	0.19%
Sensory impairment	0.58%	0.61%	0.60%	0.43%

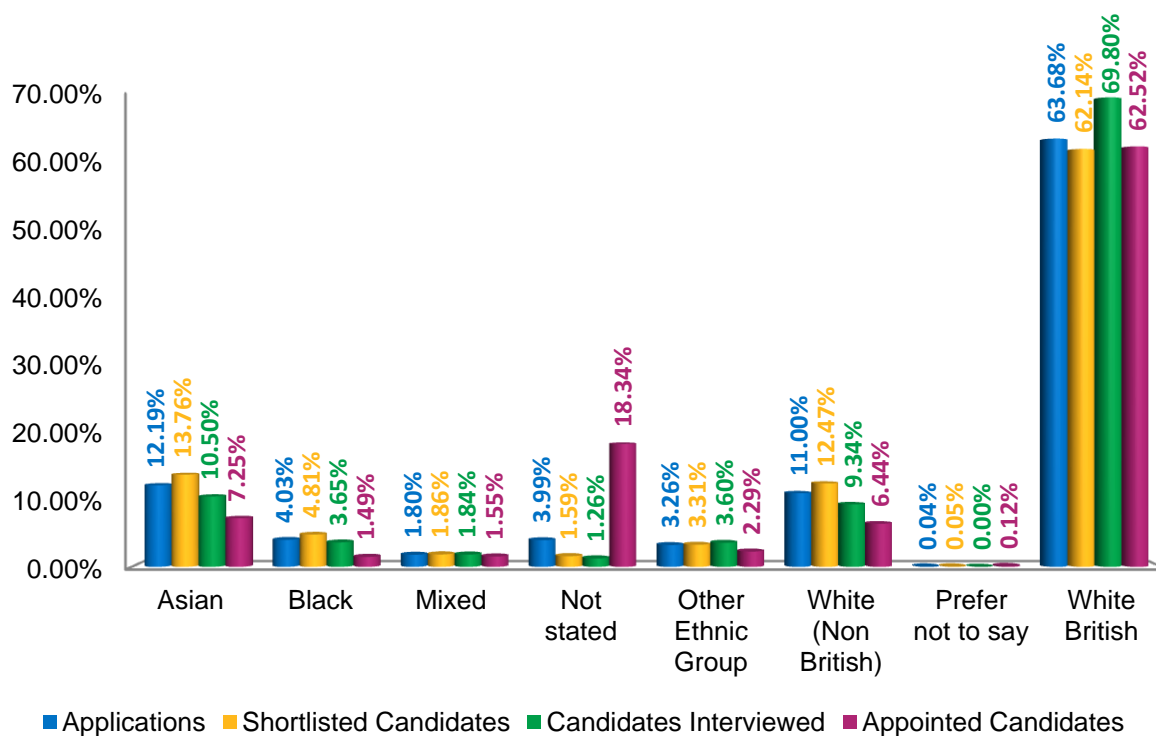
## Gender



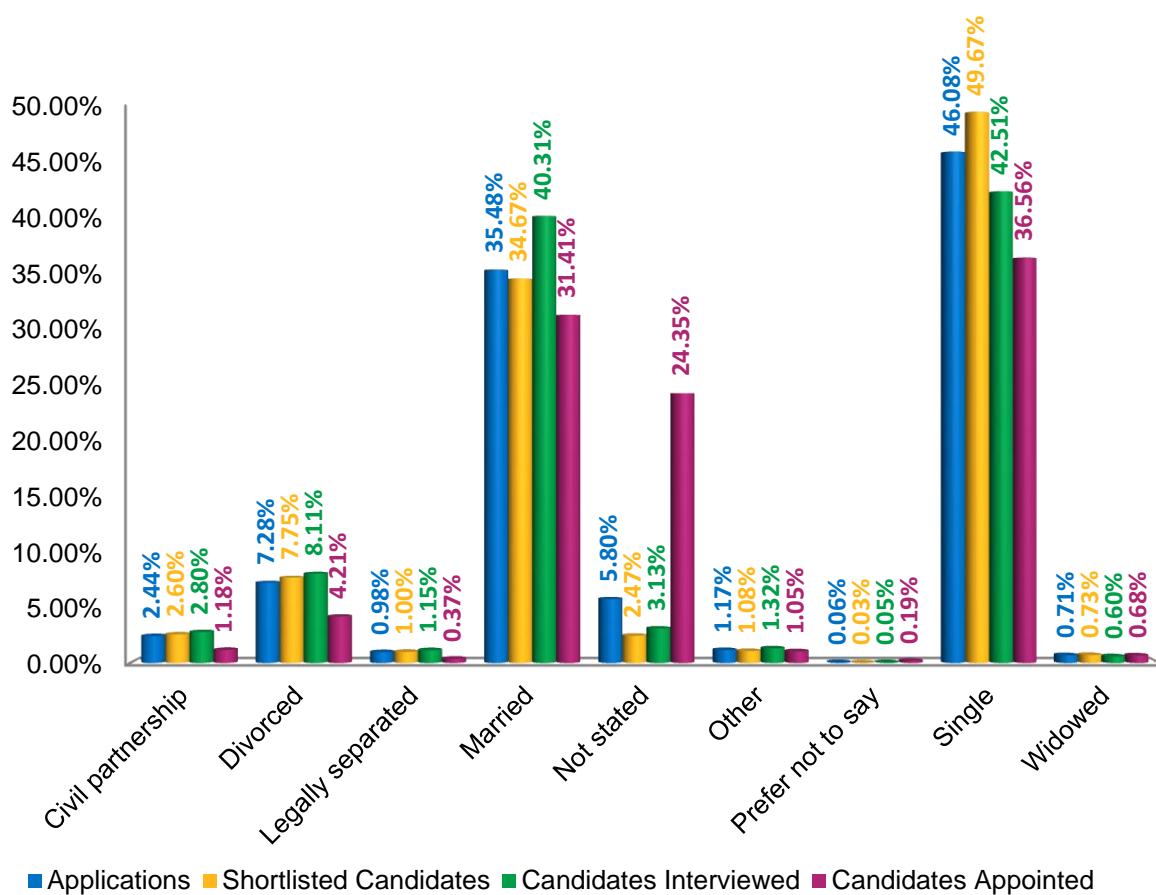
## Gender Identity



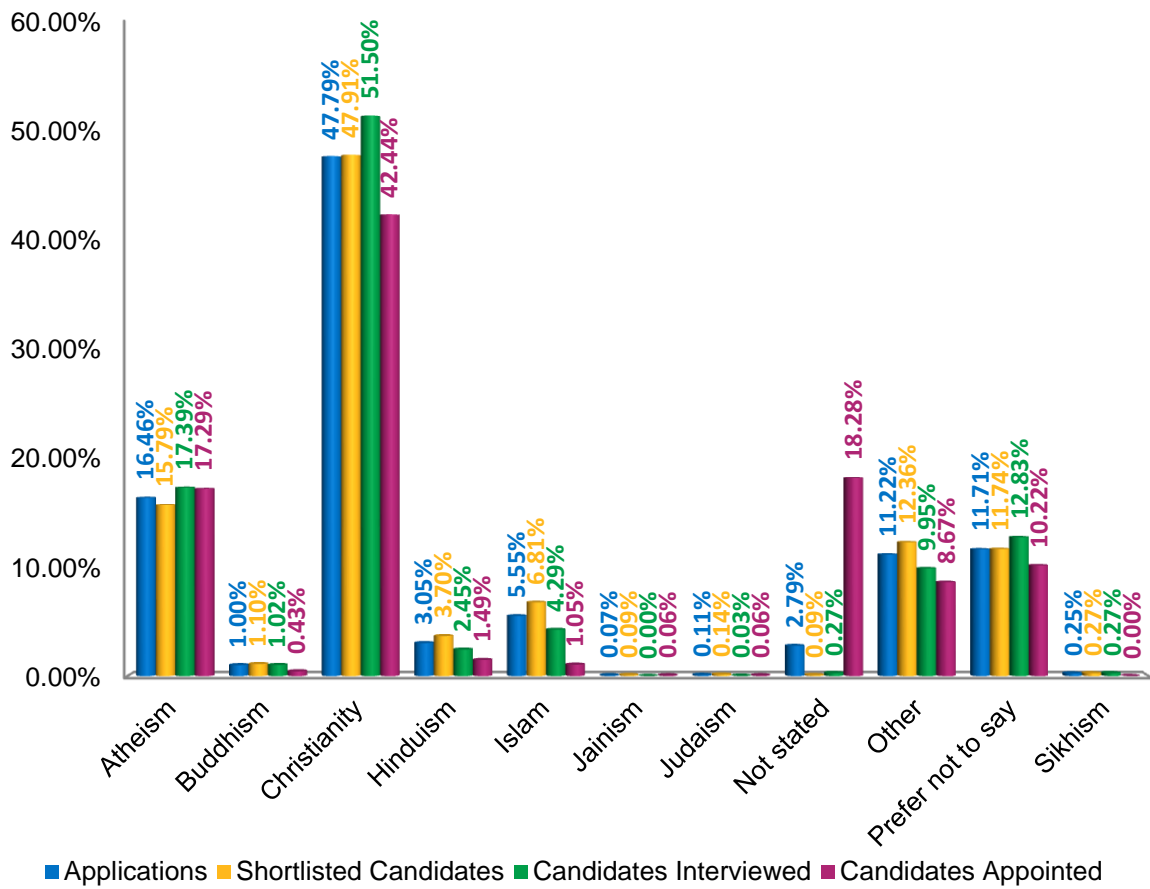
## Race and Ethnicity



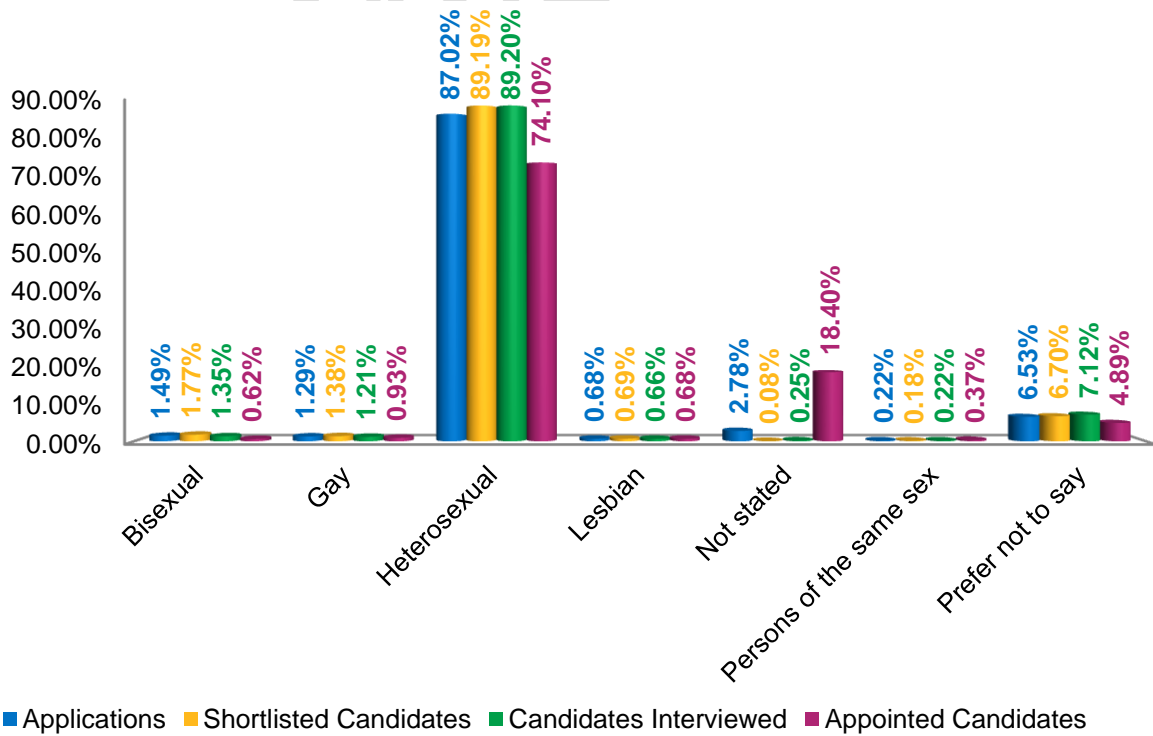
## Relationship Status



## Religion or Belief

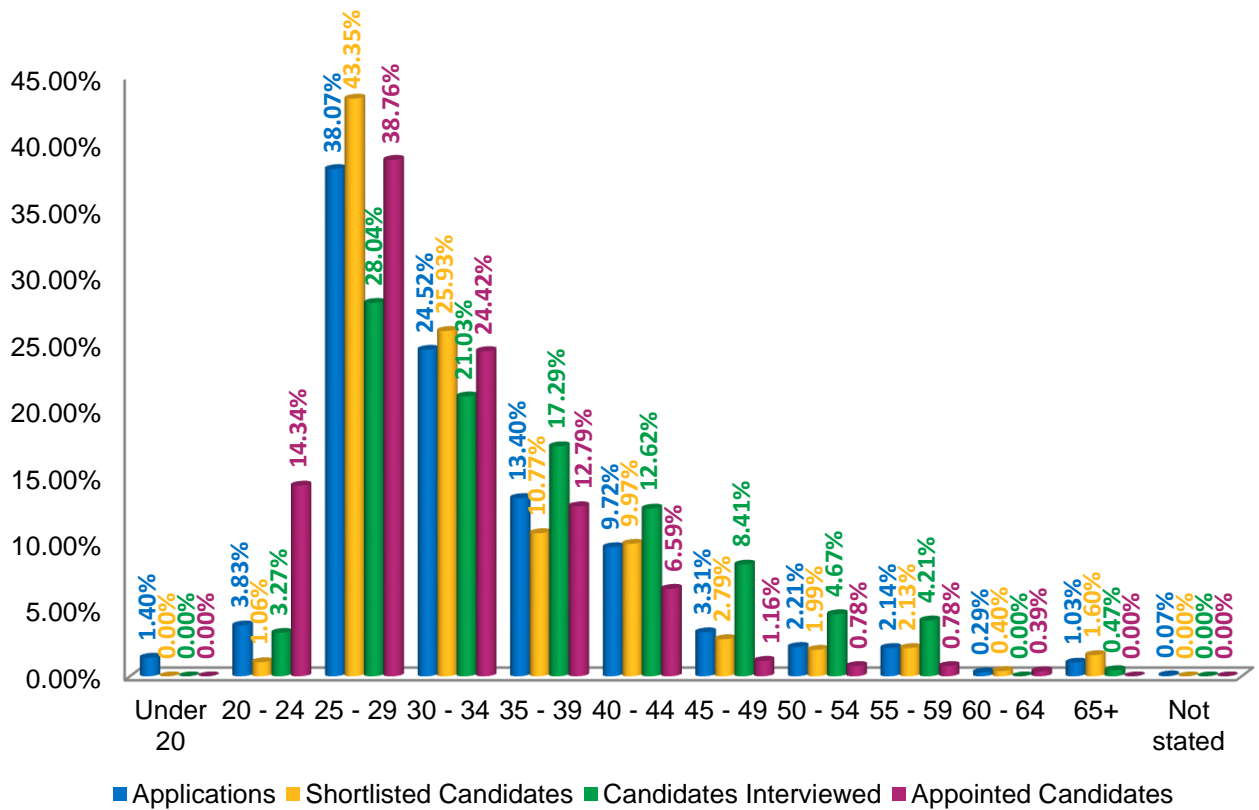


## Sexual Orientation

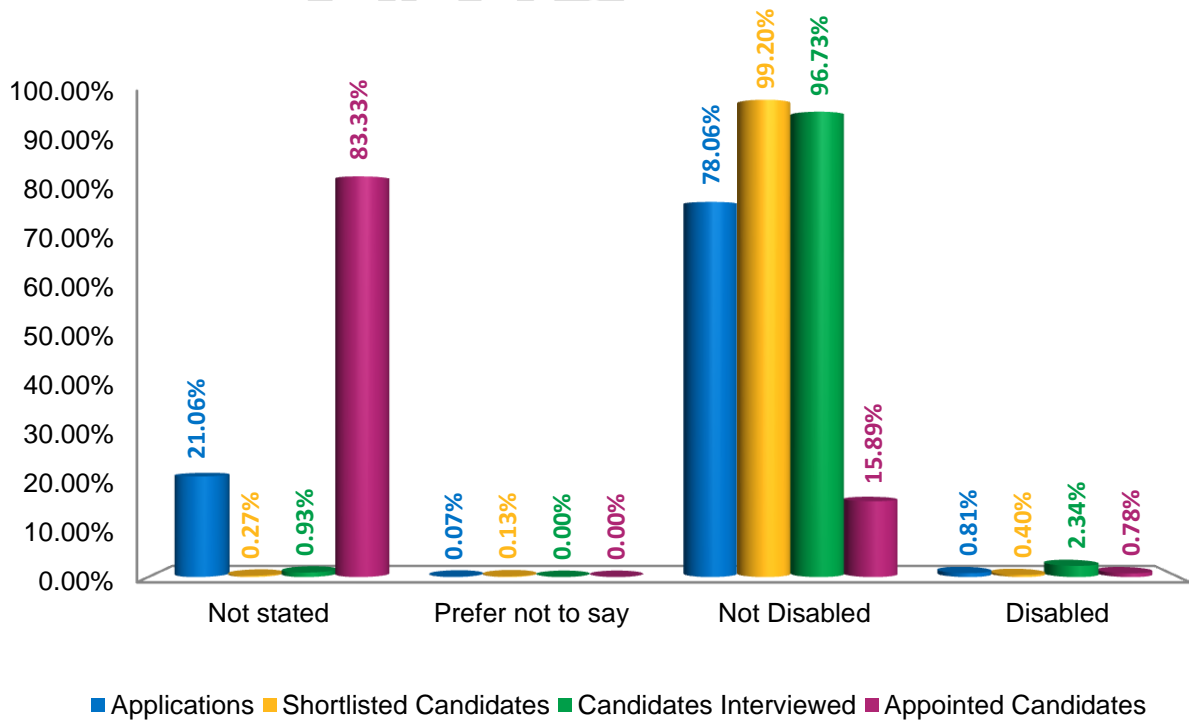


## Medical Recruitment

### Age



### Disability



Applications under the Guaranteed Interview Scheme	Applications	Shortlisted Candidates	Candidates Interviewed	Appointed Candidates
<b>No</b>	0.29%	0.13%	0.93%	0.39%
<b>Not stated</b>	99.19%	99.60%	97.66%	99.22%
<b>Yes</b>	0.52%	0.27%	1.40%	0.39%
<b>Grand Total</b>	100.00%	100.00%	100.00%	100.00%

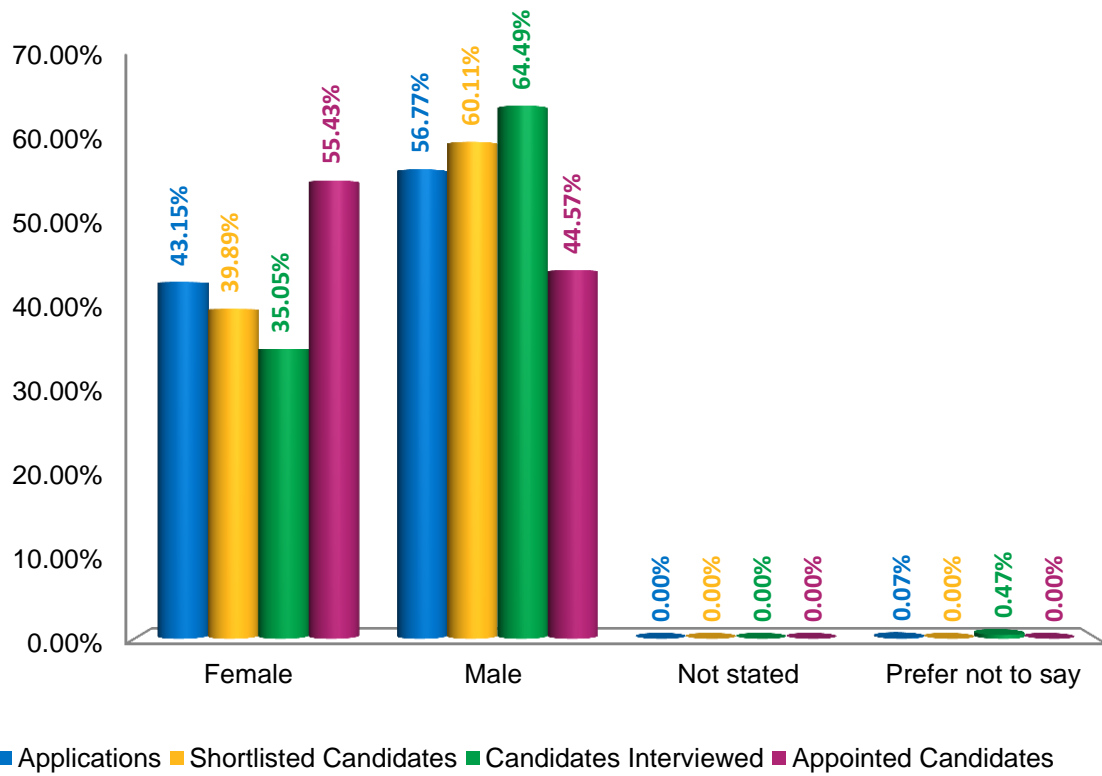


**Types of disability:**

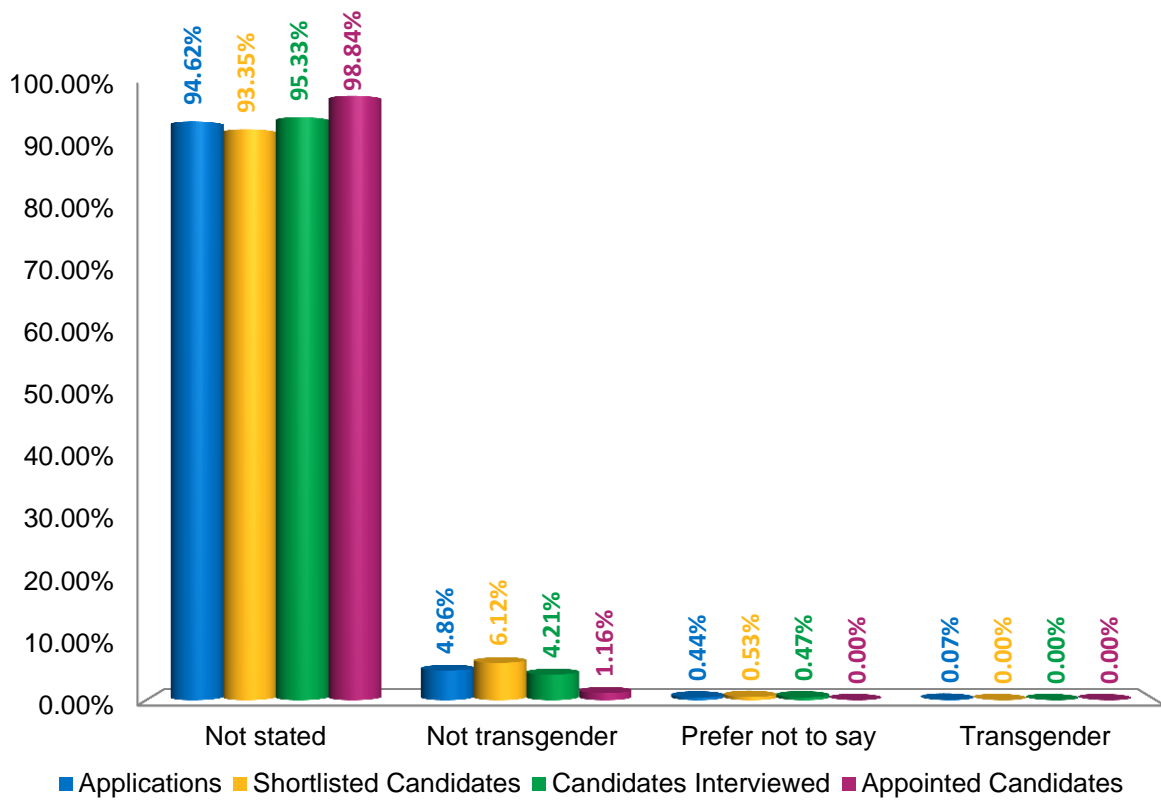
	Applications	Shortlisted Candidates	Candidates Interviewed	Appointed Candidates
Learning disability/difficulty	0.15%	0.13%	0.47%	0.00%
Long-standing illness	0.15%	0.00%	0.47%	0.39%
Mental health condition	0.22%	0.13%	0.47%	0.00%
None / Not applicable	39.76%	48.40%	53.74%	5.81%
Not stated	59.43%	51.20%	43.93%	93.41%
Other	0.07%	0.13%	0.00%	0.00%
Physical impairment	0.07%	0.00%	0.47%	0.00%
Sensory impairment	0.15%	0.00%	0.47%	0.39%
<b>Grand Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>



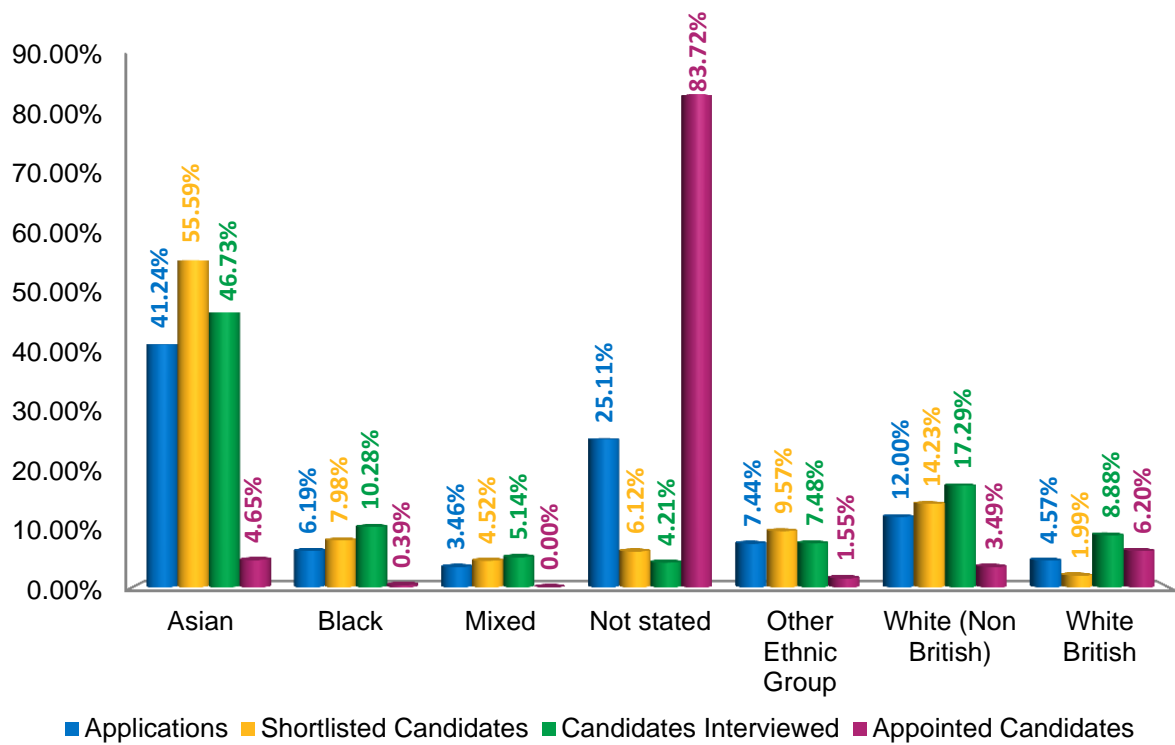
## Gender



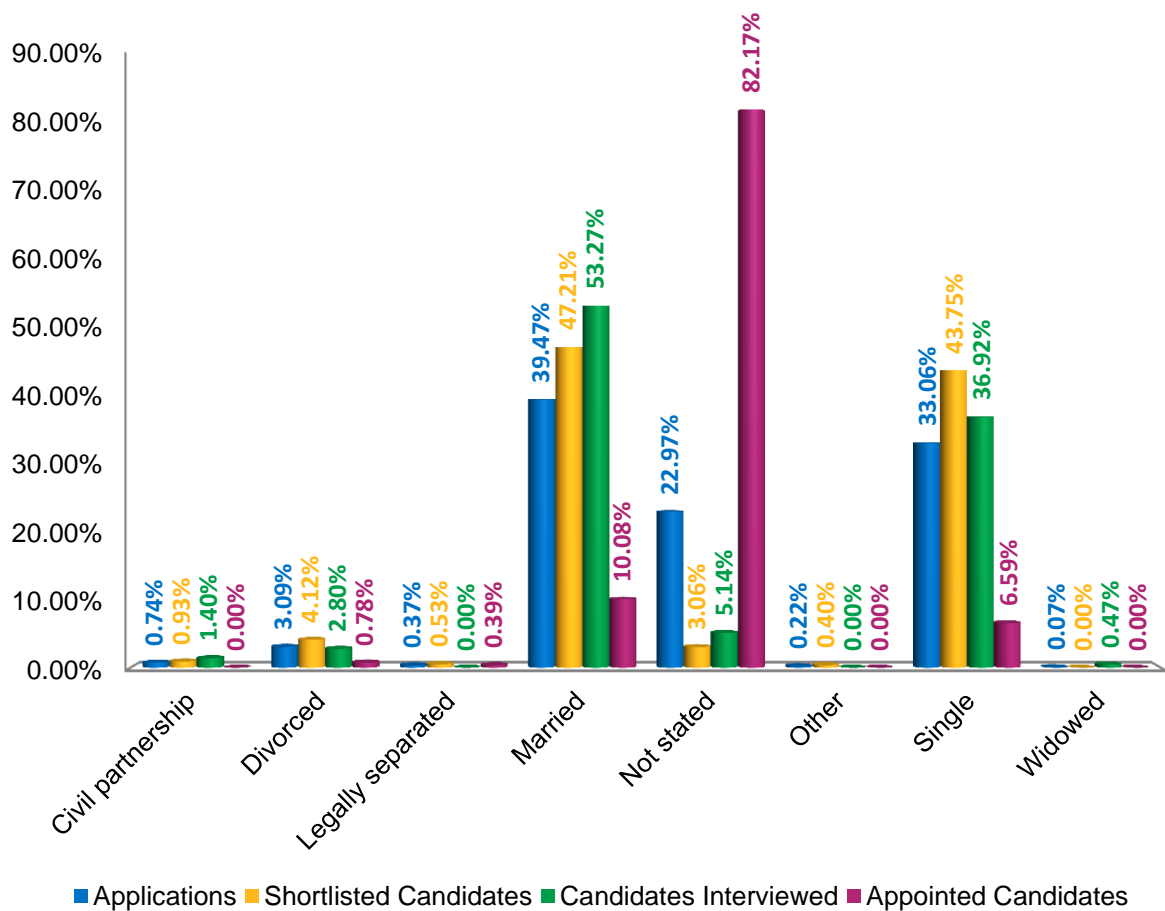
## Gender Identity



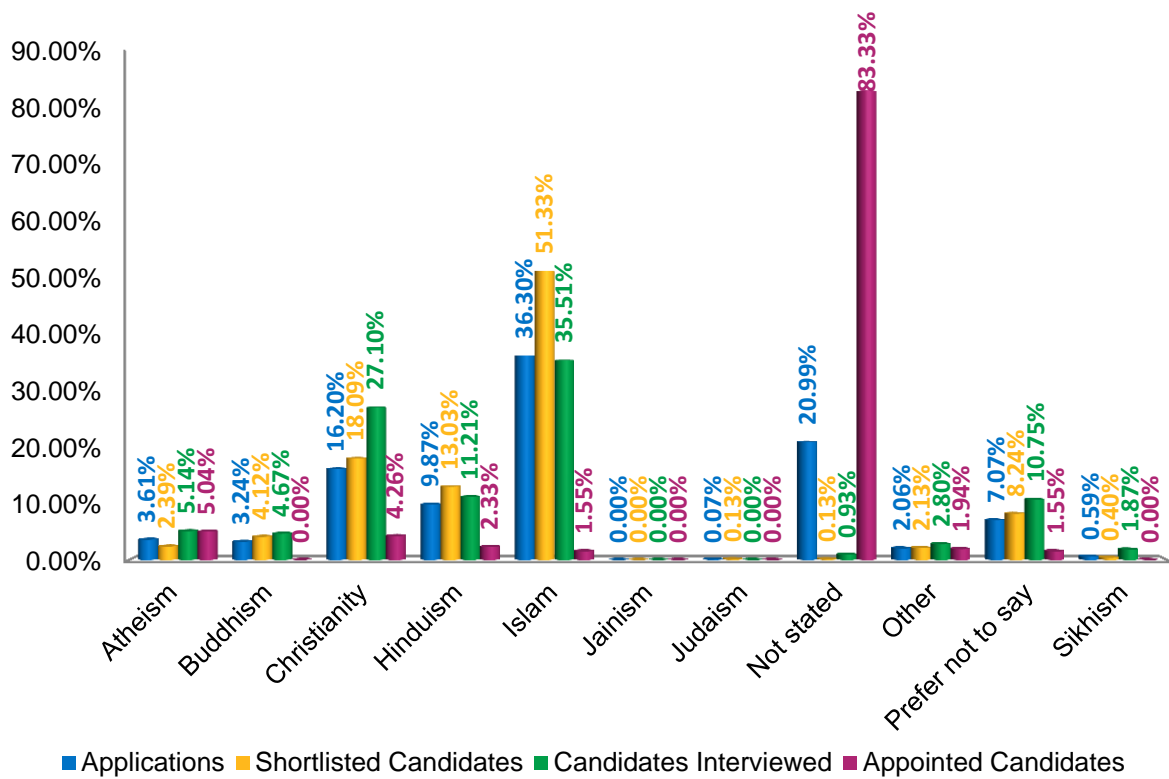
## Race and Ethnicity



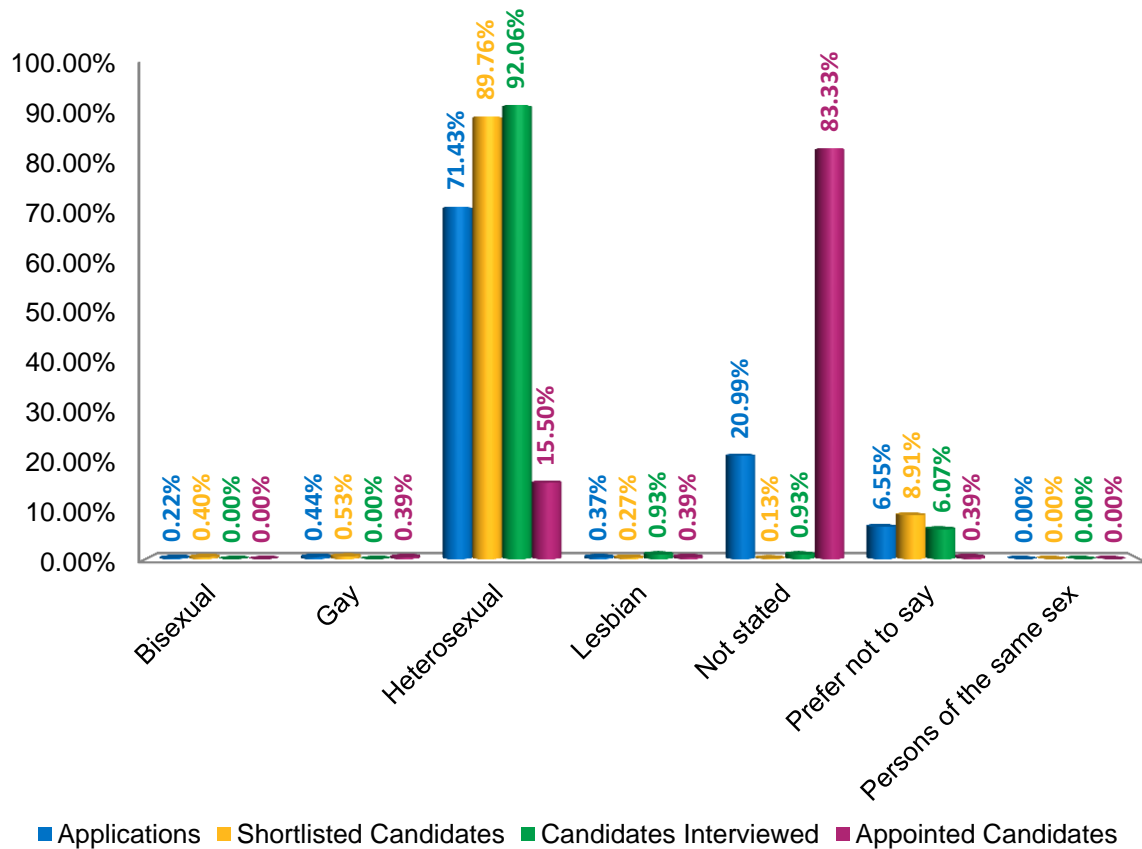
## Relationship Status



## Religion or Belief



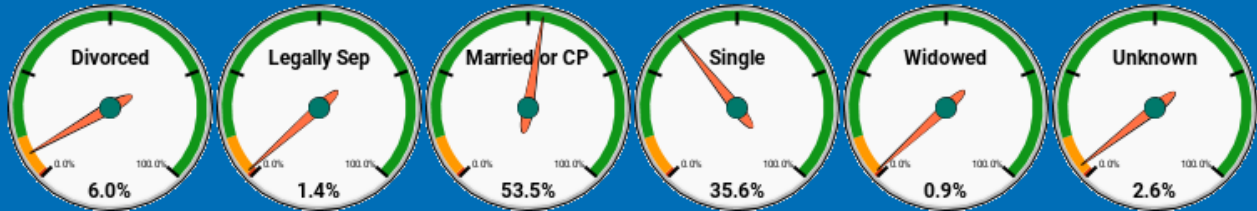
## Sexual Orientation





# Did all of our staff have equal access to training in 2016/17?

This section looks at attendance for all training offered by the Trust broken down by protected characteristics

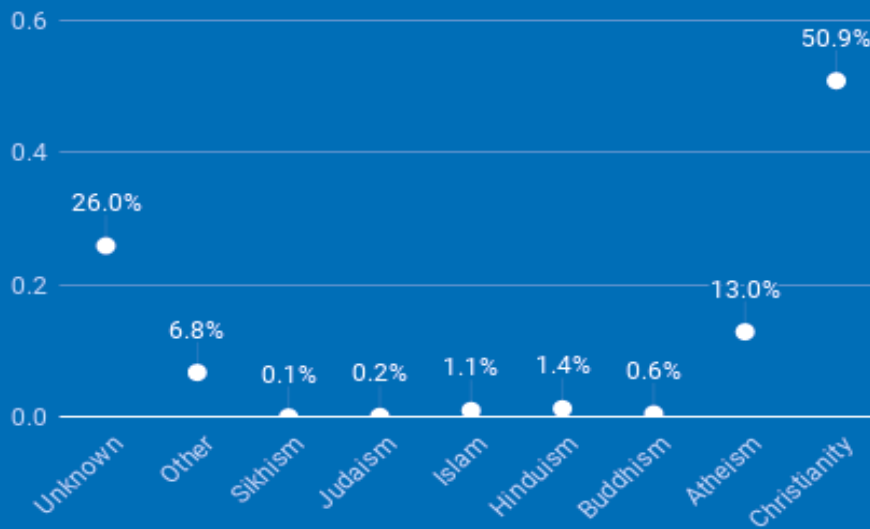


	% of Attendees
White British	69.1%
White (Non British)	9.0%
Mixed	1.0%
Asian Or Asian British	9.2%
Black Or Black British	1.7%
Any Other Ethnic Group	5.4%
Unknown	4.6%

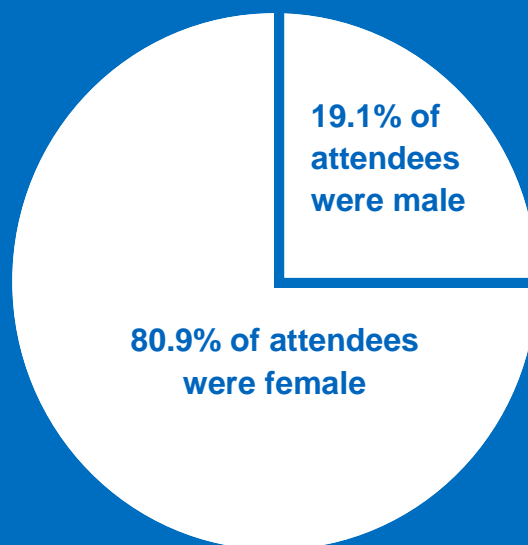
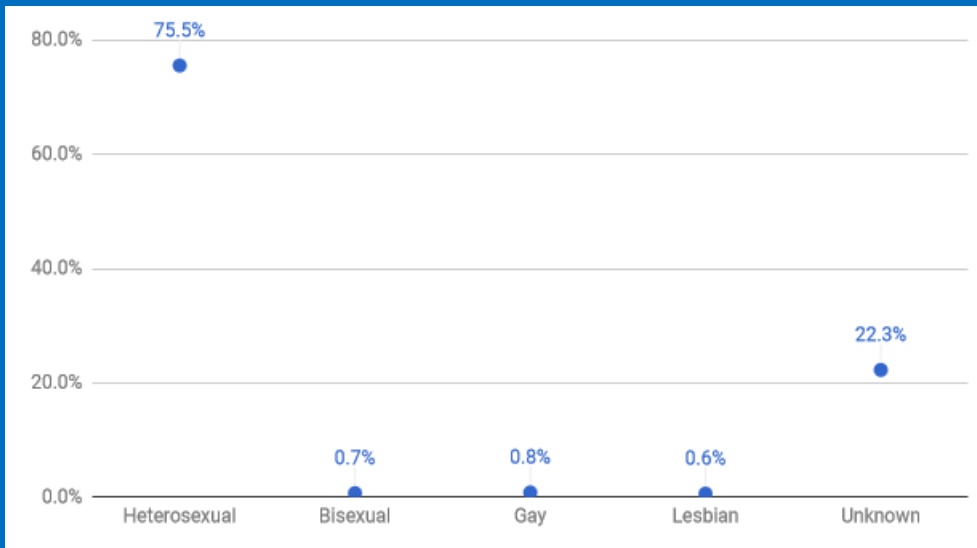
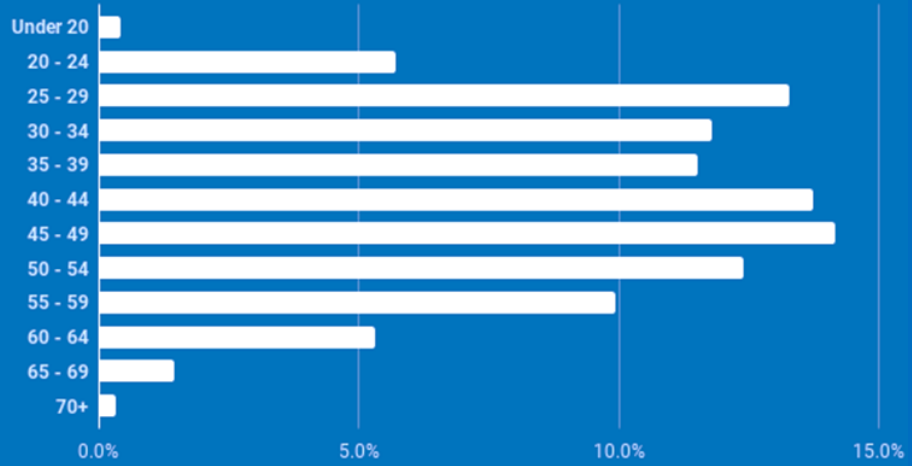
**65.4% of attendees were not disabled**

**32.6% of attendee's disability status was unknown**

**1.9% of attendees were disabled**



### Attendees to Training by Age





## Do the pay bands resemble the workforce demographics?

The following tables show how the total numbers of staff at a given pay band are distributed by protected characteristic categories. For example, the table below, we can see that whilst the under 20s make up 0.6% of the WSHFT workforce on agenda for change pay scales, they constitute 1.4% of the total staff on pay bands 1-3.

Age Range	% AfC staff in Category	% in Category for Pay Group			%Medical Staff in category	% in Category for Pay Group				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Under 20	0.6%	1.4%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20 - 24	5.4%	8.5%	4.0%	0.1%	3.2%	0.0%	7.9%	0.0%	0.0%	0.0%
25 - 29	10.8%	10.8%	13.0%	3.5%	18.3%	5.3%	43.8%	1.7%	0.0%	0.0%
30 - 34	11.4%	11.0%	13.3%	6.7%	17.0%	5.3%	27.6%	32.8%	3.4%	0.4%
35 - 39	11.4%	9.8%	11.8%	14.7%	12.8%	10.5%	13.3%	22.7%	18.4%	5.2%
40 - 44	13.1%	10.9%	13.8%	17.9%	15.4%	0.0%	4.8%	17.6%	27.6%	25.4%
45 - 49	13.4%	11.7%	13.8%	17.6%	13.1%	31.6%	1.9%	11.8%	17.2%	25.9%
50 - 54	12.8%	11.5%	12.2%	18.7%	8.5%	21.1%	0.6%	3.4%	10.3%	20.3%
55 - 59	11.5%	11.8%	10.6%	13.8%	7.1%	21.1%	0.0%	2.5%	9.2%	17.2%
60 - 64	7.0%	8.7%	5.5%	6.1%	3.0%	5.3%	0.0%	5.0%	6.9%	4.3%
65 - 69	1.9%	2.5%	1.7%	0.7%	1.3%	0.0%	0.0%	1.7%	5.7%	1.3%
70+	0.7%	1.4%	0.2%	0.1%	0.3%	0.0%	0.0%	0.8%	1.1%	0.0%

Disability Status	% AfC staff in Category	% in Category for Pay Group			%Medical Staff in category	% in Category for Pay Group				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Disabled	3.1%	3.6%	2.8%	2.7%	3.1%	0.0%	4.0%	1.2%	3.6%	3.1%
Not Disabled	96.9%	96.4%	97.2%	97.3%	96.9%	100.0%	96.0%	98.8%	96.4%	96.9%

Gender	% AfC staff in Category	% in Category for Pay Group			%Medical Staff in category	% in Category for Pay Group				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Female	80.5%	75.9%	85.6%	78.4%	49.0%	78.9%	64.4%	47.1%	43.7%	28.4%
Male	19.5%	24.1%	14.4%	21.6%	51.0%	21.1%	35.6%	52.9%	56.3%	71.6%

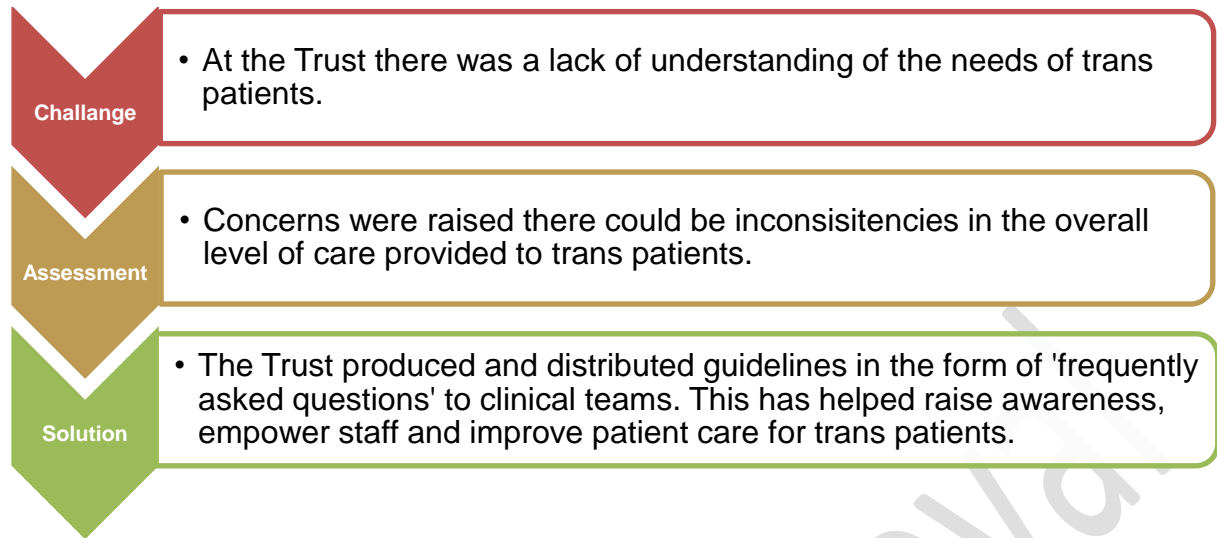
Sexual Orientation	% AfC staff in Category	% in Category for Pay Group			%Medical Staff in category	% in Category for Pay Group				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Heterosexual	97.9%	98.2%	97.5%	98.3%	96.3%	100.0%	95.0%	94.9%	98.5%	97.7%
Bisexual	0.7%	0.7%	0.8%	0.3%	1.1%	0.0%	1.9%	1.0%	0.0%	0.6%
Gay	0.8%	0.6%	1.0%	0.6%	1.6%	0.0%	1.5%	2.0%	1.5%	1.7%
Lesbian	0.6%	0.5%	0.6%	0.8%	1.0%	0.0%	1.5%	2.0%	0.0%	0.0%

Race / Ethnic Category	% AfC staff in Category	% in Category for Pay Group			%Medical Staff in category	% in Category for Pay Group				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
White British	76.8%	75.3%	75.0%	86.8%	57.1%	94.4%	58.9%	46.8%	50.0%	59.5%
White (Non British)	9.5%	11.7%	8.3%	6.3%	11.4%	0.0%	8.5%	13.5%	12.5%	14.1%
Mixed	0.9%	0.8%	1.0%	1.2%	2.5%	0.0%	2.7%	1.8%	5.0%	1.8%
Asian Or Asian British	6.7%	7.4%	7.3%	2.8%	20.5%	5.6%	18.6%	31.5%	22.5%	17.7%
Black Or Black British	1.6%	1.3%	1.8%	1.6%	3.2%	0.0%	3.9%	1.8%	3.8%	3.2%
Chinese	0.4%	0.3%	0.6%	0.2%	1.6%	0.0%	1.9%	0.9%	2.5%	1.4%
Any Other Ethnic Group	4.1%	3.2%	6.0%	1.2%	3.8%	0.0%	5.4%	3.6%	3.8%	2.3%

Relationship Status	% AfC staff in Category	% in Category for Pay Group			%Medical Staff in category	% in Category for Pay Group				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Divorced	7.2%	7.9%	6.6%	6.9%	1.5%	0.0%	1.3%	1.7%	1.2%	1.8%
Legally Separated	1.5%	1.7%	1.4%	1.7%	0.3%	0.0%	0.3%	0.9%	0.0%	0.0%
Married or Civil Partnership	55.9%	52.0%	56.0%	67.5%	58.4%	78.9%	28.1%	62.6%	85.7%	85.6%
Single	34.2%	36.7%	35.2%	23.2%	39.8%	21.1%	70.3%	34.8%	13.1%	12.6%
Widowed	1.2%	1.7%	0.8%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Religion or Belief	% AfC staff in Category	% in Category for Pay Group			%Medical Staff in category	% in Category for Pay Group				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Christianity	71.0%	69.1%	71.8%	74.1%	43.9%	73.3%	33.0%	41.1%	47.8%	56.2%
Atheism	16.2%	15.1%	17.3%	16.4%	25.8%	6.7%	36.5%	16.7%	19.4%	20.1%
Buddhism	0.6%	1.0%	0.4%	0.3%	2.3%	0.0%	1.3%	3.3%	7.5%	1.2%
Hinduism	1.2%	1.3%	1.2%	1.1%	10.3%	0.0%	7.7%	16.7%	17.9%	8.3%
Islam	0.9%	1.1%	0.7%	0.8%	9.2%	6.7%	10.3%	16.7%	1.5%	7.1%
Judaism	0.1%	0.2%	0.2%	0.0%	1.0%	0.0%	1.3%	1.1%	0.0%	1.2%
Sikhism	0.2%	0.2%	0.2%	0.3%	0.9%	0.0%	1.3%	0.0%	1.5%	0.6%
Other	9.7%	12.1%	8.2%	6.9%	6.6%	13.3%	8.6%	4.4%	4.5%	5.3%

## Case study of good practice



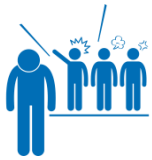
Awaiting approval





## Highlights from the 2016 NHS Staff Survey

This section shows the collective opinion of WSHFT staff during 2016.



**12%** of staff experienced discrimination at work in the last 12 months. The **average** for **acute trusts** is **11%**



Staff gave the Trust a

**3.98** rating (out

of 5.0) for **recommending** the organisation as a **place to work** or **receive treatment**.

The **average** for **acute trusts** is **3.76**



**91%** of staff believe the Trust provides **equal opportunities** for career **progression or promotion**. The **average** for **acute trusts** is **87%**



**29%** of staff experienced **harassment, bullying or abuse** from **patients, relatives or public** in the last 12 months. The **average** for **acute trusts** is **27%**

**26%** of staff experienced **harassment, bullying or abuse** from other **staff** in the last 12 months. The **average** for **acute trusts** is **25%**



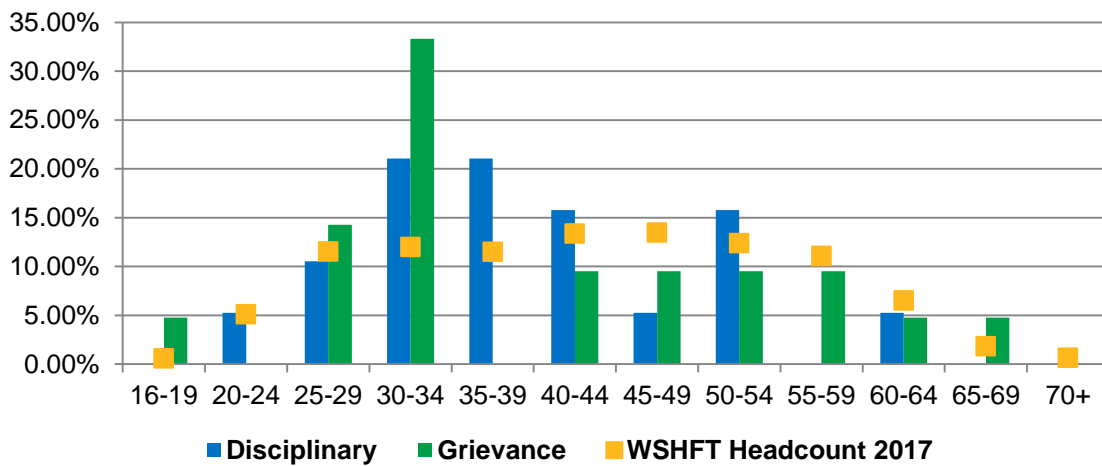


## How fair are the Trust's employment practices?

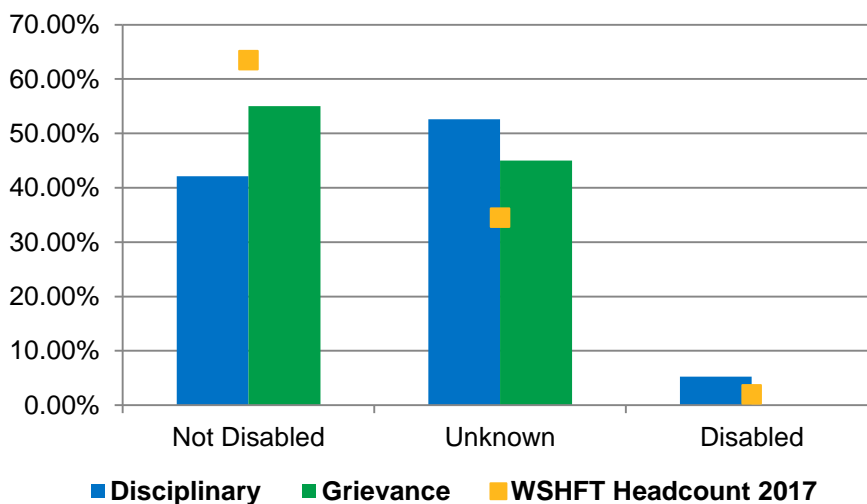
During the reporting period there were 19 disciplinary and 20 grievance formal procedures. In this section we will see if any particular groups are overrepresented in these procedures - this is done by comparing various groups to the demographic (headcount) of the workforce. The workforce demographic data is represented as a square marker on the charts, anything above the marker could be interpreted as an overrepresentation.

It should be noted that the number of formal procedures proportionate to the number of staff employed was very small (0.27%).

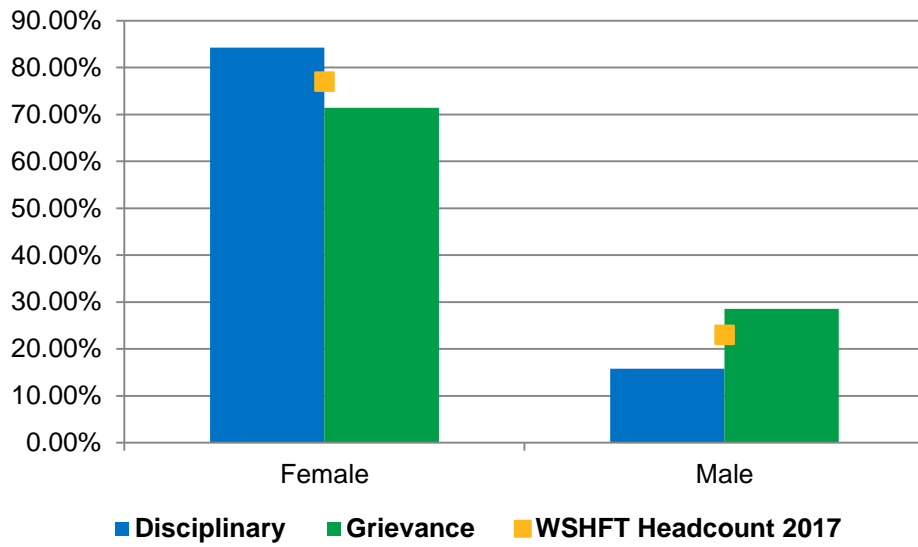
### Age



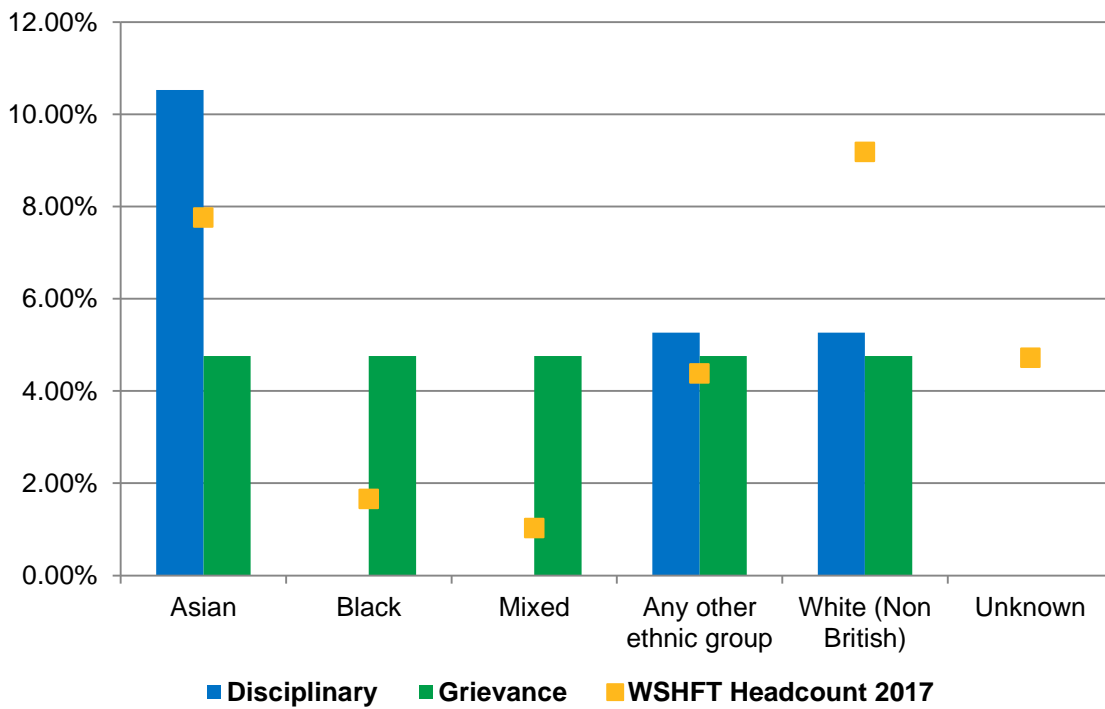
### Disability



## Gender

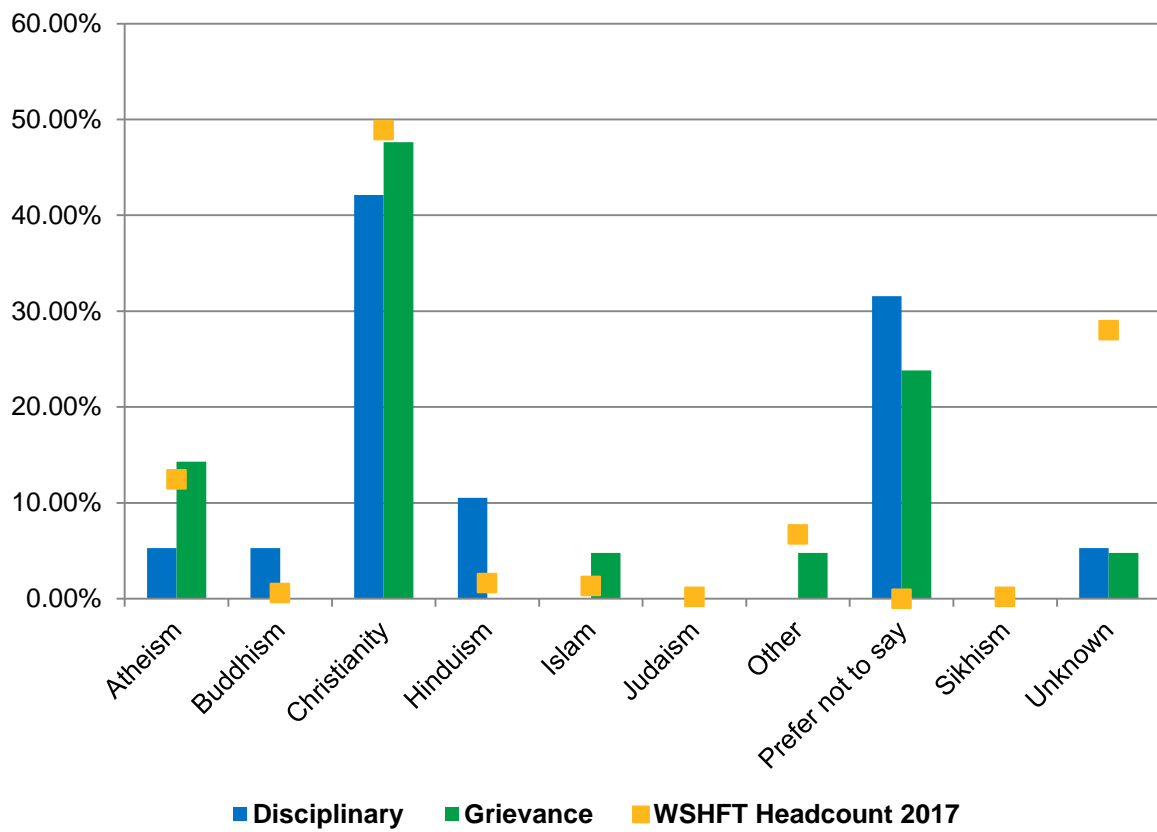


## Race and Ethnicity

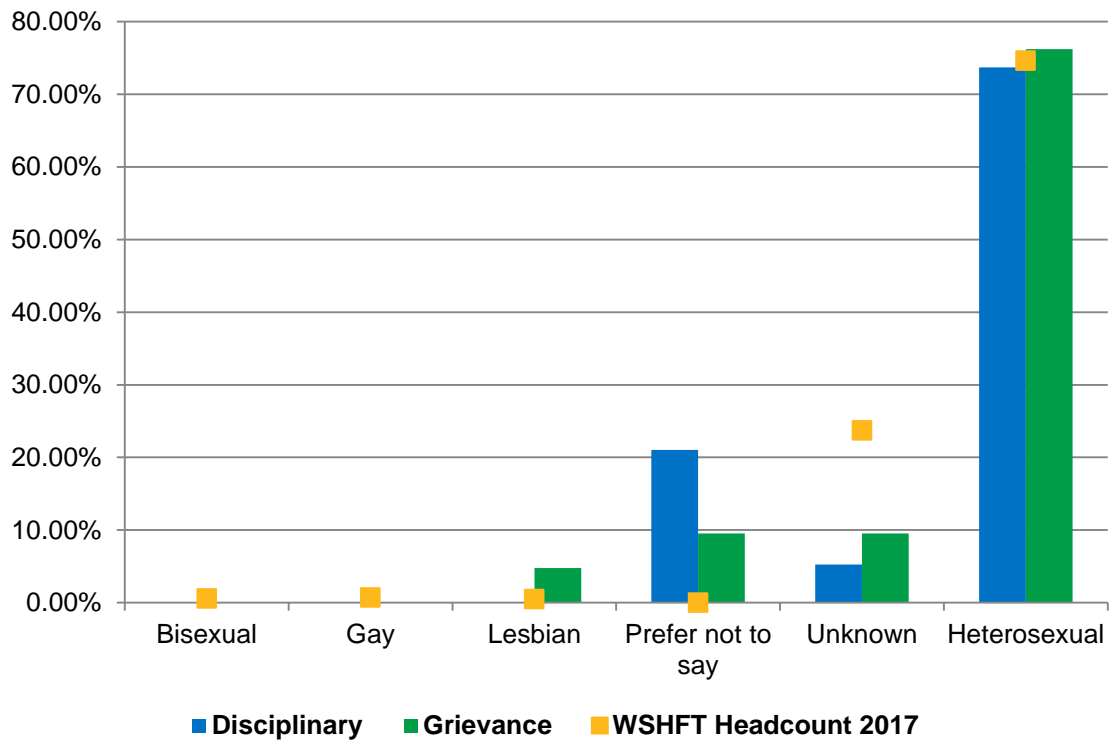


The White British category has been excluded from this chart, to make it easier to interpret the data of the other groups. The representation of White British in the workforce is 71.30%, disciplinary 78.95% and grievances 76.19%.

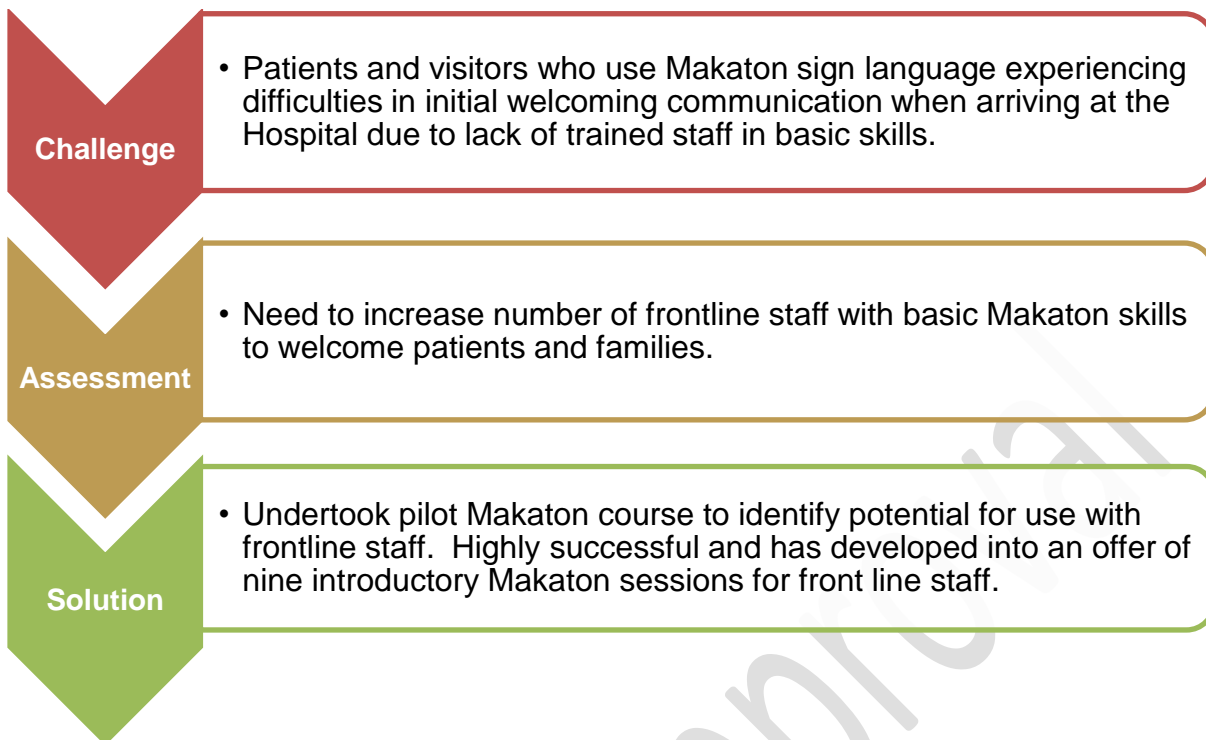
## Religion or Belief



## Sexual Orientation



## Case Studies of Good Practice





## What does the data about the workforce tell us?

In this section we will be looking at areas where the data highlights there could be cause for further investigation.



### Age

Whilst the age demographic of the workforce does not mirror that of the general population of West Sussex, the population does follow the trend set for those economically active within the area.

It appears that there is a higher turnover of staff aged 20-24 and categories aged 55+. It would be useful to review data from exit interviews to see if there are any particular reasons for this; noting that a number of staff (nurses, allied health professionals) are able to take their pension from aged 55 years.

Non-medical recruitment, it would appear those aged 45+ seem to fare less favourably in the eventual outcome of being appointed compared to all other age groups.

Medical recruitment, it would appear those aged 40-59 and 65+ do not fare as favourably in the eventual outcome of being appointed compared to other age groups. It is important to understand that doctors in training represent a very high proportion of medical recruitment and this commences post-medical school training from the age of 23.

Those aged under 20 and 55+ appear to have less access to training, all other groups appear to have proportionate access.

With regard to representation in pay bands, on initial inspection there appears to be an uneven spread throughout age groups. However, there are many factors that could explain this e.g. some career pathways require training and/or competencies which may restrict progression until this can be completed or demonstrated; the impact of growing older/retirement (staff opting for a reduction of status or hours); etc. But it would be beneficial to interrogate some of the reasons for the apparent unusual age spread – e.g. those aged 45-59 with a large overrepresentation in the under 20k bracket for medical staff.

Groups disproportionately impacted by disciplinary procedure: 30-34, 35-39, 40-44 and 50-54. Groups disproportionately raising grievances: 16-19, 25-29, 30-34 and 65-69. It is important to note that the actual numbers involved are very small.



### Disability

Over 1/3 of the workforce's disability status is unknown, which will be masking the real number of disabled people within the workforce.

From the limited data available detailing the disabled population within the organisation, disabled staff are not disproportionately leaving the Trust.

In non-medical recruitment, there is a high number of people who have not stated whether or not they fall under the guaranteed interview scheme – this would suggest a review of information that is available to candidates to instil trust in the process is needed. When reviewing the data in 'types of disability' table, it suggests for most

groups there is a poor conversion from interview to appointment, it would be useful to review recruitment and selection processes and training to ensure appointments are purely based on merit.

Medical recruitment has very poor disability declaration (21% of applicants have not stated their status and over 99% of applicants have not noted their eligibility under the guaranteed interview scheme) this would suggest information about the recruitment process needs to be reviewed to instil confidence in the declaration process. From the data we have it appears the conversion from interview to appoint is poor.

Disabled staff appear to have equal access to training.

Proportionately disabled workers are well represented throughout the pay bands, however there is a clear under representation of medical staff in the less than 20k bracket. This is related to the salary scales for medical staff.

Disabled workers appear to be marginally overrepresented in disciplinary procedures, whilst workers that are not disabled are not. However there is a very high proportion of workers where the disability is not known and therefore a true reflection of the impact of these procedures could be masked by this.



## Gender

Whilst the workforce demographic does not match the profile from the 2011 Census, the profile is in line with the national NHS trend.

Neither men or women are leaving the Trust disproportionately.

Non-medical recruitment, both men and women appear to fare equally throughout the recruitment processes.

Medical recruitment, whilst women appear to fare (overall) better in the recruitment process, there is a trend through conversion from application - shortlisting - interview, but with high rates of appointment. The opposite is true for men.

It appears that women have proportionately (slightly) more access to training than men.

With regard to AfC representation it appears to be proportionate for both men and women. However in medical grades women appear more at the lower grades, and men at the higher.

Women appear to be slightly overrepresented in disciplinary procedures and men in raising grievances.



## Gender Identity

There is no data available about workforce gender identity demographics.

There is no data about trans staff leaving the organisation.

Non-medical recruitment, there is a high number of people not stating their gender identity on application forms which would suggest a review of information available to applicants is required to instil trust in the process. From the data available, it would appear that trans applicants are not disadvantaged by the recruitment processes.

Medical recruitment, there is a high number of people not stating their gender identity on application forms which would suggest a review of information available to

applicants is required to instil trust in the process.

There is no data about trans staff accessing training.

There is no data about trans staff representation within pay bands.

There is no data about trans staff being affected by employee relations procedures.



## Pregnancy and Maternity

There is no useful data available to measure how well those who are pregnant or within the maternity period have fared. It would be useful to conduct engagement exercises with this group.



## Race or Ethnicity

The largest ethnic group after White British is White Non-British. All other groups (other than mixed) have a higher than the local census profile representation in the workforce.

The data suggests that the White Non-British group appear to be leaving the Trust above the average turnover rate, all other groups are in line with the average turnover rate.

Non-medical recruitment, proportionally Asian, Black, Other and White Non-British groups do not necessarily fare as well as the White British group.

Medical recruitment, 25% of applicants have not declared their race or ethnicity. The data suggests that Black, Asian and Minority Ethnic (BAME) groups (particularly Asians) do not fare favourably through the recruitment processes.

It appears that White and Other groups seem to have slightly less proportional access to training, whilst the Asian group appear to have slightly higher proportional access. All other groups appear to be in line with workforce demographic.

A number of BAME groups (White Non-British, Asian, Black and Other) appear to be overly represented in bands 1-6 and under represented in band 7+. Mixed and White British group appear to be over represented at band 7+. White British group appear to be overrepresented in the medical staff less than 20k bracket, and Mixed in 60-80k bracket.

Asian and White British appear to be overrepresented in disciplinary processes, whilst Black, Mixed and White British appear to be overrepresented in raising grievances.





## Relationship Status

The workforce profile on the whole mirrors the trend shown by the 2011 Census – except the widow category which is underrepresented in the workforce.

It would appear that slightly higher widowed and legally separated staff are leaving the Trust compared to the average turnover rate.

Non-medical recruitment, proportionally those in civil partnerships, divorced and legally separated do not fare as well in the recruitment process as other groups.

Medical recruitment, Nearly 23% of applicants did not state their relationship status. However, no group proportionally does well through the recruitment process.

Accessibility to training appears to be proportional for all groups.

Most notably married workers appear to be overrepresented in higher AfC and medical pay bands, whilst single (not protected under legislation) people appear to be poorly represented in the same bands.

There is no data about relationship status of those who have undergone employee relations procedures.



## Religion or Belief

Over 25% of the workforce's religion or belief is unknown. Whilst the data demonstrates underrepresentation of Christians, Atheists and Muslims within the workforce, the unknowns could be masking the true demographic profile.

Most groups are in line with the average turnover rate, however Buddhist and Muslim appear to be slightly higher.

Non-medical recruitment, proportionally Buddhist, Hindus, Muslims and Sikhs do no favour as well as the other groups through the process.

Medical recruitment, Nearly 21% of applicants did not state their religion or belief. However, no minority group proportionally does well through the recruitment process.

Accessibility to training appears to be proportional for all groups.

For the majority of the AfC pay bands there was a fair representation in all groups, with the exception of overrepresentation for Buddhists in lower bands and an underrepresentation for Buddhists, Jewish and other (religion or belief) staff in bands 7+. For medical staff, it would appear there is a relatively uneven spread throughout the different medical grades, and there appears to be proportional less people from minority groups in the 80k+ category. Christians appear to be highly overrepresented in the less than 20k category.

It appears that Atheists and Muslims appear to be overrepresented in grievance procedures. Buddhists and Hindus appear to be overrepresented in disciplinary procedures. However, there is a high number of people who have classified themselves as 'prefer not to say' which may impact the overall result. More work to improve general declaration and to instil more faith into monitoring processes would be beneficial.



## Sexual Orientation

Nearly a quarter of the workforce's sexual orientation is unknown. The data suggests an under representation of LGB staff (when comparing to Public Health England and Stonewall estimates) however, this may be masked by the high levels 'unknown' statuses.

The majority of the groups are leaving the Trust in line with the average turnover rates, the exception to this is bisexual and gay, which appear to be higher than the average.

Non-medical recruitment, it would appear that bisexual and gay applicants do not fare as well as other groups.

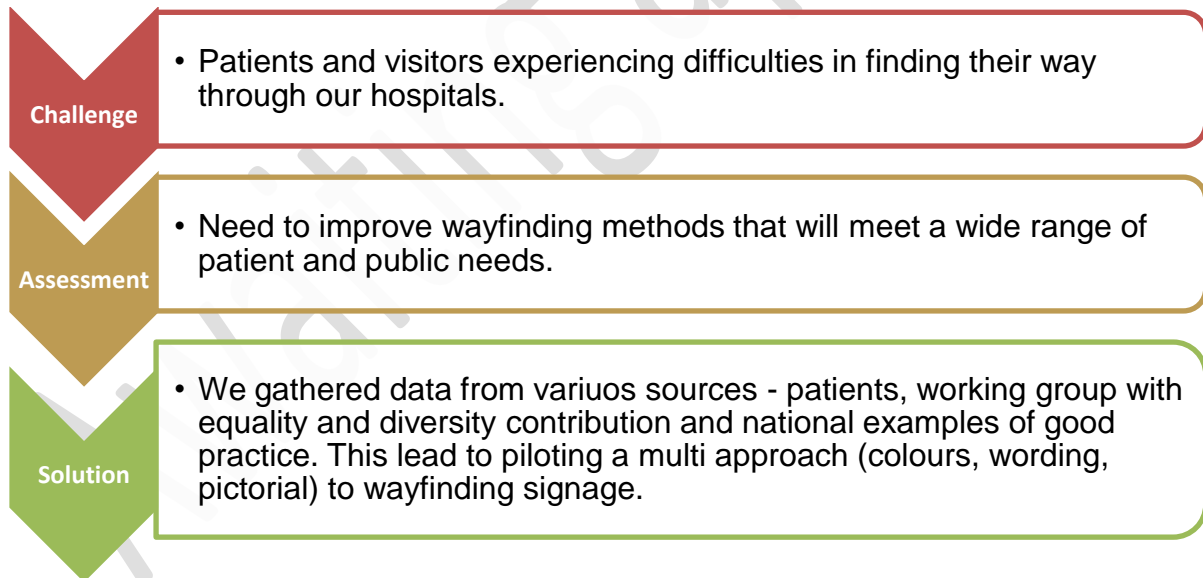
Medical recruitment, again it would appear that bisexual and gay applicants do not fare as well as other groups, however nearly 21% of applicants do not declare their sexual orientation.

Accessibility to training appears to be proportional for all groups.

Heterosexuals would appear to be overrepresented in the medical less than 20k bracket, whilst bisexual (this includes AfC) and lesbians appear to be underrepresented in higher medical pay bands.

Lesbians appear to be disproportionately raising grievances however, there is a large number of staff who 'prefer not to say' or their sexual orientation which may be hiding the real picture.

### Case study of good practice

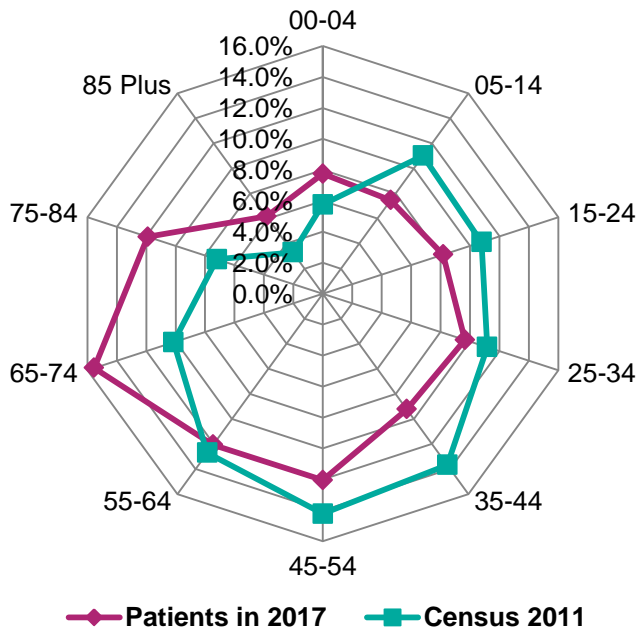




## What we know about our patients

In this section the patient demographic will be compared against the Census 2011 data (where available), this will demonstrate if hospital service use correlates with local population data.

### Age



Whilst the patient age data appears to be out of sync with the census data, the actual usage proportionally follows national patterns.

### Disability

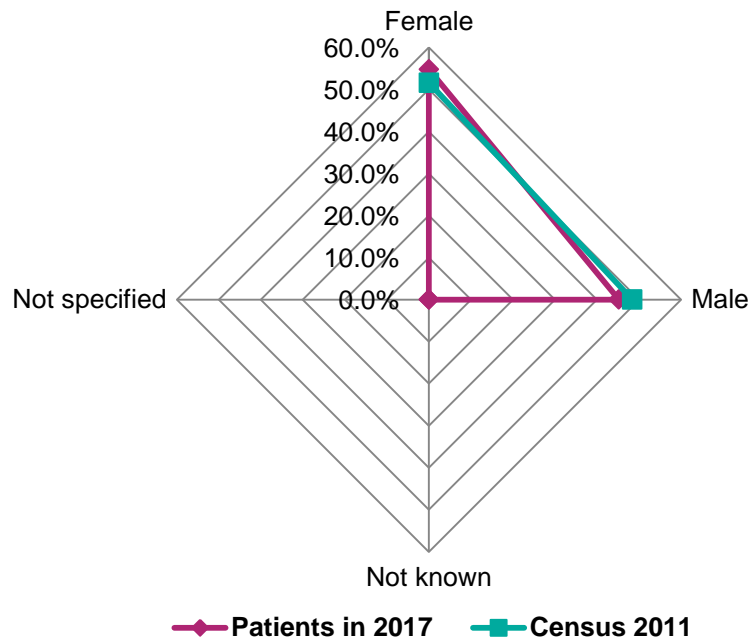
Patients that attended the Trust for treatment that are registered disabled

Patient Registered Disabled	
Not Registered	0.12%
Unknown	99.82%
Registered	0.06%
<b>Grand Total</b>	<b>100.00%</b>

Census 2011 disability data

Population who described their daily activity	
Day-to-day activities limited a little	9.76%
Day-to-day activities limited a lot	7.46%
Day-to-day activities not limited	82.79%
<b>Grand Total</b>	<b>100.00%</b>

## Gender

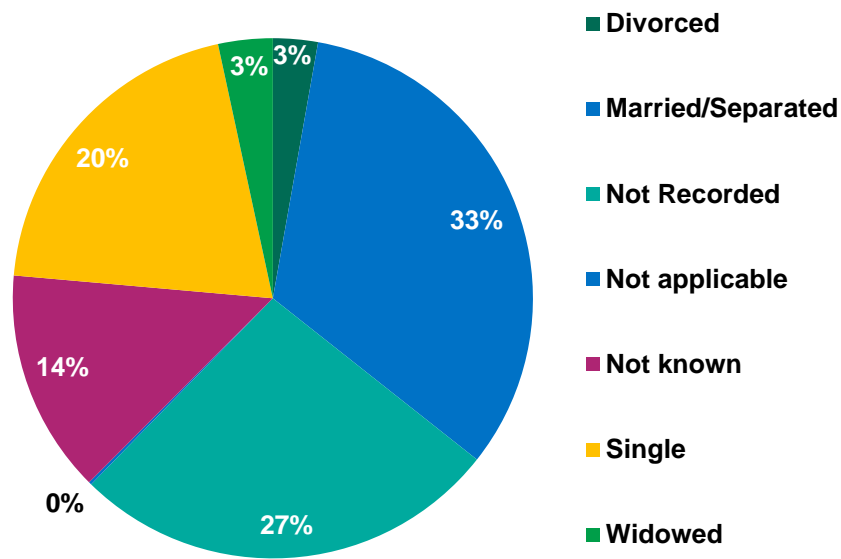


## Race and Ethnicity

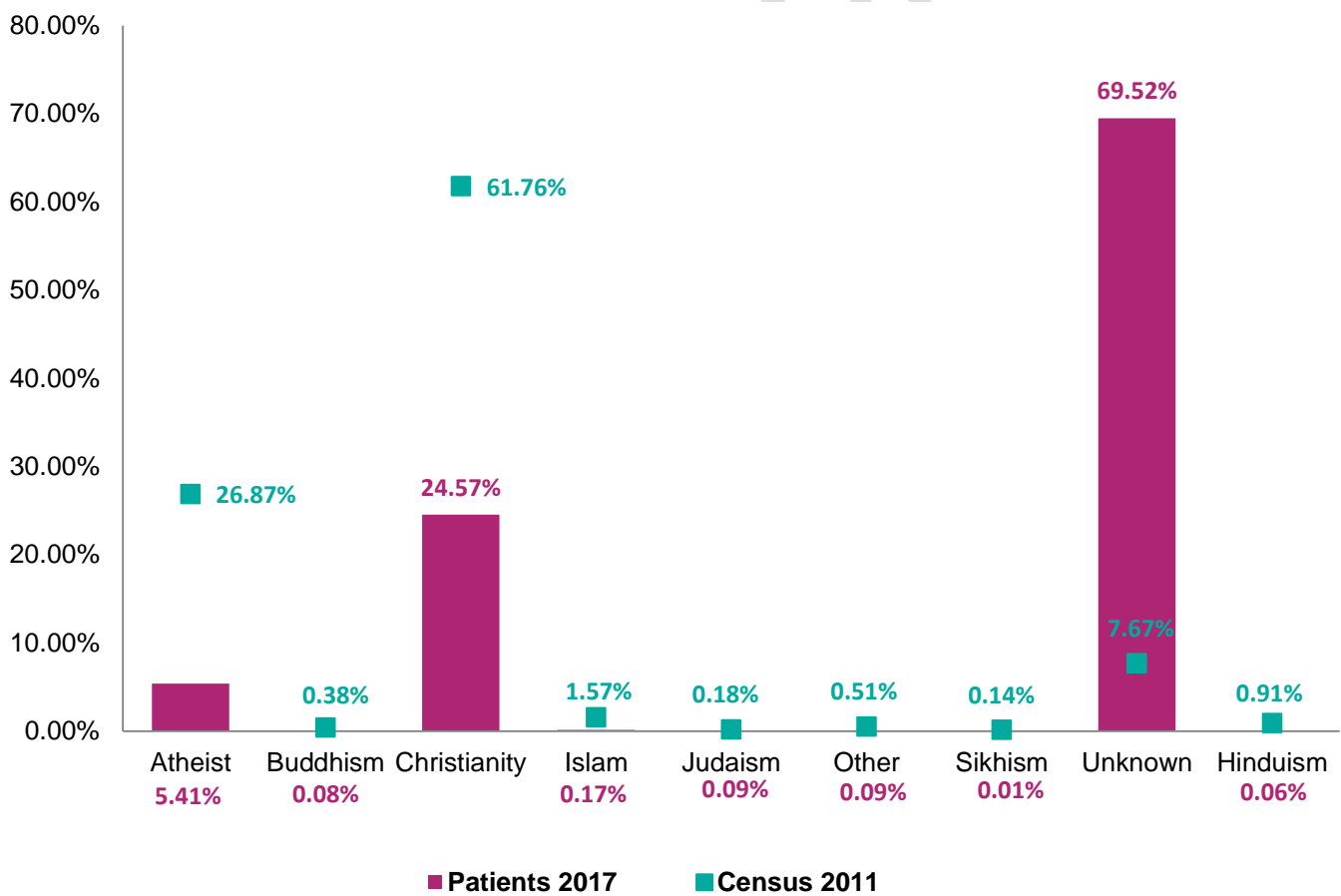


White British groups have been excluded from this chart to ease comparison of smaller groups. During 2017 65.71% of patients and in the 2011 Census 88.9% of the population identified as White British.

## Relationship Status



## Religion or Belief

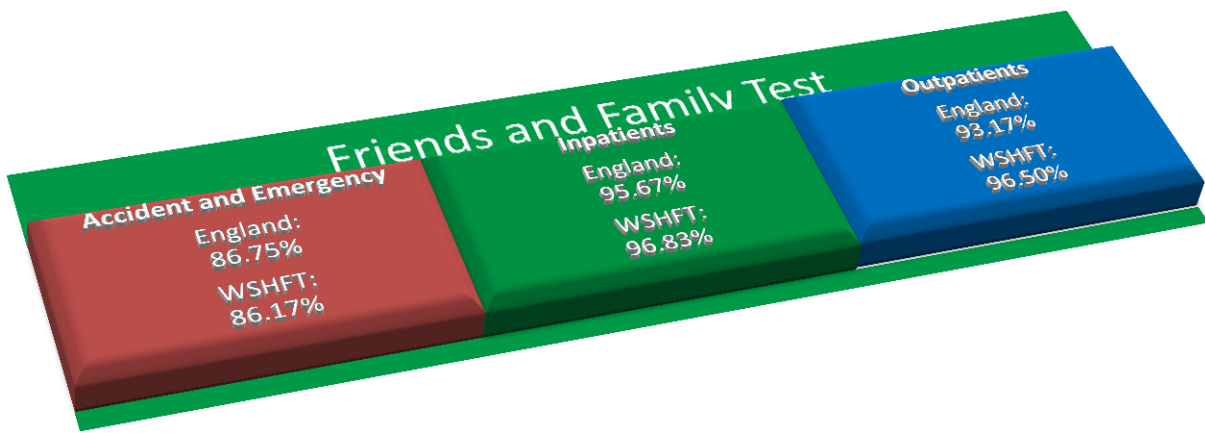




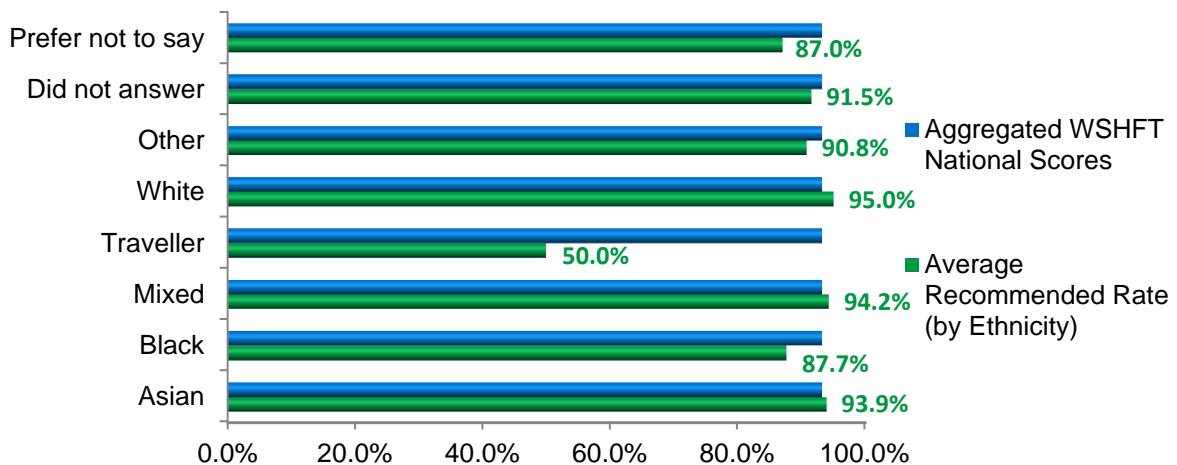
## What do patients think about our services?

Each NHS organisation takes part in the 'Friends and Family Test' (FFT). The test asks patients if they would recommend the hospital (and services) to their friends and family. The outcome measurement, provides a method of judging patient satisfaction; the higher the rating the more people who would recommend the Trust's services.

The graphic below looks at aggregated data from October 2016 to September 2017. The results of the FFT below looks at patients who would recommend services using accident and emergency department, inpatients and outpatients, the average scores for England and Western Sussex Hospitals Foundation Trust are shown. The data is taken from NHS England.



Detailed data by protected characteristics has become available for the first time in 2017 where the Trust collates its own FFT score information. However, due to the complexity surrounding collection of data, we are unable to break down into the different patient types (i.e. accident and emergency, inpatients and outpatients). However, we can see how many people of particular minority groups would recommend the Trust's services.





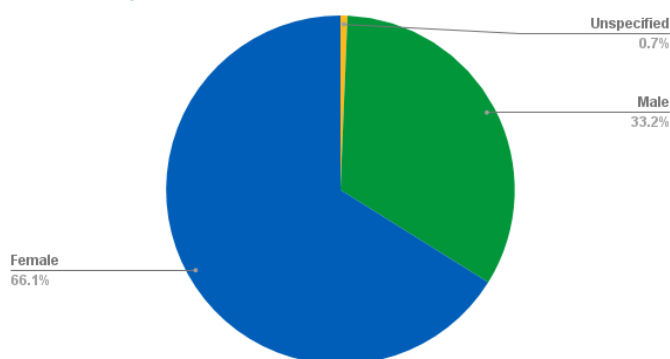
## What do we know about our Foundation Trust membership base?

As a Foundation Trust we are accountable to our local community, patients and staff, who all have the right to become members. Our members contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Staff joining Western Sussex Hospitals automatically becomes a member, unless they choose to opt out.

### We have 14,713 members

<b>7,462</b> are members of the public ( <b>50.72%</b> )	<b>259</b> are our patients ( <b>1.76%</b> )	<b>6</b> are our Staff Governors ( <b>0.04%</b> )	<b>6986</b> are our Trust Staff ( <b>47.48%</b> )
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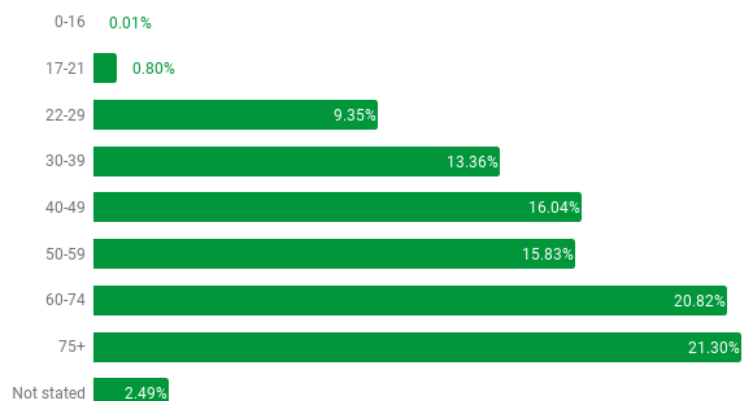
Members by Gender



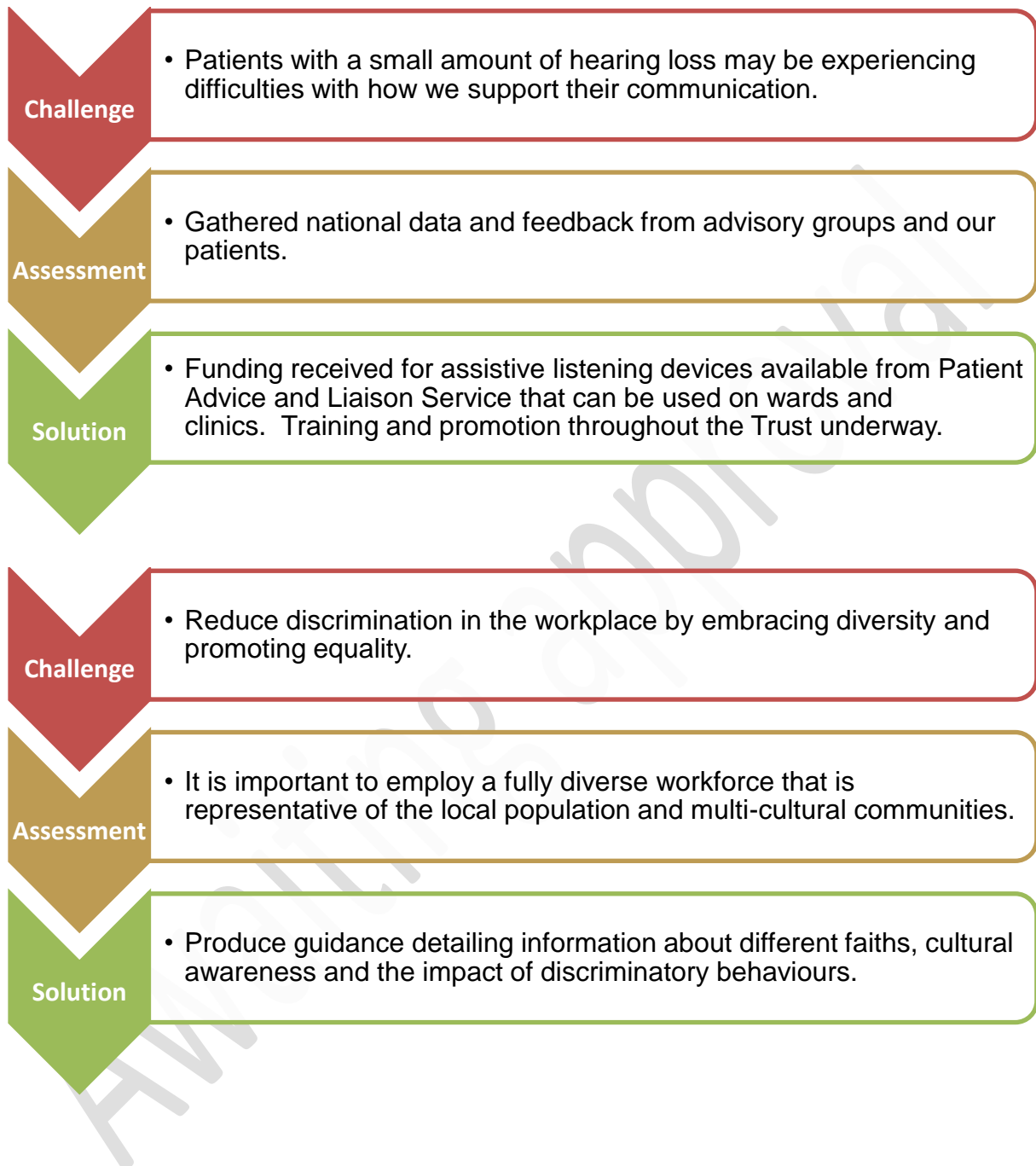
Members by Ethnicity

Asian	4.21%
Black	0.97%
Mixed	0.70%
Not stated	4.49%
Other Ethnic Group	2.16%
White - British	82.10%
White - Other	5.38%
<b>Grand Total</b>	<b>100.00%</b>

Members by Age Range



## Case study of good practice







## Conclusions

Throughout the year there has been much good work which demonstrates the Trust's commitment to driving the equality agenda forward. The case studies used in this report, help to show that the Trust is utilising experience and evidence to deliver service improvements for staff and patients.

There are a number of areas where the Trust is doing particularly well:

- From the demographic data (that is known) - there is a fair representation of most protected characteristics across the board.
- Accessibility to training is on the whole equal across the board.
- On the whole patient satisfaction for the Trust's services is good.

However, the data shows there are areas which require further investigation. The following items do not replace the established equality objectives, but in fact complement and focuses the work streams under the objectives.

What is the problem?	How could this be addressed?	Why is this important?
1) In some protected characteristics there are a number of staff where their equality monitoring information is unknown.	<ul style="list-style-type: none"> <li>• Review declaration process to ensure it meets the needs of staff.</li> <li>• Ensure the process explicitly explains how monitoring information is used and why.</li> <li>• Launch a rolling programme of workforce data declaration directly with staff members and Trust self-service rollout.</li> </ul>	Not having a full picture of the demographic of the workforce masks issues such as underrepresentation, fairness within the operation of policies, etc. Ultimately it makes it very difficult to make a meaningful analysis.
2) The declaration of equality monitoring data is extremely poor for non-medical recruitment. This suggests mistrust for the process.	<ul style="list-style-type: none"> <li>• Review declaration process to ensure it meets the needs of candidates.</li> <li>• Ensure the process explicitly explains how monitoring information is used and why.</li> </ul>	Having poor data relating to the recruitment process makes it very difficult to identify if the process is fair and if the Trust is attracting talent from a wide demographic.
3) Recruitment and selection within non-medical / medical processes does not appear to favour a number of groups.	<ul style="list-style-type: none"> <li>• Review recruitment and selection training and processes to ensure areas of discrimination and unconscious bias are minimised.</li> <li>• Ensure managers with recruitment responsibilities</li> </ul>	Provide reassurance that recruitment processes are transparent, fair and free from discrimination.

What is the problem?	How could this be addressed?	Why is this important?
	attend training.	
4) Address levels of discrimination, bullying and harassment highlighted within the staff survey.	<ul style="list-style-type: none"> <li>• Undertake engagement exercises with staff to understand the triggers for this behaviour.</li> <li>• Utilise staff survey data to produce a corporate Trust-wide work plan to address issues.</li> <li>• Look into the over-representation of some groups in employee relation processes.</li> </ul>	To improve the working conditions for staff and maintain a good reputation with prospective employees.
5) It appears that some diverse groups of people are leaving the organisation at disproportionately higher level than would be expected.	<ul style="list-style-type: none"> <li>• Exit interviews currently have a 20% return rate, engage with staff to see how this can be increased.</li> <li>• Trend reasons for leaving against known monitoring data of leavers.</li> </ul>	To identify if there are any particular groups experiencing unfairness or discrimination as a general trend, which may lead them to leave the organisation.
6) Current Trust training activity records are combined at present and unable to reflect continuous development opportunity.	<ul style="list-style-type: none"> <li>• Ensure training which is recorded as continued professional development /non statutory or mandatory activity is monitored by protected characteristic. This includes staff on an apprenticeship qualification, bursary applications and external training providers.</li> </ul>	Statutory and mandatory training is basic training that all staff should undertake as part of their role. CPD, Non-statutory or non-mandatory training would demonstrate a real development opportunity.
7) There is poor correlation between census data and usage of Trust patient services for race and ethnicity and religion or belief categories.	<ul style="list-style-type: none"> <li>• Review process to capture patient services data for race and ethnicity and religion and belief.</li> <li>• Review completed fields on Trust Sema system.</li> <li>• Engage with communities and users to understand why there is disparity between use and population. E.g. are there less health issues with certain communities, do certain communities employ alternative health remedies, are certain communities using other NHS Trusts (if so, why?)</li> </ul>	Provide reassurance that the Trust's services are inclusive and meeting the needs and expectations of patients from a diverse background.

What is the problem?	How could this be addressed?	Why is this important?
8) Data collected for the first time in 2017 indicates satisfaction from the Friends and Family Test for the traveller group is particularly low.	<ul style="list-style-type: none"> <li>• Interrogate new system data collected on patient experience to highlight new service needs.</li> <li>• Review FFT patient feedback by monitoring categories.</li> <li>• Engage with traveller communities to try to understand what the Trust could do to improve delivery of care and services from the community's perspective.</li> </ul>	Ensure that the needs of travellers are taken into account or can be accommodated in the delivery of services.
9) Foundation Trust membership base is not reflective of the local community the trust serves.	<ul style="list-style-type: none"> <li>• Encourage ethnic minority communities and those under the age of 60 to become members.</li> </ul>	To help ensure decisions that are being discussed are based on the widest demographic of the local communities the Trust serves.

## Looking forward

NHS England will launch the [Workforce Disability Standard](#) in April 2018, this standard looks at equity and fairness for disabled staff at the Trust. Preparation for the standard by ensuring that information from the Electronic Staff Records Human Resources system is accurate and up-to-date. Information from the recent NHS Staff Survey will also be needed.

Actions to consider for this standard:

- Improve workforce declaration for monitoring information.
- Review reasonable adjustments processes and information available to staff.
- Engage with the Disability Forum and disabled staff to understand key points of concerns.

NHS England will also be producing a [Sexual Orientation Monitoring Standard](#), a launch date is to be confirmed. The standard will be looking at fairness for lesbian, gay and bisexual service users and patients aged 16 years and over using the Trust's services. In preparation for this standard the Trust should consider:

- If the patient administration system can record the required information and what amendments need to be made – this will include any physical paperwork as well.
- Review processes and opportunities to collect patient monitoring information.

- What training needs to be made available to staff about collecting monitoring information, so they are prepared for any questions they may receive from service users or patients.

Since 1<sup>st</sup> August 2016, the Trust has had to follow NHS England's [Accessible Information Standard](#). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. It would be beneficial to review services used by the Trust to measure their impact and effectiveness and to ensure that the Trust is consistently meeting accessibility needs.

Awaiting approval

To: Trust Board

Date of Meeting: 1<sup>st</sup> February 2018

Agenda Item: 10

Title:
<b>Proposal to Amend the Trust Constitution</b>
Responsible Executive Director
Andy Gray, Corporate Governance Director and Mike Viggers, Chairman
Prepared by:
Barbara Mathieson, Company Secretary Administrator
Status:
Disclosable
Summary of Proposal:
<p>It has been recognised by the Council of Governors that the Governor sections of the Trust Constitution had not been reviewed in detail since the formation of Western Sussex Hospitals NHS Foundation Trust in 2013. As such they undertook a review and they propose that mainly minor changes, clarifications and updating of the Constitution and the Council of Governors Terms of Reference should be considered at the current time.</p> <p>It is recommended that the Trust Board indicates their approval for the outline amendments, as proposed, to Governor sections of the Western Sussex Hospitals NHS Foundation Trust Constitution.</p> <p>The Council of Governors approved the outline proposed amendments at their meeting held on the 12 December 2017.</p>
Implications for Quality of Care:
No direct implications
Financial Implications:
No direct implications
Human Resource Implications:
As described
<b>Recommendation</b>
<b>The Board is asked to indicate their approval to the proposed amendments to the Trust Constitution</b>
Consultation:
Council of Governors
Appendices:
None

To: Trust Board  
From: Mike Viggers, Chair

Agenda Item: 10  
Date: 1 February 2018

## **FOR DECISION**

### **PROPOSAL TO AMEND THE TRUST CONSTITUTION**

#### **1. INTRODUCTION**

- 1.1. The Western Sussex Hospitals NHS Foundation Trust's (WSHFT) Constitution sets out the way in which the Trust will be governed and operate its key governance structures.
- 1.2. The Constitution is based on the Foundation Trust national model.
- 1.3. The Trust Board is asked to indicate its approval for the proposed amendments to the Governor sections of the Trust Constitution.
- 1.4. It should be noted that amendments to the Trust Constitution require the dual approval of the Council of Governors and the Trust Board.
- 1.5. Once the initial support of the Trust Board for the proposed amendments is received – it is intended that the detail of the proposed amendments would be brought to both the Council of Governors and the Trust Board due to take place in March 2018. This will enable any proposed changes to be implemented in time for the next Governor Elections which are planned to take place during Quarter 1 and 2 of 2018/19.
- 1.6. Following approval of the final amendments from both the Council of Governors and the Trust Board the updated Constitution will be lodged with NHS Improvement in accordance with the Trust's Constitution.

#### **2. BACKGROUND**

- 2.1 It had been recognised by the Council of Governors that the Governor sections of the Trust Constitution had not been reviewed in detail since the formation of Western Sussex Hospitals NHS Foundation Trust in 2013
- 2.2 A working group of Governors was established and met twice during the autumn of 2017 to review the relevant sections of the Trust Constitution and to make any recommendations for change to the Council of Governors.
- 2.3 The group considered possible forthcoming changes which might emerge from the establishment of the Sussex and East Surrey Sustainability and Transformation Plan and any ongoing working relationship with Brighton and Sussex University Hospitals. As a result they proposed that mainly minor changes, clarifications and updating of the Constitution and the Council of Governors Terms of Reference would be appropriate at the current time.
- 2.4 The working group reviewed in detail the following areas:-

- The size of the Council of Governors – 28 Members of Council was considered the right size.
- The composition of the Council of Governors – to ensure that it remained representative of the local population at the current time.
- The tenure of Governors – other Trusts have different periods of periods of tenure. On balance it was agreed leave the period of tenure at two periods of three years. Retiring Governors would be welcome to continue their work as volunteers within the Trust and apply for re-election as Governors in due course.
- The role and commitment of Governors – it is important for Governors, especially prospective Governors, are clear about the full role and the commitment expected of them if they are to fulfill their responsibilities effectively.
- Recognition and operation of the Pre-Council of Governors Meetings – these meeting are an important precursor to Council Meetings
- Recognition and role of the Lead and Deputy Lead Governor – these Governors provide both day to day leadership of the elected governors and an effective conduit between the Council and the Chairman and senior staff of the Trust.
- Review of the Terms of Reference of the Council of Governors – these were agreed when the Foundation Trust was created and need to reflect current working practices.

2.5 The Council of Governors, at their meeting on the 12 December 2017, approved the proposed amendments to the Trust Constitution as outlined in Section 3 of the this paper.

2.6 It is proposed that a review of the Terms of Reference of the Council of Governors takes place after approval is gained for the suggested amendments to the Trust Constitution.

### **3. PROPOSED AMENDMENTS TO THE GOVERNOR SECTIONS OF THE TRUST CONSTITUTION**

3.1 The Council of Governors proposes the following amendments.

3.2 It should be noted that with these changes, that the overall membership of the Council of Governors would stay the same at 28.

- There should be one Patient (Out of area) Governor. Currently there are three Patient Governors representing a constituency of 264.

- That the representation of the Public Elected Constituencies should be :

	Current number of Governors	Proposed number of Governors
Adur	2	2
Arun	4	5
Chichester	3	3
Horsham	1	1
Worthing	3	3
Patient (Out of area)	3	1

- Arun District has the largest population within the area covered by the Trust. To reflect this it is proposed that there is one additional elected Governor for this constituency.
- Arun District Council should also be asked to nominate an appointed Governor to represent them on the WSHFT Council of Governors. Currently both Chichester District Council and Worthing Borough Council are represented on the Council of Governors.
- The Trust's volunteers should be represented on the WSHFT Council of Governors.
- The possible tenure of Governors should remain at two periods of three years in line with the terms of office on the Trust's Non-Executive Directors.
- There should be reference in the Trust's Constitution to the Pre-Council of Governors meeting.
- There should be reference in the Trust's Constitution to the Role of Lead and Deputy Lead Governors.

#### 4. RECOMMENDATION

- 4.1. It is recommended that the Trust Board indicates their approval for the outline amendments proposed to Governor Sections of the Western Sussex Hospitals NHS Foundation Trust Constitution.