Western Sussex Hospitals
NHS Foundation Trust

Meeting of the Board of Directors

10.00am to 12.00pm on Thursday 25 October 2018

Bateman Room, Chichester Medical Education Centre, St Richard's Hospital, Spitalfield Lane, Chichester, PO19 6SE

AGENDA – MEETING IN PUBLIC

1	10.00	**Welcome and Apologies for Absence** To note	Verbal	Chair
2	10.00	**Declarations of Interests** To note	Verbal	All
3	10.00	**Minutes of Board Meeting held on 26 July 2018** To approve	Enclosure	Chair
4	10.05	**Matters Arising from the Minutes** To note	Enclosure	Chair
5	10.10	**Chief Executive's Report** To receive and agree any necessary actions	Enclosure	Marianne Griffiths
		PERFORMANCE REPORTS		
6	10.20	**Patient First Metrics** To receive and agree any necessary actions	Enclosure	Jayne Black
7	10.25	**Quality Performance** To receive and agree any necessary actions	Enclosure	George Findlay
8	10.35	**Operational Performance** To receive and agree any necessary actions	Enclosure	Jayne Black
9	10.45	**Organisational Development and Workforce Performance** To receive and agree any necessary actions	Enclosure	Denise Farmer
10	10.55	**Financial Performance** To receive and agree any necessary actions	Enclosure	Alison Ingoe
		QUALITY REPORTS		
11	11.05	**Patient First Presentation: Morning Discharge for Patients** To receive and agree any necessary actions	Presentation	Jayne Black
12	11.20	**Children's Safeguarding Annual Report** To approve	Enclosure	Nicola Ranger
13	11.35	**Learning from Deaths – Quarter 1 2018/19** To receive and agree any necessary actions	Enclosure	George Findlay

OTHER ITEMS

14	11.45	**Any Other Business**		
15	11.50	**Resolution into Board in Private** To pass the following resolution: "That the Board now meets in private due to the confidential nature of the business to be transacted."	Verbal	Chair
16	11.50	**Date of Next Meeting** The next meeting in public of the Board of Directors is scheduled to take place at 10.00am on 31 January 2019 in the Bateman Room, Chichester Medical Education Centre, St Richard's Hospital, Spitalfield Lane, Chichester, PO19 6SE.	Verbal	Chair
17	11.50	**Close of Meeting**	Verbal	Chair
18	11.50 – 12.00	**Questions from the Public** Following the close of the meeting there will be an opportunity for members of the public to ask questions about the business considered by the Board.	Verbal	Chair

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Minutes

Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 26 July 2018, Boardroom, Washington Suite, Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH.

Present:	Patrick Boyle	Interim Chairman
	Mike Rymer	Non-Executive Director
	Jon Furmston	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	George Findlay	Chief Medical Officer & Deputy Chief Executive
	Karen Geoghegan	Chief Financial Officer
	Denise Farmer	Chief Workforce and OD Officer
	Nicola Ranger	Chief Nurse & Patient Safety Officer
	Jayne Black	Chief Operating Officer
In Attendance:	Martin Sinclair	Non-Executive Director Adviser
	Annie Blackwell	Senior Lead for Safeguarding Adults (For Item 9)
	Chris Smith	Assistant Medical Director for Appraisal and Revalidation (For Item 10)
	David Haycox	Interim Group Company Secretary
	Tanya Humphrys	Board Administrator

TB/07/18/01 Welcome and Apologies

1.1 The Chair welcomed all those present to the meeting.

1.2 Apologies were received from Marianne Griffiths, Joanna Crane and Kirstin Baker.

TB/07/18/02 Declarations of Interests

2.1 There were no declarations of interest.

TB/07/18/03 Minutes of Board Meeting held on 26 April 2018

3.1 The Board received the minutes of the meeting held on 26 April 2018.

3.2 **The Board resolved that the minutes of the Board meeting held on 26 April 2018, would be approved as an accurate record of the meeting and signed by the Chairman.**

TB/07/18/04 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.

TB/07/18/05 Chief Executive's Report

5.1 George Findlay presented the Chief Executives Report and begun by acknowledging the recent NHS70 celebrations held at the hospital, commenting that it was a great opportunity to thank the staff with special "Thank You" hampers funded by the Trusts Love Your Hospital charity. The Trust also had members of staff in attendance at the service at Westminster Abbey, in addition to someone in attendance at the reception held by the Prime Minister.

5.2 The Board was advised that in May the Trust had won a prestigious award received only by the best performing hospitals in the country. The CHKS Hospital Awards are data driven and determined by healthcare improvement specialists.

5.3 George acknowledged that this was the first Public Board without the Trusts previous Chairman Mike Viggers. George took the opportunity to recognise all that he had done for the Trust and wish him well in the future. George noted that Alan McCarthy would be joining the Trust in the coming months as the new Chairman of both Western Sussex Hospitals and Brighton and Sussex University Hospitals. George finally paid thanks to interim Chairman Patrick Boyle.

5.4 It was noted that the Trust is in the process of getting ready for CQC through engagement events, highlighting that the Surgery Engagement Event that took place in May was very well received.

5.5 Other highlights of the report included National Volunteers week, the up and coming Staff – Thank You lunches and the eagerly anticipated STAR awards for which the first round of judging was due to conclude later that day.

5.6 Finally George congratulated the Trusts Employees of the Month for the Quarter:

- **Broadwater and Buckingham wards** – Broadwater and Buckingham wards teams were nominated by Matron Sue Shepherd for their joint work to improve patient safety and quality of care amid unprecedented winter pressures earlier this year. Both wards have been extremely receptive to new guidelines that they themselves helped to develop.
- **Sharon Reed** – Lead infection control and prevention nurse, Sharon Reed was nominated by Dr Susie Jerwood. Although relatively new to her post, Sharon has gone above and beyond by putting in extra hours without being asked and gave up planned holiday to ensure infection control advice was delivered in a timely manner amid a flu outbreak.
- **Ann Maloney** – Acute oncology nurse lead Ann Maloney was nominated by improvement practitioner Jamie Cochrane for developing new pathways to improve care for patients with suspected neutropenic sepsis.

TB/07/18/06 Quality Report – Month 3

6.1 George Findlay and Nicola Ranger introduced the Quality Report and highlighted the key points.

6.2 The Board was advised that Crude non-elective mortality decreased from 2.21% in May to 2.05% in June, this is lower than the equivalent month in 2018 (2.56%).

6.3 The Trust's HSMR for the twelve months to March 2018 was 89.8. The twelve month HSMR to February 2018 split by site continues to be lower for St Richard's 83.3 in comparison to Worthing and Southlands 95.9.

6.4 George noted that mortality for fractured neck of femur remained relatively static and in March 2018 was reported at 7.5% against target of 5.70%. It was acknowledged that the national data is due to be released in September and further information will be brought back to the Board.

6.5 The Board was advised that June's data for the rate of discharges before midday reports a steady increase to 15.6% against a target of 45%.

George added that data for the current week shows that wards have discharged 70 patients before noon, showing a great improvement.

6.6 Nicola advised the Board that the previously reported maternity incidents have been discussed and some of the cases will be investigated by the Health and Safety Investigation Branch (HSIB).

6.7 It was noted that there was one never event in month, the patient came to no harm however it is being fully investigated.

6.8 There were no cases of C-Diff in month and inpatient falls decreased from a total of 131 reported in May, to 124 reported in June.

6.9 Nicola highlighted that there was one category 3 pressure injury and no category 4 pressure injuries in June. Nicola did raise concerns about the number of patients being admitted from the Community, many from their own homes with pressure ulcers.

6.10 There was a significant improvement to the Friends and Family Test (FFT) response rate, with June comparing favourably with the national median benchmark and also against our internal target.

6.11 Jon Furmston highlighted Annex 4 of the report, the comparison of co-morbidity coding between Worthing and St Richard's and queried the difference. George explained that the coding team is one team across the Trust and feels assured that all coding is of the same standard, noting there is no technical coding issue, these are clinical differences.

6.12 Lizzie Peers noted that appointment dates was a common theme within Family and Friends Test section of the report. Jayne Black acknowledged that there was further work to do in relation to how the Trust communicates with patients.

6.13 The Chairman thanked George and Nicola for the report and requested that further thoughts in relation to appointment bookings be brought to back to the Board. **JB**

6.14 The Board received and **NOTED** the Quality Report for June 2018.

TB/07/18/07 Performance Report – Month 3

7.1 Jayne Black introduced the Performance Report.

7.2 The Board was advised that operationally there had been an increase in A&E demand which was relative to the previous year but that emergency patient flow had improved.

7.3 It was noted that over 65 emergency admissions increased in June 2018 with a 5.5% increase compared to June 2017. For patients 85 and over, there was a decrease of 3.2%.

7.4 There had been a slight increase in delayed transfers of care (DTOC); however the Trust remains below the national benchmark.

7.5 Jayne advised the Board that the Trust was compliant against the National target in June, with 96.08% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge, a decrease of 0.5% against May performance.

7.6 Jayne explained that the Trust had a very busy month in Cancer services,

noting that there had been an increase in referrals of 12.2% compared to June 2017.

7.7 The Board was advised that there has been significant variation by anatomical site, with 28.9% increase in breast cancer referrals, a 34.4% increase in colorectal cancer referrals, and a 24.5% increase in urological cancers. There was also a 19% increase in referrals for skin cancers, relative to the same period the previous year.

7.8 Jayne advised that the rate of referrals is beginning to slow, however remains higher when compared to the same period in 2017. It was noted that a business case has been approved for additional staff to support with the level of demand.

7.9 It was noted that the Trust was non-compliant against the National Constitutional Target of 92% in May with 83.9% of pathways waiting less than 18 weeks. A deterioration of 1.3% in performance since May. Jayne advised that there are recovery plans in place to reach a target of 89%.

7.10 Lizzie Peers requested greater visibility within the report on theatre productivity. Jayne acknowledged the request advising that there is a dashboard and additional information would be included in the next report. **JB**

7.11 It was noted that theatre utilisation was up by 4%, cancellations were 8.5% and have now reduced to 4.4%.

7.12 Mike Rymer asked in relation to cancer figures what the actual numbers are per month. Jayne advised she would share the figures and ensure that they are included in future reports. **JB**

7.13 The Board **NOTED** the Month 3 Performance Report.

TB/07/18/08 Organisational Development and Workforce Transformation Report – Month 3

8.1 Denise Farmer presented the Workforce Report for Month 3.

8.2 The Board was advised that capacity continues to be an issue with ongoing work around developing new roles. It was noted that rostering has also provided some challenges and the team are looking at ways to provide additional support.

8.3 Denise explained to the Board that the Trust had done extremely well in the recent GMC survey.

8.4 Nursing have done exceptionally well at maintaining supply, it was noted that the Trust will continue to pursue international recruitment.

8.5 It was highlighted that four out of the six divisions met or exceeded the Trust target of 90% of staff that have had an appraisal in the last 12 months, with one division close at 89.9%. The Medicine Division has seen an improved position in month and still has more work to do.

8.6 The Board was advised that there remains concern around violence and aggression, some work has already been carried out in relation to this with further working groups arranged for the coming months.

8.7 The Workforce Report for Month 3 was received and **NOTED** by the Board.

TB/07/18/09 Financial Performance – Month 3

9.1 Karen Geoghegan presented the Financial Performance Report.

9.2 The Trust reported a deficit of £0.82m, excluding Provider Sustainability Fund (PSF) income; against a planned deficit of £0.88m, thereby achieving the Quarter 1 control total.

9.3 Delivery of the financial control total alongside the A&E waiting time trajectory means the Trust is eligible to receive £2.4m of income from the Provider Sustainability Fund for Quarter 1.

9.4 Karen advised that pay expenditure is above plan; this is mitigated by annual leave accrual.

9.5 It was noted that premium spend continues to be an issue. Agency spend is £400k more than last year, however remains below the ceiling set by NHSI.

9.6 The Trust is reporting an FSRR rating of '1'.

9.7 Karen concluded that the Trusts position remains fragile, with some work to do with the Divisions to recover.

9.8 The Board **NOTED** the Financial Performance Report for Month 3.

TB/07/18/10 Learning From Deaths

10.1 The Learning from Deaths report was introduced by George Findlay.

10.2 George advised the Board that Learning from Deaths is a National priority and is linked into the Trusts existing governance process.

10.3 The Board was advised that there are a small number of reviewers that have been trained to make up the team. It was noted that since the last report there is now a trainer within the team, the number of Structured Judgement Reviews (SJR's) has increased but is not yet at the level stated in the Learning from Deaths Policy.

10.4 It was noted that guidance has just been published on how Trusts engage families and include them in the process; this will be included in the next quarter's report.

10.5 George explained that the report incorporated a summary of the reviews carried out in 2017/18. The Board was advised of particular themes within the report.

10.6 George explained that there is a separate process for patients with learning difficulties which is independent, currently there is an external delay in the timeliness, and therefore the Trust has decided to review these cases in the interim.

10.7 Two cases in Quarter 4 of 2017/18 highlighted significant issues with care; both have been reported as Serious Incidents Requiring Investigation (SIRIs). George assured the Board that when harm or fault is found this is discussed with families.

10.8 It was noted that the purpose of the SJR's is to look for problems; in

addition they are recognising good care at End of Life.

10.9 Information from the reviews is being shared with individual clinicians for both personal and divisional learning; it will also feed into the patient safety newsletter.

10.10 Mike Rymer commented that the reviews were providing a valuable source of information and asked both good and poor care is fed back to clinicians. George advised that where a clinician's case is subject to review feedback is given by way of a report for personal learning.

10.11 Martin Sinclair enquired at what point the coroner becomes involved in a case. George explained that it doesn't change the involvement from the coroner; the process may mean the Trust sees an increase but clarified that the coroner will not be taking cases from the reviews carried out by the Trust.

10.12 The Board received and **NOTED** the Learning from Deaths paper for Quarter 4 2017/18.

TB/07/18/11 Annual Patient Experience Report

11.1 Nicola Ranger introduced the Annual Patient Experience Report, and highlighted the key areas.

11.2 It was noted that the Trust has extended visiting hours to 10am until 10pm; this has received a mixed views. Nicola commented that it may be beneficial to review how well this has worked, for both staff and patients.

11.3 In relation to Family and Friends Test (FFT), for the year the Trust has a recommend rate of 98% and a response rate of 40%. Nicola noted that the most positive aspect of FFT is the feedback from families in relation to emotional support and compassion.

11.4 In comparison, waiting was one of the primary reasons for negative feedback. Nicola assured the Board that there were a number of projects in train to help resolve some of the concerns raised.

11.5 Nicola advised the Board that the A&E recommend and response rate fell in 2017/18 for the first time, but assured the Board there has been ongoing work with the emergency department to aid the improvement of the scores.

11.6 As a result of the ongoing work in A&E Worthing have had a response rate of 46% which is the highest nationally, with a recommend rate of 98%.

11.7 Increased PALS activity, but it is hoped that this will start to show a decrease in formal complaints with staff making initial contact with patients who have raised concerns.

11.8 Patrick Boyle commended the improved A&E response rate. Nicola commented that they have implemented a simpler way of doing things, encouraging staff to say to patients that their feedback really does matter.

11.9 The Board noted that noise at night is a recurring issue. Nicola explained that there is further work needed around night moves, confused patients and the volume and staffing capacity.

11.10 The Board **NOTED** the Annual Patient Experience Report and

commended the progress made in the last year.

TB/07/18/12 Annual Adult Safeguarding Report

12.1 Nicola Ranger introduced Annie Blackwell, Senior Lead for Safeguarding Adults, who attended the meeting to present the Annual Adult Safeguarding Report for 2017/18.

12.2 The Board was advised that activity was up by 67% and Deprivation of Liberties (DoLs) authorisations have increased by 20%. Annie highlighted that this has been reflected County wide, with the majority being raised by staff following the annual clinical update training.

12.3 It was noted that the Adult Safeguarding Board has also seen an increase in Safeguarding Adults reviews by Local Authority.

12.4 Annie noted that there are changes to the way that Safeguarding E-Learning training will be delivered and this will be as soon as Windows 11 has been implemented Trust wide; highlighting that compliance with training remains good.

12.5 The Board was advised that a review of the pan Sussex Safeguarding Adults Policy and Procedures is currently being undertaken; the original completion date was June-July 2017, but publication is now expected in June/July 2018. Once these have been published, the Trust policy will be updated to reflect the changes in the safeguarding procedures.

12.6 It was noted that in addition the department is in the process of reviewing the Trust policy, with a change in process whereby all enquiry officer roles will now be taken on by a Social Worker.

12.7 Annie highlighted to the Board the Safeguarding conference facilitated by WSHT in May 2018, noting the encouraging turn out of between 130 – 140 multi agency staff.

12.8 Mike Rymer commended Annie on the comprehensive report and commented on the excellent turn out at the event in May which was extremely successful and well received.

12.9 The Board **NOTED** the contents of the Annual Safeguarding Adults Report for 2017/18.

TB/07/18/13 Annual Report for Appraisal and Revalidation

13.1 Chris Smith, Assistant Medical Director for Appraisal and Revalidation, presented the Annual Report, copies of which had previously been circulated.

13.2 The Board was advised that the purpose of the report is to provide the Board with an overview of how the Trust is performing in relation to the annual process.

13.3 Chris noted that the Trust is currently below both the Trusts desired level of compliance and the average national benchmark.

13.4 Substantive Doctors are approaching 90-91%, however with the temporary Doctors compliance is not as positive. Chris advised this is essentially to do with the timing of the appraisals and when they are due, in relation to their placement.

13.5 The Board was advised that there are a number of trends that the Trust is following and the quality of the appraisals is improving.

13.4 Internal Auditors, BDO, recently conducted an audit of the Medical Revalidation and Appraisal process, which highlighted that the Trust is struggling to meet target due to the fact there is a 'due date', which is the appraisal meeting date. BDO acknowledged that the Trust has good processes for compliance in place but failing to meet the target due to internal process and timeliness.

13.5 George Findlay added that the quality of the appraisals is very important, WSHT have a difference in process with a two tier process including a small number of senior appraisers that quality control all appraisals.

13.6 George concluded that he was confident that the Trust is managing Medical Revalidation and Appraisals appropriately and maintaining the Responsible Officer's standards.

13.7 The Board **NOTED** the Annual Appraisal and Revalidation Report and **APPROVED** submission of the Statement of Compliance.

TB/07/18/14 Other Business

14.1 There was no other business to discuss.

TB/07/18/15 Resolution into Board Committee

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

TB/07/18/16 Date of Next Meeting

16.1 It was noted that the next Board Meeting would take place on **Thursday 25th October 2018** in the **Bateman Room, Chichester Medical Education Centre, St Richard's Hospital, Spitalfield Lane, Chichester, PO19 6SE.**

TB/07/18/17 The Chair formally closed the meeting

TB/07/18/18 Questions from Members of the Public

18.1 Anita Mckenzie asked about Ophthalmic procedures and the aftercare that was required to maintain healthy eyesight. George Findlay thanked Anita for her question and advised that due to its specific nature he would ask the Ophthalmology Lead to contact her personally. **GF**

18.2 John Thompson thanked the Board for all the work that had been put into the AGM, but did comment on the disappointing turnout asking if next year school holidays could be avoided.

18.3 John went on to ask whether there had been any progress with LINACs. In response George explained that it was not within the Trusts control, however WSHT is committed that there should be a provision for patients in West Sussex.

18.4 Malcolm Brett asked whether less Ophthalmology appointments were being provided during the week because staff were able to earn more money at weekends. Jayne Black explained that there continue to be

workforce challenges in Ophthalmology, with two consultant vacancies currently and the department is working tirelessly to reduce the number of patients waiting. It was noted that the Trust is continuing to recruit in order to fill the vacancies and maintain capacity, in the interim appointments at weekends will continue.

18.5 Roger Hammond thanked George for the Learning from Deaths Report commenting that he was encouraged by the progress; he asked if as part of the process feedback is provided to patients families. In response George explained that part of that process is included in the new guidance released just this month. At present this is not the case unless there are concerns raised by the family, however if there are concerns these go straight into a Root Cause Analysis process which will trigger Duty of Candor.
George concluded that the Trust doesn't speak to families, because we are not necessarily aware there is an issue until a review has taken place

Tanya Humphrys
Board Administrator
July 2018

Signed as an accurate record of the meeting

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Chair
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Date

MATTERS ARISING
Trust Board

Agenda Item: 4

Meeting	Minute Ref	Action	Responsible Person	Deadline	Status
26th July 2018	**TB/07/18/6.13**	**Quality Report** – Further information in relation to Outpatients appointments, booking and how we communicate with patients, to be brought back to Board.	Jayne Black	**Completed**	Included in the Quality Report received by the Board in September.
26th July 2018	**TB/07/18/7.10**	**Performance Report** – Visibility of the Theatre Productivity metric included in future reports.	Jayne Black	**Completed**	Included in the Performance Report received by the Board in September.
26th July 2018	**TB/07/18/7.12**	**Performance Report** – Actual numbers for the number of cancer referrals each month to be included in the report in future. July & June figures to be circulated virtually to MR.	Jayne Black	**Completed**	Included in the Performance Report received by the Board in September and all future reports.
26th July 2018	**TB/07/18/18.1**	**Questions from the Public** – Ophthalmology Lead to contact Anita Mckenzie directly regarding her question in relation to clouding of lenses post-surgical procedure.	George Findlay	**Completed**	Head of Surgery has been asked to make contact directly with Anita Mckenzie

Western Sussex Hospitals
NHS Foundation Trust

To: Trust Board **Date:** 25 October 2018

From: Marianne Griffiths, Chief Executive Agenda Item: **5**

FOR INFORMATION

CHIEF EXECUTIVE'S BOARD PAPER

1. Highlights and headlines

Congratulations
Worthing endoscopy unit who hosted an external inspection and were awarded a 'straight full pass' that less than 5% of units achieve. The inspector emphasised the superb team spirit they had experienced.

Microbiology has become the trust's first laboratory discipline to achieve a new "far more exacting" accreditation for quality and competence - the *United Kingdom Accreditation Service (UKAS) accreditation to the International Standard ISO 15189:2012 - Medical Laboratories - requirements for quality and competence.*

The United Kingdom Accreditation Service praised the high quality care provided by every member of the Audiology department at Worthing. Their patient focused approach impressed the visiting inspectors and, for a team pulling together using a new system, taking on an additional service in the midst of staffing difficulties, this is superb achievement.

To all our staff involved in our stroke service - Worthing has achieved the highest possible national rating with St Richard's following closely behind. The Sentinel Stroke National Audit Programme results (SSNAP) rate Worthing as an 'A' and St Richard's as a 'B'. At St Richard's, the score is six points higher than this time last year, demonstrating the team's excellent commitment to continuous quality improvement. With nearly 1,000 stroke patients admitted to our hospitals each year, these latest results are excellent news and confirm that we provide one of the best stroke services in the country.

Inspectors from the Care Quality Commission returned to the trust in September for an engagement visit looking at our emergency departments. Since the trust's last formal full inspection in December 2015, the CQC has changed the way it engages with hospitals and this now involves quarterly engagement events looking at specific specialties or divisions.
Inspectors visited St Richard's and met with A&E and Emergency Floor colleagues from both Worthing and St Richard's over the course of the day which included a 1.5 hour leadership presentation, followed by three Q&A sessions with different groups of staff and the inspectors. The on the day feedback praised our "engaged and committed" workforce; how "open, candid and helpful" staff were; and the "tight team working" they observed. Other highlights included "good MDT working with non-hierarchical behaviours" and recognition that staff are "well supported with good leadership from senior teams".

Thank you to our Friends - Clapham and Chiltington ward teams would like to thank the Friends of Worthing Hospitals who have kindly bought two new MAC ECG 2000

(electrocardiogram) machines for the surgical wards in Worthing. In Chichester, the Friends have purchased an £80,000 echocardiograph for Outpatient cardiac investigations, 5 "Chester Chest" training mannequins for Emergency Floor, CMEC, radiology/A&E, IV team and Fernhurst Centre and chairs for Chilgrove Ward visitors. As of September, a total of over £450K has been committed to equipment purchases.

New Hon. Vice President for the Friends of Chichester Hospitals - The Friends have recognised the extraordinary contribution made by retiring trustee Jim Sewell by appointing him Honorary Vice President. Jim has served as a Friends' Trustee and volunteer for 9 years, after retiring as a Non-Executive Director of Royal West Sussex NHS Trust.

New patient walkway to Western Sussex Eye Care - A new covered walkway at Southlands Hospital makes it easier for patients arriving at the hospital's Hammy Lane entrance to access the new eye care department. The new route links the main hospital corridor near Day Surgery through to Ophthalmology via electronic double doors. .

Green themed cotton bags and Womble project - The Chichester and Worthing Enhanced Recovery Programme (CWERP) team has introduced new bags for life to orthopaedic patients, in a bid to be a more environmentally-friendly department. The cotton bags, funded by Love Your Hospital, the dedicated charity of the trust, replace plastic bags handed out to each patient attending for planned hip and knee replacements – more than 1,000 a year - to carry pre-op drinks and literature about their procedure and aftercare.

A new scheme has been rolled out in a bid to reduce waste and improve staff education and training. Old equipment, non-controlled drugs and opened packets with some unused kit can all be recycled by dropping it into "womble boxes" now appearing in clinical areas. Integrated simulation manager, Julie Turner, said: "In clinical areas, equipment and pharmaceutical supplies have a *use by date* or can get inappropriately opened meaning they cannot be used. However, in education these items can still be utilised and this reduces the cost to the education department, as well as the cost of waste disposal to the trust."

Defibrillators - More than 40 new state-of-the-art defibrillators have been rolled out across the trust to improve care for patients experiencing cardiac arrest. The new *Zoll R Series* defibrillators give real time feedback to staff in order to improve the quality of chest compressions being performed. A training video has been produced by the resuscitation team and is available to view on the trust's YouTube channel: https:// youtu.be/YRXvXT04M2I. The trust will also be buying a further 60 defibrillators to replace the old ones still in use at St Richard's, as well as remaining older devices in Worthing and Southlands.

Flu - Scores of workplace vaccinators are trained and ready to get protecting colleagues ahead of this winter's flu season and drop-in flu clinics began on 1 October. Health workers are more at risk of catching flu and can infect vulnerable patients, as well as friends and family. This is why the NHS funds a vaccination programme every year to protect patients and staff. Research has shown around 7 in 10 people with flu can show no symptoms, but can still pass it on to others, with potentially fatal consequences. The flu vaccine is the most effective weapon we have against this hidden danger and we are strongly urging all colleagues to visit one of the daily clinics in Occupational Health or to get *#jabdone* from a workplace vaccinator. This year's vaccine is *quadrivalent*, which means it protects against four strains of flu, and will be more even more effective than last year's flu jab which did not cover the influenza B strain. All clinical teams have been paired with a workplace vaccinator, who in discussion with team leaders, will visit at the most convenient times to vaccinate team members. It is important to note that in a bad year, up to 14,000 people die in this country because of flu related illnesses.

Emergency attendances up by 43% - NHS Digital published data showing A&E attendances have increased by 22% in the last decade, with more than 23 million attendances to A&E departments last year alone. Since 2009, we have experienced the same trend locally, if not even more so. For example, our A&Es now see about 70 more patients a day than they did 10 years ago. And this doesn't reveal the true rise in demand, because since 2009 a minor injuries unit has opened in Bognor and we have changed our model of care by creating Emergency Floors. Once you add these into the equation, there are around 140 additional emergency care attendances every day than was the case ten years ago – that's an incredible 42.6% increase.

CT scanner - The 12-year-old 64-slice CT scanner in Worthing is being replaced with a modern scanner which both improves image quality and reduces exposure to radiation for patients. The 10 week replacement project, which began on 8 October, also includes the provision of improved patient changing facilities and a new cannulation area to improve patient flow. Radiology has extended the hours of the existing 320-slice CT scanner and is operating a 7-day service while the second CT scanner is being installed. The number of outpatient appointments at St Richard's has also been increased to accommodate some of the existing demand in Worthing.

2. Events and Visits

Thank you lunches - We hosted our thank you lunches at each hospital again this year which were a huge success and enjoyed by all. Thanks to Philippine's Best Catering for producing the delicious Filipino feast and in excess of 11,000 handmade spring rolls! Our "Thank you" lunches are the trust's largest staff engagement event and provide an opportunity for colleagues to take a little time out, talk to each other and reflect upon achievements and improvements. While queuing, staff were again asked if they feel they can personally make improvements at work, with 87% of those surveyed agreeing they do feel able to.

Organ donation - Organ Donation Week in September was themed *Words Save Lives – Tell your family you want to save lives through organ donation*. Once again the trust's Penguin sculptures in Worthing and Brutus the Rhino at St Richard's supported the campaign and helped to raise awareness of the importance of organ donation. To sign up, visit www.organdonation.nhs.uk or call 0300 123 2323.

An event was held in October jointly organised between trust governors and members of the Organ Donation Transplant Committee and comprised a special evening of drama and discussion at St Richard's. The free-to-attend event featured expert talks as well as two thought-provoking performances highlighting the impact that organ donation has on so many different lives.

Pets as Therapy (PAT) dog - Tallulah, a little Jackapoo dog, had a starring role at St Richard's where a documentary team filmed the PAT dog engage with patients. Tallulah and her handler Olivia visited patients on Howard and Boxgrove wards and at Donald Wilson House, closely followed by Japan's national broadcast company NHK. A staff screening of the English version of this documentary will be scheduled in the coming months.

Staff Conference - Our Keynote speaker, Matt King OBE, received a standing ovation from 300 members of staff following his captivating address at both staff conference days at Fontwell Park. The theme this year was *Patient Experience* and Matt spoke candidly about

both his positive and negative NHS experiences after he broke his neck playing rugby, aged just 17. His talk will also be shown, along with other video highlights from conference, at special screenings taking place in our education centres in Chichester and Worthing in November. The conference programme also included the chief executive's annual *state of the nation* address; examples of excellence from patient experience matron Katrina O'Shea; and table discussions to help develop a new Patient Charter for the trust, led by chief nurse Nicola Ranger. Delegates were invited to attend two workshops and over lunch enjoyed a market place with more than 25 stalls. The trust's dedicated charity *Love Your Hospital* sponsored the event, along with intraocular lens manufacturer

Diary dates - 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.

The next Trust Board meeting will take place on **3 January 2019, 10am-midday**, at St Richard's Hospital in the Bateman Room in Chichester Medical Education Centre (CMEC).

The trust's full Council of Governors (COG) met in public on 20 September at The Dome in Worthing. The governors, who represent our local population and stakeholder partners discussed the trust's performance, as well as trust membership and governance, and took questions from members of the public. The next COG will take place on **Monday 10th December 2018** at St Richard's Hospital**,** Mickerson Hall, Chichester Medical Education Centre commencing 09.30 and **Thur**sday 7th March 2019 at The Dome, 21-22 Marine Parade, Worthing BN11 3PT – commencing at 09.30.

3. Our People

In remembrance - In time, we will have dedicated spaces in each of our hospitals where we can reflect and remember team members who have passed away and teams will be able to request a rose bush be planted along with a memorial plaque dedicated to a colleague who has died. Thank you to everyone who has been involved in making the first garden at Worthing happen - this includes those who, having experienced a death of a colleague, recognised the need for memorial gardens.

In August a memorial plaque in the mortuary was unveiled by the family of Richard Bate. Richard died while at work in the mortuary on 2 August 2013 and, following his death, a number of improvements were made to the viewing room facilities used by families of the deceased. The room was renamed in his memory as the Richard Bate Viewing Room.

Spectacular STAR awards - We hosted our annual Staff Achievement and Recognition Awards (STARS) this month. It was a magical night and a spectacular induction for new chairman, Alan McCarthy, who joined us three days earlier! The STARS numbers only tell part of the story: a record 630 nominations, nearly 250 attendees, 14 categories, 24 trophies and the largest number of staff representatives on the night - 19 members from Pathology and IT - representing the Pathology LIMS project. This may be our ninth awards but it is was as special and moving as our very first and there's one simple reason why – our staff and volunteers are simply amazing. The full list of winners can be found on www.westernsussexhospitals.nhs.uk

There were some wonderful highlights during the evening; the warmth and support for our portering team, the winners of the Chairman's award, was a special moment. We welcomed Mike Viggers, now retired, but our chairman for 7 years back to present this prestigious award for which the porters received a heartfelt standing ovation. Other highlights included Maggie Davies' nomination for Catherine Keegan, Worthing A&E Matron, winner of Compassionate Care and Deb Dykes and the Critical Care Rehabilitation Fundraising team at St Richard's, winners of the first *Love Your Hospital*'s Fundraiser of the Year Award. Huge thanks goes to *Love Your Hospital* who funded the event using donations received from grateful patients and relatives wishing to thank staff and volunteers for the outstanding care received. Social media was alive with congratulatory messages to our winners from staff and colleagues and some very personal messages and thanks expressed by patients. Do take a look at @westernsussexhospitals or #PFawards on Twitter – all the support is very moving.

Fundraising monies benefiting patients - New dementia gardens and brightly-coloured rest stops for patients with a dementia are being created at St Richard's and Worthing thanks to staff conquering Britain's tallest mountain last year. The 26 "Hospital Hikers", which included nurses, doctors, support workers and members of the board, raised £10,000 climbing Ben Nevis in May 2017 - funds which are now being spent on improving the trust's dementia facilities and services.

Mentor of the Year - Congratulations to Howard Ward lead nurse Samantha Deveson who has won the University of Surrey's *Mentor of the Year* award in recognition of the support she has given to paediatric student nurses.

Welcome to new colleagues

Dr Fiona Bowles GMC:6103137), Consultant in Emergency Medicine, St Richard's, 1 August

Mr Sebastian Adamson (GMC No: 5156653), Fixed Term Consultant in Obstetrics and Gynaecology, Worthing, from 19 July 2018 to 18 July 2019.

Dr Nicholas Child (GMC No: 6100330), Consultant in Cardiology, St Richard's from 15 October 2018.

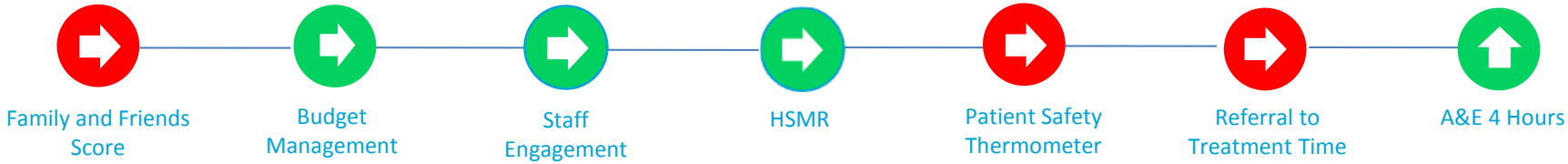
Dr Tehreem Raza (GMC: 7472569), Consultant in Breast Radiology, Worthing from 1 September 2018.

Dr Konstantina Boulougouri (GMC: 7122931), Consultant in Radiology, Worthing from 14 August 2018.

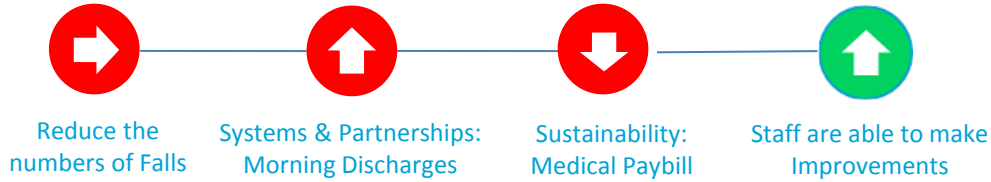
Patient First Board Report – October 2018

Western Sussex Hospitals NHS
NHS Foundation Trust

True North



Breakthrough Objectives



Arrows indicate:

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

True North

Western Sussex Hospitals NHS
NHS Foundation Trust

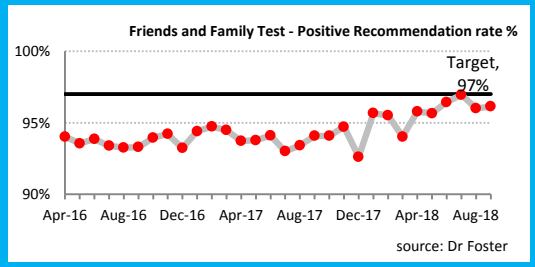
Friends and Family Score

Owner : Nicola Ranger

Status is RED and STABLE

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 is it important to know?

- All areas have achieved high recommendation rates in Sept:
  Inpatients =96.9%
  outpatients = 96.4%
  Maternity birth = 98.7%.
  A&E recommend rate 95%

What's gone well?

- A&E at Worthing response rate remain excellent (33%).
- Maternity (birth) achieved 54% response and 98.7% recommendation in Sept
- Outpatient dissatisfaction improved from 7.4% in Aug to 1.1% in sept

What are the current challenges?

- Response rate remains low at SRH A&E 9.2% in Sept.
- Both Emergency Floors have low response rates WH = 16.9% and SRH = 20.8%
- Inpatients concerned about noise at night and discharge planning.
- Outpatients concerned about car parking and temperature in waiting rooms (too cold at SRH and too hot at Worthing)

What are we doing about them?

- A&E Matron at SRH is being asked to set a daily target in the daily huddle as this has been successful at WH.
- A3's in development to improve experience and implement Patient Experience Strategy

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

How are we managing them?

- An action plan is in place to deliver improvements in patient experience.

Board Assurance Risk Score				
Target 6	M1 6	M2 6	M3 6	M4 6
M5 6	M6 6			

Patient

True North

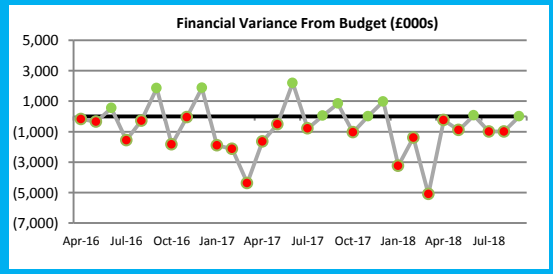
Western Sussex Hospitals NHS
NHS Foundation Trust

Budget Management

Owner : Karen Geoghegan

Status is GREEN and STABLE

What are we trying to achieve?
- The Trust is required to deliver a control total surplus of £1.2m
- Delivery of the financial plan enables the Trust to access the Provider Sustainability Fund (PSF) income. A total of £16.3m is available to the Trust.
- Metric is variance to financial plan.



What is it important to know?
- At the end of Q2, the Trust is reporting a surplus of £0.2m. The trust will receive £3.5m of PSF income for meeting the year to date financial and A&E waiting time trajectories.
- The control total for the end of Q3 is a surplus of £549k. Delivery of which will earn the trust a minimum of £3.4m PSF income, with a further £1.46m dependent on A&E performance.

What's gone well?
- Achievement of financial control total in Q2 earning £3.5m of PSF income for the quarter.
- A total of £5.7m PSF income has been earned for performance in Q1 and Q2.

What are the current challenges?
- Delivery of planned activity levels within delegated budgets.
- Reduction in demand for temporary medical staff and reduction in premium cost of temporary placements.

What are we doing about them?
- Daily monitoring of booking and activity for elective.
- Medical paybill agreed as break-through objective and Medical Workforce Action Group established.
- Delivery requirements for Q3 and Q4 discussed with Finance and Investment Committee.

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 PSF income

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 16	M2 20	M3 20	M4 20
M5 20	M6 20			

Sustainability

True North

Western Sussex Hospitals NHS Foundation Trust

Staff Engagement Score

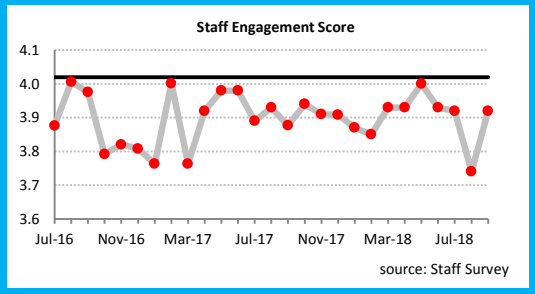
Owner : Denise Farmer

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 2018 launched successfully on 1 October. Closes early December.
- End of Wk3 – response rate at 28% v. 34% in 2017
- Mixed online and hard copy questionnaires
- 2nd staff conference due 18/10/18

What's gone well?

- Series of large scale events through the summer including Thank You lunches, STARS and staff conference
- Engagement in Estates and Facilities has seen consistent improvement in last 3 months

What are the current challenges?

- Engagement with hard to reach groups (medical staff inc. junior doctors, medical secretaries)
- Operational pressures and tired workforce
- Capturing data from W&C division who run own H&S days

What are we doing about them?

- Working with PGME's, LNC and Chiefs/CDs to encourage uptake of medical staff
- W&C division – monitor uptak through SDR

What are the Organisational Risks?

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

How are we managing them?

- Promoting and marketing opportunities
- Workstream to improve staff mental health wellbeing – pilot being scoped
- Increasing visibility of senior staff at peak times

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

People

True North

Western Sussex Hospitals NHS
NHS Foundation Trust

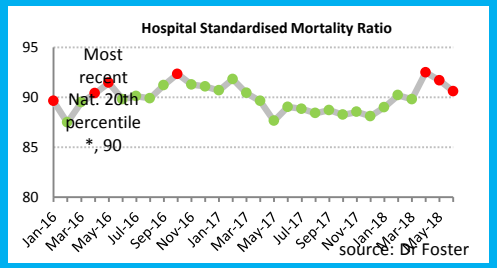
HSMR

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 is it important to know?

- HSMR is 90.6 (12mths to June 2018) with observed 1855 vs 2047 expected deaths
- WSHFT HMSR is on the 22ndth percentile
- HSMR by site 84.7 SRH/96.1WH
- September's crude mortality rate was 2.24%, lower than last year 2.65% and ytd 2.96% (limit set at 3.13%) and rolling 12m is 3.0%.

What's gone well?

- Consultant screening reviews have reviewed 85% of deaths since inception and the Structured Judgement Mortality Care note review process (SJR) is well embedded
- Additional palliative care resources are to be provided by St Barnabas Hospice on the Worthing site

What are the current challenges?

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

What are we doing about them?

- Implementing the business case that supports mortality reviews
- Increasing the workload of SJR's and undertaking panel reviews
- The FT consultant in palliative care funded by St. Barnabas Hospice will start at Worthing from autumn 2018

What are the Organisational Risks?

- Mortality reviews highlight patients with delays in recognition and issues meeting end of life care needs.
- Achieving the required volume of SJ reviews.

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

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

Quality Improvement

True North

September 2018

Western Sussex Hospitals NHS
NHS Foundation Trust

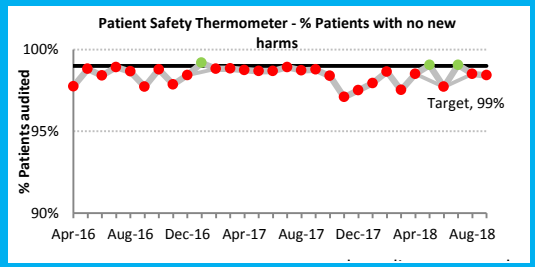
Patient Safety Thermometer

Owner : Nicola Ranger

Status is RED and STABLE

What are we trying to achieve?

- Reduce the number of patients coming to harm during their stay in WSHFT, this can impact on wellbeing, length of stay and recommendation.
- Harm is measured monthly using the National Safety Thermometer.



What is it important to know?

- 98.41% no new harms this month, slightly below target

What's gone well?

- No hospital associated CAUTI's reported on safety thermometer day for the 3rd month in a row
- Lowest number of hospital associated VTE in month

What are the current challenges?

- Pressure ulcers are the biggest contributor to hospital associated harm, this month with 9 reported on Safety Thermometer day
- Patients presenting with pressure ulcers on admission remain the highest overall cause of harm

What are we doing about them?

- Pressure Ulcer driver wards improvement plans revisited by Tissue Viability team
- VTE improvement work plans continue
- Harm Free Care Improvement Nurse clinical working with wards teams to support improvement work

What are the Organisational Risks?

- Safety Thermometer is a once a month prevalence measure and only measures 4 harms on that day.
  - Falls
  - Pressure Damage
  - Catheter associated urinary tract infections (CA-UTI's)
  - Venous Thromboembolism . (VTE's)

How are we managing them?

- All harms reported via Datix system.
- Oversight of all harms via Triangulation Committee.

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

Quality Improvement

True North

Western Sussex Hospitals NHS
NHS Foundation Trust

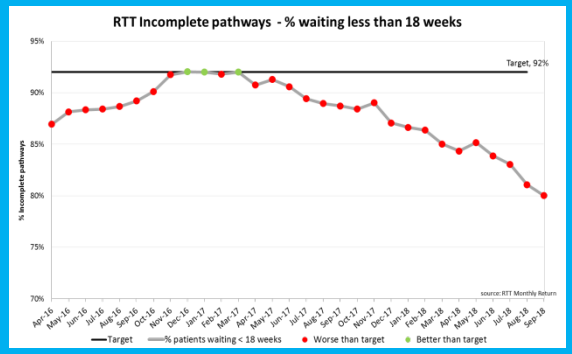
Referral to Treatment Times

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 is it important to know?

- Achieved 80.01% <18 wks for September.
- The Trust was non-compliant with National target and behind 18/19 trajectory
- 14 specialties were non compliant

What's gone well?

- Reduced clock starts (-2.8%) Sep 2018 compared to Sep 2017
- Waiting List size reduced by 1072 cases Sep-18 compared to Aug-18
- Theatre productivity improved by 2.8% Sep-18 compared to Sep-17

What are the current challenges?

- 2.3% increase in clock starts Apr - Sep 2018 compared to same period 2017, particularly impacting urology 2 week patients, gastro, and gynaecology
- Workforce constraints in certain specialties

What are we doing about them?

- Trust has a recovery plan for all specialties, to increase theatre and clinic productivity, WLIs, outsourced support.
- Demand management support from LHE
- Specific ophthalmology and orthopaedic review/ actions with executive and clinical leads

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.

How are we managing them?

- Activity and pathway management programme in place tracking speciality level delivery .
- Weekly specialty level improvement and recovery review with DDOs and Divisions.
- Executive led ophthalmology recovery plans
- Focus on theatre and clinic productivity

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

Systems and Partnerships

True North

Western Sussex Hospitals NHS
NHS Foundation Trust

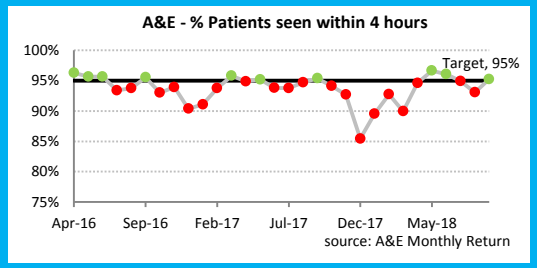
A&E 4 Hour Waiting Times

Owner : Pete Landstrom

Status is GREEN and IMPROVING

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 is it important to know?

- Over 65 emergency admissions remained static September 2018 compared to Sep-17, whilst over 85s reduced by 8% in comparison to the preceding year.

What's gone well?

- 95.2% performance September
- 133 MFFD Patients on average, 8 fewer than August 2017

What are the current challenges?

- A&E attends 1.9% increase compared to Sep 2017, with 3.4% increase in patients aged over 65
- Occupancy rate increased September with 93.9% compared with 92.3% August.

What are we doing about them?

- Focus has been on improving flow
- A revised bed plan for 18/19 has been developed by Medicine and Surgery Divisions.

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.

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.
- Ward discharge by midday project focus

Board Assurance Risk Score				
Target 8	M1 9	M2 6	M3 6	M4 6
M5 9	M6 6			

Systems and Partnerships

Breakthrough Objectives

Western Sussex Hospitals NHS
NHS Foundation Trust

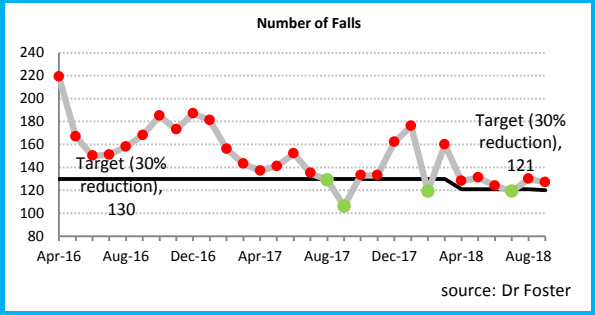
Reduce the Number of Falls

Owner : George Findlay

Status is RED and STABLE

What are we trying to achieve?

- Reduce the number of patients that fall in our Trust. This causes harm and has an impact on length of stay and our reputation.
- Falls are measured continuously via Datix.



What is it important to know?

- There were 126 falls this month; only narrowly missing improvement goal

What's gone well?

- 6 driver wards met their improvement goals this month.
- Current positive performance sustained over 6 months

What are the current challenges?

- Falls relating to toilet needs remains a strong theme, accounting for 41% of falls.
- Continuing issues with usability of the patient track falls assessment

What are we doing about them?

- A3 plan for improving continence support.
- Falls risk assessment reverting to paper version while patient track team address issues -aim to have resolved by end October.

What are the Organisational Risks?

- Focus on falls prevention could result in other types of harm increasing.

How are we managing them?

- All harms reported via Datix system. Oversight of all harms via Triangulation Committee.

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

Quality Improvement

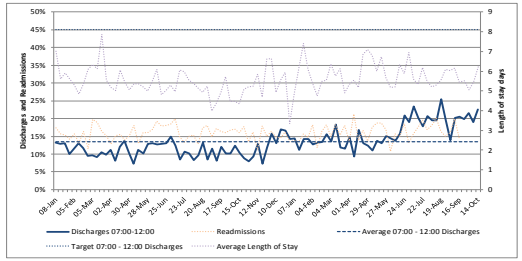
Breakthrough Objectives

Western Sussex Hospitals NHS
NHS Foundation Trust

Systems & Partnerships: Morning Discharges

Owner : George Findlay

Status is RED and IMPROVING



What are we trying to achieve?

- Increase the number of Patients discharged between 7 to 12
- Reduce the number of Night Moves
- Metric is to increase the percentage of "morning" discharged patients from 10% to 45%.

What's gone well?

- The current performance increased from 10% to 23%
- The % of morning Discharges related just to Wards are 35%
- The number of Discharges in the last 3 months before 3pm is still double than 2017 (about 45%)
- EF in SRH did a massive improvement

What are the Organisational Risks?

- Winter Pressure
- Programme Sustainability

What are the current challenges?

- Operational Pressure e.g. staffing
- Job Planning
- Engagement
- TTOs
- Package of Care
- Timing of Blood test

How are we managing them?

- Engagement Session
- Weekly Gembas
- Coaching

What is it important to know?

- Discharge earlier in the day patients create benefits for patients Flow, staff are more supported during the day hours for MDT and create standard process among the Wards
- An improved Flow will benefit the Winter Pressure

What are we doing about them?

- Gemba plan to coach at Ward level and sustain the programme
- Engagement session with Clinical team
- Comms for Package of care optimization
- Trial new process for Blood test
- Analysis on late discharges

Board Assurance Risk Score				
Target 9	M1 9	M2 6	M3 6	M4 6
M5 6	M6 6			

Systems and Partnerships

Breakthrough Objectives

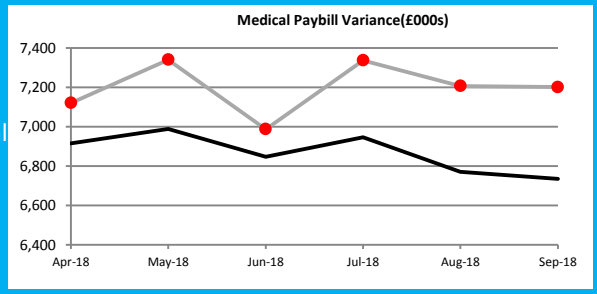
Western Sussex Hospitals NHS
NHS Foundation Trust

Medical Paybill

Owner : Karen Geoghegan

Status is RED and DETERIORATING

What are we trying to achieve?
- Remain within the aggregate budget for medical staffing, including substantive and medical staffing.
- Reduce the amount spent on premium rate and temporary workforce solutions



What is it important to know?
- Medical pay was £0.5m above budget in M5, bringing the cumulative overspend to £2.0m.
- The Medicine Division is the largest contributor to the overspend.

What's gone well?
- Improved fill rate at junior and middle grade levels following most recent rotation.
- Reduction in agency usage particularly in relation to junior doctor rotas in the Medicine Division.

What are the current challenges?
- Continued high usage of temporary staff through internal bank despite improved fill rates.
- Eliminating variation in locum and agency rates for shifts .
- Vacancies in specialities where there is a national shortage of candidates

What are we doing about them?
- Review of rates paid at Medical Workforce Action Group.
- Recruitment initiatives at specialty level.
- Development of alternative roles and service models.

What are the Organisational Risks?
- Unsustainable level of expenditure on medical workforce preventing access to Provider Sustainability Fund and investment in service improvement

How are we managing them?
- Executive led Workforce Transformation Steering group and Director led Medical Workforce Action Group to have oversight of development and implementation of action plans.

Board Assurance Risk Score				
Target 9	M1 15	M2 15	M3 15	M4 15
M5 15	M6 15			

Sustainability

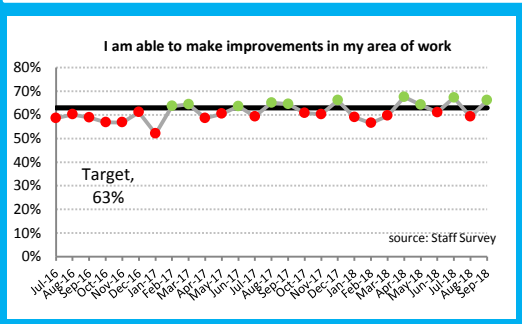
Breakthrough Objectives

Western Sussex Hospitals NHS Foundation Trust

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?

- Baseline – 53% (Sep 2016)
- Current– 66.14% (Sep 2018) exceeded target of 63%
- Staff Survey 2018 – starts 1 October
- Staff conferences – opportunity to showcase improvements staff have made

What's gone well?

- SDR process in divisions with engagement as a driver metric
- Significant improvement in Estates and Facilities division in 12 months(29.4% to 47.3%)
- Surgery – 82.3% in month
- Wave 8 lunch and learn

What are the current challenges?

- Understanding what's underpinning variation in monthly results
- How we capture feedback from Medical staff

What are we doing about them?

- Developing other metrics to measure success of interventions
- How can we capture real time feedback from medical staff?

What are the Organisational Risks?

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

How are we managing them?

- Continuing roll out of PFIS
- Extending improvement huddles in non-clinical areas
- Using staff engagement events to promote the improvements staff have already made

Board Assurance Risk Score

Target 9	M1 6	M2 6	M3 9	M4 6
M5 6	M6 3			

People

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Trust Board
Date of Meeting: 25 October 2018 Agenda Item: 7

Title
Month 06 (September), 2018/19 Monthly Quality Report
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.
Recommendation
The Board is asked to: Note the contents of this report.
Communication and Consultation
Not applicable
Appendices
Appendix 1: Quality Scorecard Appendix 2: Ward Staffing Scorecard

1 INTRODUCTION

1.1 This report brings together key national, regional and local indicators relating to quality, performance 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 2018/19 REFRESH

2.1 There has been a refresh of the Monthly Quality Report for 2018/19 to reflect the key quality objectives for the next year aligned to Patient First and our True North objective[1]. 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 2017/18:-

- If 2017/18 performance exceeded target, then 2017/18 actuals used as 2018/19 target
- If 2017/18 performance did not meet target then 2017/18 target remains the same for 2018/19
- If there is a national or set target then that will continue as the measure
- Any metrics with no target set continue as before

2.1.2 The Quality Scorecard for 2018/19 incorporates the following changes:

- Site view

  New indicators:

a) E45- % of Part 2 inpatient deaths reviewed
b) E54- Reduced A&E visits for a cohort of frequent attenders who would benefit from MH interventions
c) E59-Rate of discharges by midday under section 'Increase discharge effectiveness'
d) E55-Normal delivery rate under section 'To improve maternity care by encouraging natural childbirth'
e) E58-Induction of labour
f) S48-Focus on anticoagulants: Average no. patients per day on VTE missing report (EPMA)
g) X47- Local staff engagement score: *I am able to make improvements happen in my area of work:*

- Removal of some indicators as advised
- Some minor re-arranging of metrics and changes to metric definitions

[1] *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 KEY QUALITY OBJECTIVES

3.1 Scorecard Definitions

3.1.1 The full Quality Scorecard is presented as Appendix 1. Figures are in-month figures (e.g. the number of falls reported in September) 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 currently 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.

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 (green) + 3 (green) + 1 (red) = 7
7 / 3 (i.e. the total number of metrics) = 2.33 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	July 2018	August 2018	Sept 2018	2018/19 to date	2018/19 Target / limit
Effectiveness Domain Score	2.10	1.95	2.25	2.08	
Safety Domain Score	2.62	2.03	2.10	2.15	
Experience Domain Score	2.61	2.39	2.52	2.57	
E01 Trust crude mortality rate (non-elective)	2.26%	2.55%	2.24%	2.40%	3.10%
E03 Hospital Standardised Mortality Ratio for top 56 diagnoses (Dr Foster, based on rolling 12 months)				91.7	100
S06 Number of Serious Incidents Requiring Investigation (number reported in month)	5	4	1	29	53
S14 Numbers of hospital attributable MRSA	0	0	0	0	0
S28 Numbers of hospital C. diff where a lapse in the quality of care was noted	2	0	0	4	16
X38 The Friends and Family Test: Percentage Recommending Inpatients	97.5%	97.7%	97.0%	97.2%	97%
X39 The Friends and Family Test: Percentage Recommending A&E	96.2%	94.2%	94.2%	94.8%	93%
X13 Mixed Sex Accommodation breaches (number of breaches)	0	0	0	0	0
X18 Number of complaints	34	42	37	206	456

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 decreased from 2.55% reported in August, to 2.24% reported in September, this remains lower than the equivalent month in 2017 (2.65%).

4.1.3 The number of non-elective patients (Crude) who died in September was 129 (2.24%) from 5752 discharges. Worthing and Southlands reported 67 deaths of 2973 discharges (2.25%) and St Richards Hospital reported 62 deaths of 2779 discharges (2.23%). The year to date mortality rate is 2.40% and the rolling 12 month mortality rate is 2.96%.

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 NHS Digital and Dr Foster. The most recent data available is June 2018.

4.2.2 The Trust's HSMR for the twelve months to June 2018 is 90.6 (1855 deaths against expected 2047) 100 is the level predicted by the Dr Foster model using the March 2018 benchmark.

4.2.3 The twelve month HSMR to June 2018 split by site continues to be lower for St Richard's 84.8 (841 deaths against expected 991) than for Worthing and Southlands 96.1 (1041 deaths against expected 1056). It is noted that the Worthing and Southlands site upward trend has continued, however both sites are within acceptable variation limits (below 100).

4.2.4 In view of the persisting and significant difference in site specific HMSR a month by month analysis has been undertaken and shows an unusually large difference between the site specific HMSR in October and November last year. This large divergence was short lived and since February the values for the site specific HMSR have been tightly aligned.

4.2.5 For those two months Chichester had an exceptionally low and Worthing an unexpectedly high HMSR although the latter remained within the expected range. In both months there were significantly less deaths than expected at Chichester and more than expected at Worthing. The variation was greatest at Chichester. It also appears that higher numbers of patients coded for 'unspecified septicaemia' at Worthing in October and November could have contributed to the high HMSR at Worthing by causing a spike in the relative risk. This is under review with the coding team.

4.2.6 E10. 30 day mortality rate following hip fracture – remains relatively static and in June 2018 was reported at 7.8% against target of 5.70% (YTD actual 7.8%). The national hip fracture database annual report is overdue and will include case mixed adjusted data for the Trust enabling accurate

benchmarking. It is anticipated that a focused report on NOF mortality using this benchmarking will be available for the next Trust board.

4.2.7 E09. Standardised Mortality Ratio for hip fracture – has improved from 117.4 in May 2018 to 105.6 in June 2018, against a target of 100. St Richards SMR for hip fracture stands at 93.3 in June 2018 and Worthing's at 116. The Orthopaedic Improvement Programme Board has been asked to focus on fractured neck of femur as a priority theme.

4.2.8 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.

4.2.9 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 June 2018 performance using this measure continues to place us outside of the top 20% for the first time since 2015; the Trust is now on the 22th centile (30nd out of 134 Trusts). This is partially due to the upward trend in relative risk at the Trust, but may also be due to the fact that other Trusts are improving their relative risk profile.

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 March 2018. The Trust value has increased slightly to 0.97 from 0.95 in Q2 2017/18 (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- the Trust Caesarean Section rate from August to September shows a decrease from 28.00% to below target 25.60% against a target of 27.8% (YTD 27.87%). 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 **safe** birth continues to be an area of focus for the division and rates are closely monitored via monthly divisional performance reviews.

4.4.2 E58 Induction of labour (new indicator). September's data reports a minimal increase from 31.7% to 32.90% from August, against a target of 29.4%.

4.4.3 Induction of labour rates have doubled since 2012, this is probably due to changes in national recommendations for the management of reduced fetal movements and the increasing numbers of women with diabetes in pregnancy. Ten percent of pregnant women now fulfil the criteria for diabetes in pregnancy following national changes to screening. The cumulative effect of larger numbers of women being induced over many days is leading to strain on midwifery staffing as this group require more intensive input with higher need for analgesia, monitoring and an increased risk of complications. The impact of this increasing 'elective' work in maternity is difficult to balance with the

non-elective work of the service and there are subsequent delays in the induction process. This can impact on the experience of women although priority is always given to those with a higher level of risk. The service is investigating new methods of induction that are likely to improve the induction experience for women and reduce the time spent waiting for the next stage of the process. A full evaluation of the new approach is nearing completion and it is hoped that this will be in place in the autumn.

4.4.4 E59. Rate of discharges by midday (new indicator). Septembers data reports a stasis in discharge rate at 14.6% against a target of 45% (YTD 14.7%).

4.4.5 E18. % Emergency admissions staying over 72h screened for dementia. Since July there is a reported decrease in performance, September's data reports 83.42% compliance against a Trust target of 90%. A summary update will be provided for Novembers report.

4.4.6 E39. Ward moves for patients flagged with dementia. In September a total of 151 patients with a dementia were affected by ward moves, a significant and continuous month on month improvement improvement on the August figure of 200 patients being moved.

4.4.7 E45. Percentage of part 2 inpatient deaths reviewed. In relation to the Trust mortality review (MR) process in September; 43.0 % of part 2 MR was completed against a Trust target of 100 (YTD 66.5%).

4.4.8 E47. Percentage patients with sepsis receiving antibiotic therapy within one hour of arrival - reported August- (no data available for September). August's data has increased from July to 74.85% against the YTD target of 90%. Worthing site shows a small increase in the number of patients with severe sepsis receiving antibiotics within one hour of arrival from 72.09% in July 2018 to 75.71% in August 2018. SRH saw a decrease from 80.0% reported in July, to 70.97% reported in August. A refreshed programme of work to support improvement in sepsis is about to commence with support from the Kaizen and Clinical Effectiveness teams.

4.5 <u>Stroke Care (Data to August)</u>

4.5.1 E27. Stroke thrombolysis within 60 minutes of arrival demonstrates an increase from August to September 2018 of 66.79% to 80% against a Trust target of 95%. (Worthing data is reporting 0% indicating data not available which will affect the overall average score).

4.5.2 E26. Percentage of CT scans undertaken within 12 hours has decreased from 97.0% in July to 92.5% in August, below the annual target of 95%. Worthing site reported 100% compliance and SRH reported 92.1% compliance.

4.5.3 E28. Percentage of swallow screen for stroke patients within 4 hours of admission has improved from 83.9% in July to 88.6% in August 2018, against an annual target of 95%.

4.5.4 E29. % Stroke patients admitted to stroke unit within 4 hours of admission. (Worthing data is reporting 0% indicating data not available which will affect the overall average score). A decrease in performance is noted from July to 75.0% reported in August, Trust target is 90% and YTD total is recorded as 76.7%

4.5.6 Stroke performance is benchmarked against the Sentinel Stroke Audit (SSNAP), with sites being graded from A-D based on 10 domains (44 metrics). Data and grading is published in 4-monthly periods Dec-Mar, Apr-Jul and Aug-Nov.

4.5.7 The latest Sentinel Stroke Audit (SSNAP) data published for the period April – June 2018 showed an improvement in stroke performance for both sites. Worthing achieved an overall Grade A (Up from a B) and St Richards achieved a Grade B (Up from a C).

5.0 **SAFETY**

5.1 Central Alert System (CAS) Safety Alerts

5.1.1 There are no outstanding alerts for the Trust up to September; 2018.

5.2 Serious Incidents Requiring Investigation (SIRIs)

5.2.1 There was 1 reported incidents categorised as a Serious Incident (SI) requiring investigation in September.

5.2.3 Regarding serious incident's investigated internally at WSHFT; the one reported serious incident was in relation to a patient who fell, developed a subdural haematoma, and sadly died at Southampton General Hospital following transfer to the neurological centre.

5.2.4 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 SI report and the number of significant incidents – this is because incidents are attributed to the month in which they occur whereas the SI data is based on the month in which the SI was reported externally.

5.2.5 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. In September 23 incidents were

reported, against a yearly target of 153 (YTD actual 103), whilst above the Trust target, the increased focus and vigilance with reporting incidents and accurately grading the harm level, triangulated with the mortality reviews (and reporting harm on to the electronic incident reporting system Datix) may account for the rise.

5.2.6 On a monthly basis there is triangulation of information arising out of complaints, claims, serious incidents, Freedom to Speak Up themes, safeguarding (Serious Case Review) and inquests to identify any areas of learning or for focus. The Triangulation Committee continues to 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. Representatives from the CCG quality team attend the meetings on invite and have commented that the increase in quality of the SI investigation, timely submission and closure on first submission to the CCG Serious Incident Review Group is to be noted.

5.3 Infection control

5.3.1 There were 2 cases of Clostridium Difficile reported in September and of these, there was 1 case where a lapse of care was identified. This case was on the Worthing site and the root causes were identified as antibiotics use, isolation, clinical equipment, and the stool sample.

5.3.2 The Trust remains within the C.diff trajectory and the Trusts C.diff action plan has been refreshed for 2018/2019 following a workshop. This action plan is discussed at every Infection control operational group meeting (ICOG) and every Trust Infection Control Committee (TICC) meeting and is a live working document.

5.3.3 The allocated Trust target limit for 2018/19 (C/Diff) is set at 38 [2]. Incidence in September was 7.58 cases per 100,000 bed days against the national average for 2017/18 of 13.2 cases per 100,000 bed days[3].

5.3.4 S16a. Number of hospital attributable MSSA bacteremia cases in September has been reported as a total of 1 (potentially due to catheter care), an improvement from August when the number was reported as 5.

5.3.5 S17a. Number of Hospital attributable E.coli cases in September has been reported as a total of 5, a decrease/improvement from the 7 reported in August. Two of these cases were reported on the Worthing site and 3 at SRH. The root causes being identified as biliary sepsis, urosepis and a surgical wound infection.

[2] *NHSI (2017) Clostridium difficile infection objectives for NHS organisations in 2017/18 and guidance on sanction implementation. Page 5*
[3] *https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data.*

5.3.6 The Lead IPC Nurse has been invited to attend NHSI UTI Collaboration four day event held from September – January 2019. This will support clinical practice improvement by providing a structured programme utilizing quality improvement theory and methodology to reduce gram negative BSI. All learning is discussed at ICOG meetings.

5.3.7 S44. Antimicrobial stewardship and consumption: 2% reduction in overall antibiotic consumption. April's data demonstrates a decrease to 10% against a target of -4.0%

5.3.8 Total antimicrobials reaching this target remain difficult and the Trust is unlikely to meet the target for this aspect of the CQUIN but is still awaiting feedback from Public Health England. The organisation continues to look at specific areas to identify where interventions to reduce antimicrobial use can be made e.g. A&E and the emergency floor. The Trust have taken a more active role in stewardship on micro-ward rounds and using daily antibiotics and sepsis flagged patients lists to identify patients who can be stepped down, stopped and reviewed in the medical notes.

5.3.9 Access, Watch and Reserve (AWaRe): The ACCESS antibiotics are first- and second-choice options for common infections; they should be readily available in all facilities. The WATCH group includes antibiotic classes that should be prescribed only for specific indications, since they are at higher risk of bacterial resistance. Some ACCESS antibiotics, such as ceftriaxone or azithromycin, are also part of the WATCH group. The RESERVE group is made up of last-resort options, such as colistin or IV fosfomycin.

5.3.10 AWaRe categories, again progress excellent. The Trust continues to ensure guidelines promote narrow-spectrum use and police the use and prescribing of antimicrobials for inpatients. Pharmacy is currently working with A&E to encourage reductions in broad-spectrum use.

5.3.11 S08. Medication incidents. Septembers reported data has seen a decrease in reporting to 70. As the Trust encourages a culture of transparency and incident reporting, the pharmacy team will be linking with the Trust analyst team to review the current scorecard targets and improvement trajectory.

5.4 Falls

5.4.1 During July the Trust and the Sussex Clinical Commissioning Groups Quality Team (within the Sustainability and Transformational Partnership STP) agreed a change in process for serious incident reporting in line with the NHSE Serious Incident Framework 2015. The SI process will only be triggered if following an internal panel review it is felt that the incident meets national SI reporting framework requirements. The existing panel meeting allocation for pressure ulcers will now also be used to review the SWARMs and concise investigation reports for all future moderate harm falls.

5.4.2 In September, inpatient falls marginally decreased from a total of 131 reported in August, to 127 reported in September (YTD actual is now above Trust target) and higher than the equivalent month last year. Of the 127 falls reported, 31 resulted in causing harm to patients; this is a reduction from 45

reported in August. From the overall monthly total of 127, 64 falls were noted at Worthing Hospital and 63 were recorded at St Richards Hospital.

5.4.3 There were 7 falls resulting in a moderate degree of harm to patients. Of these falls, 2 resulted in patients sustaining a fractured neck of femur, 2 resulted in a fractured wrist, 2 resulted in a head injury (subdural) and one fall resulted in a fractured finger.

5.4.4 The number of falls in September equates to 4.81 per 1,000 bed days against a national figure of 6.63.[4] Of the falls reported as resulting in harm in September, those causing significant harm (severe harm/death) equate to 0 per 1000 bed days against the national figure of 0.19.

5.5 Tissue Viability

5.5.1 During September the Trust reported at total of 32 (this is revalidated data after the scorecard was published and not 34 as first reported) incidents of pressure damage both equal to and greater than European Pressure Ulcer Advisory Group (EPUAP) category 2- an increase in reporting from August's data of 21.

5.5.2 The incidence of pressure ulcers, category 2 and above including those developing within 72 hours after admission per 1000 bed days in September was 1.21, against a national rate of 0.85 (as per the Safety Thermometer data).

5.5.3 There were 299 patients admitted to the Trust from the community with existing pressure damage, the majority being from the patient's own home (226). A meeting is planned for October with the clinical commissioning group and community leads to review collaborative working opportunities.

5.5.4 The number of hospital ulcers in month has increased for the second consecutive month which reflects the picture of a further increase in preadmission ulcers. The tissue viability team has reviewed the 'pareto' for harm and prioritised wards for intensive support with their improvement work in the coming month. POP (Plaster of Paris) meeting was held this month following recent cluster of POP related harm, in addition a new care pathway and 'red tape' alert system to be launched in October.

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.

[4] *Royal College of Physicians. National Audit of Inpatient Falls: audit report 2015. London: RCP, 2015.*

5.6.2 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 September was 98.4%, the internal target of 99% is set by the organisation and YTD the Trust is reporting 98.5% compliance.

5.6.3 S11. Compliance with VTE assessment of patients during September was 93.1% against a target of 95.3% (YTD 95.3%).

5.6.4 Anti-coagulants are widely used within the organisation for both prophylaxis and for treatment of venous thromboembolism (VTE). The use of the medication carries risks of error and omission – both within this organisation and nationally. Within the organisation over the last year a number of key areas were identified for focus of which the following areas have made significant progress:

- Prescribing of new oral anticoagulant drugs with varied or insufficient consultation and counselling – including the issue of a 'preventable future death' notice from the coroner in relation to a recent episode
- Lack of clear information about anti-coagulated patients being transferred with patients at discharge

5.6.5 However there still remains areas that require further focus to reduce risk:

- Lack of VTE prophylactic prescribing despite completion of VTE risk assessment – approximately 20 patient per year experience a VTE episode due to lack of prophylactic prescribing.
- Differences in process and guidelines for bridging patients on anti-coagulants and ensuring alignment to the revised Trust-wide bridging guidelines. Up to 70 surgical procedures per year cancelled due to anticoagulant issues.

5.6.6 National data relating to the NHS safety thermometer is available here:
http://www.safetythermometer.nhs

5.6.7 S48. Focus on anticoagulants: Average no. patients per day on VTE missing report Electronic Prescribing Medication Administration (EPMA). September's data reports 41.6 against a Trust target of 50.

5.6.8 To improve outcomes for patients, and reduce risk, there is an aligned review of patients appearing on the EPMA miss-match report jointly across core and medical divisions, including an assessment of the revised EPMA report within the ward rounds.

6 Safer Staffing

6.1.1 Safecare/Safecare Live(Allocate) started to be introduced into the Trust in September 2016.

6.1.2 Safecare offers Nursing and operational leads from Ward to Board the ability to access staffing need compared to real time patient acuity and dependency. Additionally, it offers the ability to identify staffing variations and the potential solution from the system.

6.1.5 The Trust has run the existing staffing report in parallel for several months but has now moved this over to Safer Care. The night time variance reported in August of 79.4% has improved to 81.2% in September, however data may still demonstrate month on month variance whilst the electronic system is being fully embedded.

7 PATIENT EXPERIENCE

7.1.1 PALS and Complaints

7.1.2 During September the Trust received 37 complaints, the top five themes (in order) being noted as clinical treatment, staff attitude, date for appointment, admission, transfer and discharge, and communication (oral).

7.1.3 Divisions continue to embed a more proactive response to new complaints to try to facilitate resolution quickly for patients and families. In September 90% of complaints collectively were closed within 25 working days, achieving the overall target of 80% of complaints closed within this time frame. All divisions, with the exception of Medicine achieved this target in month.

7.1.4 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.

8.1 Friends and Family Test (FFT)

8.1.1 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.

8.1.2 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.

8.2 Friends and Family Test Response Rates:

8.2.1 Work continues to improve response rates (inpatient) towards a target this year of 40% (with an interim target for A&E of 23% YTD actual 22.0%). September's data reports 42.8% compliance. The average response rate in 2017/18 for NHS acute trusts was 12.7%.

8.2.2 Response rates for maternity- delivery care for September have reached the Trust target, and the YTD actual score of 44.1% exceeds the Trust YTD target of 40%.

8.2.3 A&E FFT response rates continue to improve, however a slight decrease in performance is noted in both antenatal and outpatient care The proportion of patients who would have recommended our services to friends and family in September compares favourably with national median benchmark and also against our internal target as per the table below:

8.2.4

	Percentage recommending WSHFT in September (plus YTD)	**Target**
Inpatient care	97.0% (97.2%)	97%
A&E	94.7% (94.8%)	93%
Maternity: Delivery care	98.7% (97.3%)	97%
Outpatient care	96.4% (96.6%)	97%
Maternity: Antenatal care	92.3% (98.1%)	97%
Maternity: Postnatal ward	98.7% (97.7%)	97%
Maternity: Postnatal community care	100% (98.5%)	97%

8.2.5 X08. Percentage of re-booked outpatient appointments was recorded in September as 11.6% against an annual target of 7.8%. This correlates with the increase in PALS contacts (X19 reported July) relating to appointment problems in both outpatients and eye clinics.

9 RECOMMENDATION

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

Jo Habben
Head of Clinical Governance and Patient Safety
18/10/2018

Keith Ashall, Senior Health Intelligence Analyst
t: 01903 205111 (ext 84478)

QUALITY SCORECARD - WSHFT

SEPTEMBER 2018

		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	YTD Actual	YTD Target	Target	Trend
EFFECTIVENESS																		
	Effectiveness domain score	2.48	2.46	2.36	2.29	2.22	2.30	2.47	1.88	2.13	2.13	2.10	1.95	2.25	2.08			
	Trust-wide mortality																	
E01	Trust crude mortality rate (non-elective)	2.65%	3.15%	3.06%	3.26%	4.25%	3.86%	3.52%	3.10%	2.21%	2.05%	2.26%	2.55%	2.24%	2.40%	3.10%	3.10%	
E02	Crude mortality rate (non-elective): 12 month rolling	3.09%	3.07%	3.06%	3.05%	3.07%	3.10%	3.11%	3.13%	3.08%	3.03%	3.00%	2.99%	2.96%	2.96%	3.11%	3.11%	
E03	Trust Hospital Standardised Mortality Ratio (HSMR) (rollin 12M)	88.7	88.2	88.5	88.1	89.0	90.2	89.8	90.0	91.7	90.6				91.7	100	100	
E04	Summary Hospital-level Mortality Indicator (SHMI) (rolling 12M)	0.95		0.96			0.97								0.97	1	1	
E45	% of Part 2 inpatient deaths reviewed	91.4%	89.6%	91.6%	85.9%	83.5%	76.2%	67.3%	73.5%	74.1%	77.6%	68.4%	60.5%	43.0%	66.5%	100%	100%	
	Improve mortality in specific conditions																	
E47	% patients with sepsis receiving antibiotic therapy within one hour	87.1%	84.0%	81.8%	80.4%	74.4%	77.6%	77.8%	74.55%	76.53%	80.24%	72.39%	74.85%		75.88%	90%	90%	
	Reduce mortality following hip fracture																	
E09	SMR for hip fracture (all diagnoses/procedures) (rolling 12M)	92.2	89.4	93.8	88.5	95.0	97.3	101.5	100.2	117.4	105.6				105.6	100	100	
E10	30 day mortality rate following hip fracture (rolling 12M)	7.1%	7.8%	7.7%	6.8%	7.4%	7.6%	7.5%	7.5%	8.2%	7.8%				7.8%	5.70%	5.70%	
	Increase discharge effectiveness																	
E59	Rate of discharges by Midday	13.1%	13.0%	14.2%	13.9%	14.8%	13.7%	14.5%	12.82%	13.9%	15.6%	16.1%	14.9%	14.6%	14.7%	45%	45%	
	Reduce the rate of readmission following discharge from the Trust																	
E11	Emergency readmissions within 30 days %	13.8%	14.4%	14.0%	13.6%	13.2%	14.4%	13.8%	14.13%	14.44%	14.42%	14.39%	14.63%	14.01%	14.33%	13%	13%	
	To improve maternity care by encouraging natural childbirth																	
E13	C-Section Rate	29.4%	27.1%	28.8%	33.0%	29.4%	32.1%	31.3%	26.40%	28.20%	29.80%	29.20%	28.00%	25.60%	27.87%	27.80%	27.8%	
E15	% Deliveries complicated by post-partum haemorrhage	0.2%	0.7%	0.2%	0.3%	0.5%	1.1%	0.2%	0.20%	1.00%	0.20%	0.20%	0.20%	0.50%	0.38%	1%	1%	
E17	Admission of term babies to neonatal care	2.5%	3.5%	2.6%	3.8%	2.1%	3.8%	3.1%	4.30%	4.10%	4.40%	3.50%	4.20%	2.30%	3.80%	10%	10%	
E58	Induction of labour	28.9%	36.5%	34.5%	41.8%	36.7%	34.1%	38.8%	37.90%	39.80%	35.80%	32.60%	31.70%	32.90%	35.12%	29.4%	29.4%	
E60	Normal delivery rate	37.4%	36.5%	35.5%	30.5%	30.8%	31.0%	28.5%	34.0%	27.5%	29.8%	38.4%	31.9%	35.8%	32.9%	NA	NA	
	Caring for the elderly patient																	
E18	% Emergency admissions staying over 72h screened for dementia	82.9%	94.2%	96.9%	87.3%	93.8%	93.0%	88.9%	91.32%	91.01%	93.10%	87.39%	87.41%	83.42%	89.04%	90%	90%	
E39	Ward moves for patients flagged with dementia	110	174	163	217	236	193	182	207	186	203	232	200	151	1179	1128	2257	
E42	Night-time ward moves for patients flagged with dementia : Total	23	44	44	66	42	44	59	45	26	35	33	40	31	210	250	500	
E42	Night-time ward moves for patients flagged with dementia : % Total excluding Emergency Floor	25.0%	30.8%	25.0%	20.0%	26.0%	42.7%	23.7%	15.6%	15.4%	22.9%	18.8%	20.0%	29.0%	20.3%	NA	NA	
	Stroke care																	
E26	% CT scans undertaken within 12 hours	95.1%	90.2%	97.6%	93.6%	91.9%	97.9%	95.9%	93.5%	100.0%	95.3%	97.0%	92.5%		95.7%	95%	95%	
E27	% Stroke thrombolysis within 60 minutes of hospital arrival	71.4%	81.8%	77.8%	88.9%	66.7%	40.0%	50.0%	75.0%	81.8%	66.7%	66.7%	80.0%		74.0%	95%	95%	
E28	% Swallow screen for stroke patients within 4 hours of admission	87.9%	83.3%	87.8%	71.8%	66.2%	85.4%	94.0%	75.0%	82.4%	85.7%	83.9%	88.6%		83.1%	95%	95%	
E29	% of stroke patients admitted to stroke unit within 4 hours of admission	75.6%	74.2%	72.9%	68.1%	48.9%	73.6%	73.0%	75.0%	81.2%	70.1%	82.4%	75.0%		76.7%	90%	90%	
E30	% high risk TIA patients seen within 24 hours	8.3%	15.4%	7.7%	0.0%	14.3%	0.0%	16.7%	15.4%	16.7%	17.6%	6.3%	10.0%		13.2%	60%	60%	
	Ensure active engagement with research																	
E23	Patients recruited with CRN portfolio								147	119	298	409	173	179	1325	1400	2800	
	Data Quality																	
E37	% inpatients with electronic discharge summaries produced	92.7%	93.4%	92.6%	91.5%	92.2%	92.7%	92.0%	92.8%	92.2%	92.8%	92.6%	89.5%	90.5%	91.7%	94.2%	94.2%	
	Mental Health Care																	
E54	Reduced A&E vists for a cohort of frequent attenders who would benefit from MH interventions	34	26	31	18	17	22	28	27	34	33	21	19	21	155	244	488	
SAFETY																		

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QUALITY SCORECARD - WSHFT

SEPTEMBER 2018

		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	YTD Actual	YTD Target	Target	Trend
	Safety domain score	2.19	2.06	2.22	2.14	2.19	2.31	2.07	2.21	2.28	2.31	2.62	2.03	2.31	2.15			
	Safer staffing																	
S36	Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts)	94.0%	91.7%	94.3%	94.1%	95.6%	92.2%	93.0%	92.0%	94.1%	93.4%	96.1%	84.6%	89.1%	91.7%	95%	95%	
S37	Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts)	94.9%	91.2%	95.1%	93.7%	97.1%	90.6%	90.1%	90.6%	94.8%	95.5%	96.3%	79.4%	81.2%	87.4%	95%	95%	
S38	Safer Staffing: Average fill rate - care staff (day shifts)	94.3%	90.5%	92.7%	93.6%	93.8%	90.3%	90.5%	92.4%	94.0%	93.8%	96.2%	94.1%	98.7%	94.8%	95%	95%	
S39	Safer Staffing: Average fill rate - care staff (night shifts)	93.8%	91.2%	95.2%	93.3%	95.8%	92.4%	92.7%	94.7%	94.9%	96.6%	96.8%	116.0%	124.0%	106.4%	95%	95%	
S41	Care Hours Per Patient Day (CHPPD)	7.1	6.4	6.5	6.4	6.4	6.3	6.6	6.5	6.8	7.1	7.3	7.2	7.1	7.0	NA	NA	
	NHS safety thermometer																	
S02	Safety Thermometer: % of patients harm-free	95.5%	94.4%	92.8%	92.8%	94.4%	95.3%	93.5%	96.0%	95.0%	94.5%	96.1%	93.9%	94.6%	95.0%	95.70%	95.70%	
S03	Safety Thermometer: % of patients with no new harms	98.8%	98.4%	97.2%	97.5%	97.9%	98.7%	97.9%	98.5%	99.0%	97.7%	99.1%	98.5%	98.4%	98.5%	99%	99%	
	Monitoring of clinical incidents																	
S19	NEVER events	1	0	0	0	0	0	0	1	0	1	0	0	0	2	0	0	
S04	Total incidents	686	800	772	765	848	713	760	744	787	791	857	845	797	4821	4575	9150	
S05	Total moderate, severe or death incidents	14	13	20	14	11	16	12	19	11	20	8	22	23	103	77	153	
S06	Total serious incidents (SIRIs)	6	2	4	10	6	3	2	8	4	7	5	4	1	29	26	53	
S07	Number of outstanding CAS alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Reducing medication error harm																	
S08	Medication incidents	74	93	85	83	100	75	78	87	81	94	124	80	70	536	600	1200	
S09	Moderate/severe medication incidents	0	0	0	0	0	0	0	1	0	1	0	0	1	3	3	5	
	Reduce incidence of healthcare acquired infections																	
S14	Number of hospital attributable MRSA cases	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	
S15	Number of hospital C.diff cases	1	2	3	1	6	3	5	2	4	1	2	4	2	15	19	38	
S28	Number of C. diff cases where a lapse in the quality of care was noted	1	0	2	1	4	2	2	0	2	0	2	0	1	5	8	16	
S16	Number of reportable MSSA bacteraemia cases	9	9	9	8	6	7	7	10	7	7	13	10	8	55	47	94	
S16a	Number of hospital attributable MSSA bacteraemia cases	2	3	2	2	1	3	1	0	3	0	4	5	1	13	11	22	
S17	Number of reportable E.coli cases	31	38	36	25	35	29	33	32	32	30	27	29	30	180	375	751	
S17a	Number of hospital attributable E.coli cases	3	6	6	6	8	7	3	4	6	5	1	7	5	28	30	60	
	Improve theatre safety for patients																	
S18	Full compliance with WHO Surgical Safety Checklist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	
S30	SSIs: Total hip replacement	2.5%		1.6%			3.0%		2.0%						2.0%	1.1%	1.1%	
S33	SSIs: Total knee replacement	4.1%		2.2%			0.0%		0.6%						0.6%	1.5%	1.5%	
S34	SSIs: Large bowel surgery	15.0%		9.9%			5.4%		12.9%						12.9%	12%	12%	
S35	SSIs: Breast surgery	5.2%		5.5%			3.3%		4.2%						4.2%	3.8%	3.8%	
	Reduce number of falls in hospital																	
S50	All falls	105	133	134	160	179	120	160	129	131	124	121	131	127	763	726	1452	
S21	Falls resulting in harm	31	43	38	46	47	39	40	39	25	31	30	45	31	201	230	459	
S22	Falls resulting in severe harm or death	1	0	0	0	0	1	0	0	0	0	0	1	0	1	1	1	
	Pressure ulcers																	
S49	Grade 2+ pressure ulcers	25	33	52	46	43	19	37	27	23	26	5	21	34	136	120	240	
	Other safety metrics																	
S11	VTE Assessment Compliance	94.1%	94.9%	93.8%	93.0%	93.9%	94.1%	93.2%	94.1%	93.4%	94.2%	93.8%	94.0%	93.1%	93.8%	100.0%	100.0%	

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QUALITY SCORECARD - WSHFT

SEPTEMBER 2018

		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	YTD Actual	YTD Target	Target	Trend
	Medicines Optimisation																	
S44	Antimicrobial stewardship and consumption: 2% Reduction in overall antibiotic consumption	3.5%	8.4%	0.5%	7.6%	6.0%	4.7%	15.8%	10%						10%	-4.0%	-4.0%	
S45	Antimicrobial stewardship and consumption: 1% reduction in the use of carbapenems	2.0%	8.0%	-24.0%	2.0%	-1.0%	13.5%	-5.7%	-40%	-31%	-27%	-29%	-33%		-32%	-2.0%	-2.0%	
S47	Focus on anticoagulants: Patients on Direct Oral Anticoagulants (NOACs) receiving counselling	49.0%	56.0%	52.0%	46.0%	50.0%	46.0%	36.0%	62%	69%	75%	68%	76%	72%	70.3%	50.0%	50.0%	
S48	Focus on anticoagulants: Average no. patients per day on VTE prophylaxis missing report *NEW*										60.7	62.1	48.0	41.6	53.1	50	50	
EXPERIENCE																		
	Experience domain score	2.48	2.39	2.52	2.52	2.52	2.48	2.32	2.48	2.43	2.61	2.61	2.39	2.52	2.57			
	Friends and Family Test																	
X38	Trust Friends and Family Recommend %: Inpatient	96.7%	96.7%	97.0%	95.7%	97.0%	97.0%	96.3%	97.2%	96.7%	97.2%	97.5%	97.7%	97.0%	97.2%	97%	97%	
X39	Trust Friends and Family Recommend %: A&E	84.0%	85.5%	88.1%	84.5%	88.0%	88.5%	87.4%	91.7%	93.8%	95.6%	96.2%	94.2%	94.7%	94.8%	93%	93%	
X40	Maternity Friends and Family Recommend %: Antenatal care (36 weeks)	100.0%	96.6%	100.0%	89.5%	100.0%	100.0%	100.0%	97.4%	100.0%	100.0%	100.0%	97.1%	92.3%	98.1%	97%	97%	
X41	Maternity Friends and Family Recommend %: Delivery care	96.1%	97.5%	98.5%	97.9%	98.9%	98.4%	98.0%	97.5%	97.9%	97.2%	97.7%	94.5%	98.7%	97.3%	97%	97%	
X42	Maternity Friends and Family Recommend %: Postnatal ward	96.1%	97.5%	98.5%	97.9%	98.9%	98.4%	98.0%	97.5%	97.9%	97.2%	97.7%	94.5%	98.7%	97.3%	97%	97%	
X43	Maternity Friends and Family Recommend %: Postnatal community care	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	98.5%	97%	97%	
X44	Trust Friends and Family Recommend %: Outpatient	97.4%	97.1%	97.2%	97.2%	97.7%	96.5%	97.1%	96.7%	96.7%	96.3%	96.8%	96.5%	96.4%	96.6%	97%	97%	
	Friends and Family Test response rates																	
X24	Trust Friends and Family Response Rate: Inpatient	35.4%	42.2%	41.8%	35.2%	34.5%	39.0%	33.1%	37.6%	42.6%	43.7%	48.9%	44.8%	38.3%	42.8%	40%	40%	
X25	Trust Friends and Family Response Rate: A&E	8.1%	11.6%	13.6%	11.0%	9.1%	8.0%	10.1%	10.4%	19.6%	27.5%	27.5%	23.4%	22.8%	22.0%	23%	23%	
X33	Maternity Friends and Family Response Rate: Delivery care	58.5%	80.5%	65.2%	39.9%	87.9%	51.2%	48.1%	47.5%	47.0%	36.1%	39.1%	41.4%	54.0%	44.1%	40%	40%	
	Reduction in patients suffering a bad experience dealing with the Trust																	
X08	Percentage of re-booked outpatient appointments	12.4%	12.6%	11.9%	13.0%	12.4%	13.6%	14.1%	13.2%	11.8%	11.3%	11.1%	11.2%	11.6%	11.7%	7.80%	7.8%	
X09	Clinics cancelled with less than 6 weeks notice for annual/study leave	40	26	23	20	44	41	18	22	35	19	21	19	41	157	143	285	
X11	PALS contacts relating to appointment problems (% of total appts)	0.09%	0.09%	0.09%	0.10%	0.10%	0.12%	0.13%	0.14%	0.15%	0.18%	0.18%	0	0	0.17%	0.08%	0.08%	
X12	Reduce patients cancelled on the day of surgery for non-clinical reasons	9	56	41	19	29	30	42	26	12	13	32	26	17	126	168	336	
X13	Breaches of mixed sex accommodation arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Nutritional Assessment																	
X14	Compliance with MUST tool after 24 hours	88.3%	88.3%	87.4%	83.4%	83.0%	85.6%	78.4%	87.7%	88.7%	91.6%	91.7%	90.1%	87.9%	89.6%	80%	80%	
X15	Compliance with MUST tool after 7 days	99.4%	99.2%	99.3%	98.8%	98.1%	98.7%	100.0%	99.3%	98.9%	99.1%	99.2%	98.9%	98.9%	99.1%	95%	95%	
	Cleanliness / PLACE Survey																	
X16	Internal PLACE compliance	95%	97%	95%	96%	97%	97%	97%	98%	98%	97%	97%	97%	95%	97%	95%	95%	
	Improve our customer service and become a more caring organisation																	
X18	Number of complaints	38	32	42	30	34	28	38	26	42	25	34	42	37	206	228	456	
X19	Complaints where staff attitude or behaviour is an issue	4	6	2	3	1	0	3	1	2	2	5	9	3	22	22	43	
X20	Complaints where staff communication is an issue	1	1	2	0	2	2	0	0	2	3	2	3	3	13	20	39	
X21	Complaints about nursing	0	5	9	2	2	2	5	5	6	5	1	4	1	22	20	39	
	Staff engagement																	
X47	Local staff engagement score: I am able to make improvements happen in my area of work	64.5%	60.8%	57.6%	66.1%	60.3%	56.5%	59.6%	67.6%	64.2%	61.0%	67.3%	59.2%	66.1%	64.2%	68%	68%	

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QUALITY SCORECARD - Worthing

SEPTEMBER 2018

		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	YTD Actual	YTD Target	Target	Trend
EFFECTIVENESS																		
	Effectiveness domain score	2.48	2.46	2.36	2.29	2.22	2.30	2.47	2.08	1.96	1.96	2.19	1.95	2.05	2.00			
	Trust-wide mortality																	
E01	Trust crude mortality rate (non-elective)	2.55%	4.05%	3.96%	3.47%	4.51%	4.04%	3.85%	2.96%	2.60%	2.11%	2.81%	2.81%	2.25%	2.59%	3.10%	3.10%	
E02	Crude mortality rate (non-elective): 12 month rolling	3.27%	3.29%	3.33%	3.34%	3.68%	3.40%	3.42%	3.40%	3.33%	3.29%	3.31%	3.31%	3.28%	3.31%	3.11%	3.11%	
E03	Trust Hospital Standardised Mortality Ratio (HSMR) (rollin 12M)	89.7	90.6	91.8	91.5	94.1	95.6	95.9	96.8	97.3	96.1				96.1	100	100	
E04	Summary Hospital-level Mortality Indicator (SHMI) (rolling 12M)	n/a													n/a			
E45	% of Part 2 inpatient deaths reviewed	95.9%	88.8%	97.5%	94.3%	86.5%	76.1%	69.4%	81.5%	66.3%	72.1%	60.7%	46.0%	28.4%	60.1%	100%	100%	
	Improve mortality in specific conditions																	
E47	% patients with sepsis receiving antibiotic therapy within one hour	89.5%	85.0%	79.0%	79.0%	74.5%	77.8%	76.5%	72.26%	73.65%	79.73%	72.09%	75.71%		74.79%	90%	90%	
	Reduce mortality following hip fracture																	
E09	SMR for hip fracture (all diagnoses/procedures) (rolling 12M)	101.5	100.1	109.5	96.1	106.2	114.2	112.4	112.4	130.7	116.0				116.0	100	100	
E10	30 day mortality rate following hip fracture (rolling 12M)	7.4%	7.6%	7.4%	7.4%	8.4%	9.0%	8.5%	8.5%	9.4%	8.9%				8.9%	5.70%	5.70%	
	Increase discharge effectiveness																	
E59	Rate of discharges by Midday	12.3%	12.1%	14.3%	13.6%	13.4%	13.5%	13.7%	11.9%	14.1%	15.1%	15.6%	14.0%	14.9%	14.3%	45%	45%	
	Reduce the rate of readmission following discharge from the Trust																	
E11	Emergency readmissions within 30 days %	14.0%	14.7%	13.5%	13.8%	12.8%	15.1%	13.1%	14.81%	14.27%	14.78%	14.82%	16.17%	14.29%	14.85%	13%	13%	
	To improve maternity care by encouraging natural childbirth																	
E13	C-Section Rate	35.1%	27.7%	30.8%	36.6%	26.9%	30.2%	29.9%	26.10%	28.30%	31.50%	28.20%	30.90%	27.50%	28.75%	27.80%	27.8%	
E15	% Deliveries complicated by post-partum haemorrhage	0.5%	1.0%	0.0%	0.6%	0.5%	1.6%	0.5%	0.00%	2.00%	0.50%	0.00%	0.00%	1.00%	0.58%	1%	1%	
E17	Admission of term babies to neonatal care	1.5%	3.9%	1.9%	2.2%	1.5%	3.2%	3.1%	3.40%	1.50%	1.90%	1.40%	3.60%	1.50%	2.22%	10%	10%	
E58	Induction of labour	29.8%	39.1%	30.8%	38.3%	35.8%	32.4%	34.5%	33.50%	41.80%	32.50%	30.60%	33.60%	33.50%	34.25%	29.4%	29.4%	
E60	Normal delivery rate	35.6%	33.2%	35.1%	29.1%	34.3%	34.6%	30.9%	37.4%	27.9%	31.5%	37.0%	29.5%	34.0%	32.9%	NA	NA	
	Caring for the elderly patient																	
E18	% Emergency admissions staying over 72h screened for dementia	86.5%	93.8%	95.8%	87.0%	94.9%	94.2%	91.8%	92.49%	94.41%	94.82%	89.81%	88.28%	85.35%	90.98%	90%	90%	
E39	Ward moves for patients flagged with dementia	38	97	76	99	122	92	70	90	74	99	95	87	66	511	507	1014	
E42	Night-time ward moves for patients flagged with dementia : Total	11	23	26	37	25	25	26	19	13	18	16	22	16	104	124	247	
E42	Night-time ward moves for patients flagged with dementia : % Total excluding Emergency Floor	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Stroke care																	
E26	% CT scans undertaken within 12 hours	92.9%	89.5%	97.8%	100.0%	90.9%	100.0%	97.7%	87.5%	100.0%	89.5%	100.0%	100.0%		95.4%	95%	95%	
E27	% Stroke thrombolysis within 60 minutes of hospital arrival	75.0%	66.7%	50.0%	83.3%	40.0%	0.0%	40.0%	75.0%	80.0%	66.7%	66.7%	0.0%		72.1%	95%	95%	
E28	% Swallow screen for stroke patients within 4 hours of admission	100.0%	91.2%	100.0%	100.0%	88.2%	100.0%	97.4%	100.0%	100.0%	97.1%	97.1%	100.0%		98.8%	95%	95%	
E29	% of stroke patients admitted to stroke unit within 4 hours of admission	67.4%	73.2%	71.7%	70.7%	44.7%	78.9%	72.7%	86.5%	78.4%	70.0%	100.0%	0.0%		67.0%	90%	90%	
E30	% high risk TIA patients seen within 24 hours	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	25.0%	28.6%	14.3%	22.2%	0.0%	14.3%		15.9%	60%	60%	
	Ensure active engagement with research																	
E23	Patients recruited with CRN portfolio								78	80	75	130	105	130	598	700	1400	
	Data Quality																	
E37	% inpatients with electronic discharge summaries produced	91.4%	92.8%	92.8%	90.2%	91.7%	92.2%	92.2%	92.1%	92.2%	92.5%	91.6%	89.4%	89.5%	91.2%	94.2%	94.2%	
	Mental Health Care *NEW*																	
E54	Reduced A&E vists for a cohort of frequent attenders who would benefit from MH interventions	16	3	12	7	7	2	12	6	5	5	11	3	7	37	109	218	

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SAFETY

	Safety domain score	2.19	2.06	2.22	2.14	2.19	2.31	2.07	2.34	2.37	2.56	2.56	2.00	2.44	2.17		
	Safer staffing																
S36	Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts)	94.2%	92.4%	93.2%	95.1%	93.4%	92.9%	92.8%	91.9%	93.9%	93.0%	94.4%	84.6%	90.7%	91.6%	95%	95%
S37	Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts)	97.2%	93.4%	96.3%	95.5%	97.1%	93.5%	90.5%	91.5%	96.2%	96.2%	95.8%	81.9%	83.3%	89.0%	95%	95%
S38	Safer Staffing: Average fill rate - care staff (day shifts)	94.6%	90.2%	90.9%	94.4%	90.9%	89.3%	89.9%	92.7%	94.7%	94.9%	95.3%	93.1%	96.9%	94.6%	95%	95%
S39	Safer Staffing: Average fill rate - care staff (night shifts)	96.8%	96.0%	98.3%	96.3%	95.5%	97.1%	95.8%	97.7%	96.9%	98.9%	97.4%	118.6%	126.8%	108.4%	95%	95%
S41	Care Hours Per Patient Day (CHPPD)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	NHS safety thermometer																
S02	Safety Thermometer: % of patients harm-free	95.1%	93.5%	92.3%	94.1%	93.8%	95.1%	93.0%	95.6%	93.7%	94.0%	95.8%	92.4%	94.7%	94.4%	95.70%	95.70%
S03	Safety Thermometer: % of patients with no new harms	99.2%	98.1%	96.5%	97.6%	97.9%	98.7%	97.7%	98.7%	98.8%	97.1%	99.3%	98.9%	98.9%	98.6%	99%	99%
	Monitoring of clinical incidents																
S19	NEVER events	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
S04	Total incidents	372	439	421	385	454	382	406	378	405	404	469	397	412	2465	2471	4942
S05	Total moderate, severe or death incidents	10	7	14	7	8	10	7	7	6	11	3	9	12	48	41	82
S06	Total serious incidents (SIRIs)	4	0	2	4	2	3	1	3	3	4	3	3	0	16	14	27
S07	Number of outstanding CAS alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Reducing medication error harm																
S08	Medication incidents	46	51	50	44	52	49	43	57	46	51	79	33	32	298	300	600
S09	Moderate/severe medication incidents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3
	Reduce incidence of healthcare acquired infections																
S14	Number of hospital attributable MRSA cases	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0
S15	Number of hospital C.diff cases	1	1	3	0	4	2	3	1	1	1	2	3	1	9	9	19
S28	Number of C. diff cases where a lapse in the quality of care was noted	1	0	2	0	2	1	2	0	0	0	2	0	1	3	4	8
S16	Number of reportable MSSA bacteraemia cases	6	6	5	6	6	5	4	8	5	4	6	7	5	35	23	47
S16a	Number of hospital attributable MSSA bacteraemia cases	1	2	2	2	1	3	0	0	3	0	1	4	0	8	5	11
S17	Number of reportable E.coli cases	14	18	23	15	18	13	16	21	19	15	12	13	20	100	216	432
S17a	Number of hospital attributable E.coli cases	2	3	5	5	4	4	0	3	4	2	1	4	2	16	15	30
	Improve theatre safety for patients																
S18	Full compliance with WHO Surgical Safety Checklist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%
S30	SSIs: Total hip replacement	n/a		n/a			n/a			n/a						n/a	n/a
S33	SSIs: Total knee replacement	n/a		n/a			n/a			n/a						n/a	n/a
S34	SSIs: Large bowel surgery	20.4%		12.0%			4.4%			13.6%					13.6%	12%	12%
S35	SSIs: Breast surgery	4.6%		2.1%			3.6%			3.8%					3.8%	3.8%	3.8%
	Reduce number of falls in hospital																
S50	All falls	53	77	57	78	99	61	77	55	64	56	58	66	64	363	363	726
S21	Falls resulting in harm	21	27	14	25	32	23	24	18	13	15	13	28	18	105	127	254
S22	Falls resulting in severe harm or death	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0
S40	Repeat falls	3	7	6	3	6	5	9	4	3	1	2	6	4	20	31	62
S23	Falls assessment within 24hrs of admission (Surgery only)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Pressure ulcers																
S49	Grade 2+ pressure ulcers	15	23	41	32	26	13	22	19	19	13	4	9		83	60	120

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	Other safety metrics																
S11	VTE Assessment Compliance	93.8%	94.8%	93.8%	93.9%	94.7%	95.1%	93.3%	93.8%	93.8%	94.7%	94.6%	94.5%	94.4%	94.3%	100.0%	100.0%
	Medicines Optimisation *NEW*																
S44	Antimicrobial stewardship and consumption: 2% Reduction in overall antibiotic consumption	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S45	Antimicrobial stewardship and consumption: 1% reduction in the use of carbapenems	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S46	Antimicrobial stewardship and consumption: 1% reduction in the use of Tazocin	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S47	Focus on anticoagulants: Patients on Direct Oral Anticoagulants (NOACs) receiving counselling	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S48	Focus on anticoagulants: Average no. patients per day on VTE prophylaxis missing report	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EXPERIENCE																	
	Experience domain score	2.48	2.39	2.52	2.52	2.52	2.48	2.32	2.25	2.60	2.55	2.45	2.25	2.50	2.65		
	Friends and Family Test																
X38	Trust Friends and Family Recommend %: Inpatient	96.8%	95.9%	96.7%	94.6%	97.3%	96.8%	95.6%	97.1%	97.0%	96.8%	97.2%	97.6%	97.3%	97.2%	97%	97%
X39	Trust Friends and Family Recommend %: A&E	86.0%	84.6%	85.8%	82.6%	87.6%	88.6%	89.5%	91.5%	95.5%	96.7%	96.7%	95.4%	95.7%	95.9%	93%	93%
X40	Maternity Friends and Family Recommend %: Antenatal care (36 weeks)	100.0%	94.6%	100.0%	100.0%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	83.3%	97.7%	97%	97%
X41	Maternity Friends and Family Recommend %: Delivery care	95.2%	96.8%	99.1%	100.0%	98.8%	97.7%	97.1%	96.7%	95.5%	95.8%	97.2%	93.9%	98.5%	96.6%	97%	97%
X42	Maternity Friends and Family Recommend %: Postnatal ward	95.2%	96.8%	99.1%	100.0%	98.8%	97.7%	97.1%	96.7%	95.5%	95.8%	97.2%	93.9%	98.5%	96.6%	97%	97%
X43	Maternity Friends and Family Recommend %: Postnatal community care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
X44	Trust Friends and Family Recommend %: Outpatient	96.6%	96.6%	0.0%	97.4%	97.9%	96.3%	97.4%	96.3%	97.1%	95.9%	83.3%	96.0%	95.6%	93.8%	97%	97%
	Friends and Family Test response rates																
X24	Trust Friends and Family Response Rate: Inpatient	34.4%	38.5%	37.0%	30.0%	30.2%	37.9%	37.7%	36.9%	45.2%	43.4%	54.5%	45.9%	44.1%	45.1%	40%	40%
X25	Trust Friends and Family Response Rate: A&E	8.1%	9.9%	12.4%	9.4%	8.2%	8.2%	12.3%	11.1%	26.7%	42.8%	42.1%	37.8%	32.9%	32.4%	23%	23%
X33	Maternity Friends and Family Response Rate: Delivery care	44.0%	61.9%	56.3%	28.0%	80.6%	48.4%	35.6%	44.3%	43.8%	35.0%	33.3%	30.0%	67.5%	42.0%	40%	40%
	Reduction in patients suffering a bad experience dealing with the Trust																
X08	Percentage of re-booked outpatient appointments	12.5%	12.9%	12.6%	13.9%	13.2%	14.1%	14.9%	13.7%	12.5%	11.7%	11.8%	11.9%	12.1%	12.3%	7.80%	7.8%
X09	Clinics cancelled with less than 6 weeks notice for annual/study leave	15	16	8	9	34	24	13	15	19	7	9	5	21	76	78	156
X11	PALS contacts relating to appointment problems (% of total appts)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
X12	Reduce patients cancelled on the day of surgery for non-clinical reasons	5	43	25	12	7	5	16	16	5	5	4	5	9	44	84	168
X13	Breaches of mixed sex accommodation arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nutritional Assessment																
X14	Compliance with MUST tool after 24 hours	87.4%	85.4%	82.8%	81.6%	79.7%	87.0%	75.0%	89.6%	90.3%	91.7%	90.2%	89.4%	86.3%	89.6%	80%	80%
X15	Compliance with MUST tool after 7 days	99.7%	99.1%	99.1%	98.8%	99.2%	99.2%	100.0%	99.8%	99.3%	99.2%	99.4%	98.8%	98.9%	99.2%	95%	95%
	Cleanliness / PLACE Survey																
X16	Internal PLACE compliance	96%	95%	94%	96%	98%	98%	98%	98%	98%	98%	97%	97%	95%	97%	95%	95%
	Improve our customer service and become a more caring organisation																
X18	Number of complaints	29	17	26	16	23	13	18	11	19	12	23	24	22	111	114	228
X19	Complaints where staff attitude or behaviour is an issue	4	3	0	2	0	0	1	0	1	1	3	4	3	12	11	22
X20	Complaints where staff communication is an issue	0	1	2	0	1	2	0	0	1	1	2	2	1	7	10	20
X21	Complaints about nursing	0	1	8	0	1	1	3	4	2	2	0	3	0	11	10	20
	Staff engagement (indicators/targets not yet agreed)																
X47	Local staff engagement score: I am able to make improvements happen in my area of work	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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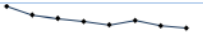
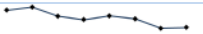
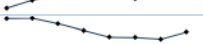
QUALITY SCORECARD - St Richards

SEPTEMBER 2018

		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	YTD Actual	YTD Target	Target	Trend
		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18				
EFFECTIVENESS																		
	Effectiveness domain score	2.48	2.46	2.36	2.29	2.22	2.30	2.47	1.88	2.00	2.08	1.95	2.05	2.25	2.21			
	Trust-wide mortality																	
E01	Trust crude mortality rate (non-elective)	2.77%	2.26%	2.10%	3.03%	3.98%	3.66%	3.17%	3.24%	1.78%	1.99%	1.70%	2.29%	2.23%	2.20%	3.10%	3.10%	
E02	Crude mortality rate (non-elective): 12 month rolling	2.90%	2.83%	2.76%	2.74%	2.75%	2.78%	2.77%	2.84%	2.80%	2.76%	2.66%	2.65%	2.61%	2.65%	3.11%	3.11%	
E03	Trust Hospital Standardised Mortality Ratio (HSMR) (rollin 12M)	87.6	85.6	84.9	84.2	83.4	84.5	83.3	82.7	85.8	84.8				84.8	100	100	
E04	Summary Hospital-level Mortality Indicator (SHMI) (rolling 12M)	n/a													n/a			
E45	% of Part 2 inpatient deaths reviewed	87.0%	91.0%	79.7%	75.3%	80.0%	76.3%	64.6%	65.6%	86.5%	84.2%	80.8%	78.6%	59.0%	74.5%	100%	100%	
	Improve mortality in specific conditions																	
E47	% patients with sepsis receiving antibiotic therapy within one hour	83.6%	81.6%	90.9%	90.9%	74.2%	77.3%	80.7%	85.71%	83.08%	84.21%	80.00%	70.97%		81.08%	90%	90%	
	Reduce mortality following hip fracture																	
E09	SMR for hip fracture (all diagnoses/procedures) (rolling 12M)	83.3	79.1	78.7	80.4	82.2	77.8	88.3	85.9	102.7	93.3				93.3	100	100	
E10	30 day mortality rate following hip fracture (rolling 12M)	6.9%	8.1%	8.1%	6.3%	6.3%	5.9%	6.3%	6.3%	6.9%	6.5%				6.53%	5.70%	5.70%	
	Increase discharge effectiveness																	
E59	Rate of discharges by Midday	13.9%	13.9%	14.0%	14.2%	16.1%	13.9%	15.3%	13.8%	13.8%	16.2%	16.6%	15.7%	14.3%	15.1%	45%	45%	
	Reduce the rate of readmission following discharge from the Trust																	
E11	Emergency readmissions within 30 days %	13.6%	14.1%	14.5%	13.3%	13.5%	13.7%	14.5%	13.42%	14.61%	14.07%	13.96%	13.14%	13.73%	13.82%	13%	13%	
	To improve maternity care by encouraging natural childbirth																	
E13	C-Section Rate	24.1%	26.6%	26.8%	29.6%	31.7%	34.1%	32.6%	26.60%	28.10%	28.10%	30.20%	25.20%	23.90%	27.02%	27.80%	27.8%	
E15	% Deliveries complicated by post-partum haemorrhage	0.0%	0.4%	0.5%	0.0%	0.4%	0.6%	0.0%	0.50%	0.00%	0.00%	0.40%	0.40%	0.00%	0.22%	1%	1%	
E17	Admission of term babies to neonatal care	3.3%	3.2%	3.3%	5.3%	2.7%	4.4%	3.1%	5.10%	6.80%	7.00%	5.60%	4.80%	3.10%	5.40%	10%	10%	
E58	Induction of labour	28.0%	34.4%	38.3%	45.2%	37.5%	35.7%	42.4%	42.10%	37.90%	39.20%	34.50%	29.70%	32.40%	35.97%	29.4%	29.4%	
E60	Normal delivery rate	39.1%	39.3%	35.9%	31.7%	27.6%	27.4%	26.3%	30.8%	27.1%	28.1%	39.7%	34.2%	37.4%	32.9%	NA	NA	
	Caring for the elderly patient																	
E18	% Emergency admissions staying over 72h screened for dementia	79.0%	94.7%	98.1%	87.5%	92.4%	90.5%	85.0%	89.77%	87.92%	90.96%	84.78%	86.01%	80.98%	86.82%	90%	90%	
E39	Ward moves for patients flagged with dementia	72	77	87	118	114	101	102	117	112	104	137	113	85	668	617	1233	
E42	Night-time ward moves for patients flagged with dementia : Total	12	21	18	29	17	19	33	26	13	17	17	18	15	106	126	252	
E42	Night-time ward moves for patients flagged with dementia : % Total excluding Emergency Floor	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	NA	NA	
	Stroke care																	
E26	% CT scans undertaken within 12 hours	97.3%	90.9%	97.4%	89.7%	92.2%	96.4%	93.1%	94.7%	100.0%	100.0%	96.4%	92.1%		96.7%	95%	95%	
E27	% Stroke thrombolysis within 60 minutes of hospital arrival	66.7%	100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	66.7%	80.0%	66.7%	0.0%	80.0%		73.3%	95%	95%	
E28	% Swallow screen for stroke patients within 4 hours of admission	74.2%	76.3%	74.3%	57.7%	59.6%	80.0%	89.3%	70.6%	77.8%	76.7%	76.7%	88.2%		78.0%	95%	95%	
E29	% of stroke patients admitted to stroke unit within 4 hours of admission	83.3%	73.3%	75.0%	65.5%	52.9%	69.0%	75.0%	63.2%	83.3%	68.9%	78.6%	78.9%		74.6%	90%	90%	
E30	% high risk TIA patients seen within 24 hours	12.5%	16.7%	9.1%	0.0%	14.3%	0.0%	0.0%	0.0%	20.0%	12.5%	12.5%	0.0%		9.0%	60%	60%	
	Ensure active engagement with research																	
E23	Patients recruited with CRN portfolio								68	32	217	95	63	40	515	700	1400	
	Data Quality																	
E37	% inpatients with electronic discharge summaries produced	93.9%	93.9%	93.9%	92.6%	92.6%	93.2%	92.0%	93.4%	92.2%	93.1%	93.4%	89.6%	91.3%	92.2%	94.2%	94.2%	

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	Mental Health Care																
E54	Reduced A&E vists for a cohort of frequent attenders who would benefit from MH interventions	18	23	19	11	10	20	16	21	29	28	10	16	14	118	109	218
SAFETY																	
	Safety domain score	2.19	2.06	2.22	2.14	2.19	2.31	2.07	2.23	2.48	2.11	2.59	2.30	2.37	2.32		
	Safer staffing																
S36	Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts)	93.8%	90.9%	95.6%	92.9%	98.3%	91.4%	93.1%	92.1%	94.3%	93.8%	98.1%	84.5%	87.3%	91.9%	95%	95%
S37	Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts)	92.0%	88.2%	93.6%	91.4%	97.2%	87.0%	89.6%	89.4%	93.0%	94.6%	96.9%	76.4%	78.6%	95.1%	95%	95%
S38	Safer Staffing: Average fill rate - care staff (day shifts)	93.8%	90.8%	95.2%	92.5%	97.9%	91.6%	91.2%	91.9%	93.0%	92.2%	97.6%	95.2%	100.0%	95.1%	95%	95%
S39	Safer Staffing: Average fill rate - care staff (night shifts)	89.5%	84.6%	90.8%	89.1%	96.2%	85.8%	88.3%	90.6%	92.2%	93.4%	96.0%	112.7%	120.4%	103.6%	95%	95%
S41	Care Hours Per Patient Day (CHPPD)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	NHS safety thermometer																
S02	Safety Thermometer: % of patients harm-free	96.4%	95.2%	93.5%	91.1%	94.9%	95.3%	93.8%	96.4%	95.7%	95.1%	96.4%	95.2%	94.0%	95.5%	95.70%	95.70%
S03	Safety Thermometer: % of patients with no new harms	98.2%	98.7%	98.1%	97.4%	97.8%	98.6%	98.0%	98.2%	94.1%	98.3%	98.6%	98.0%	97.8%	97.5%	99%	99%
	Monitoring of clinical incidents																
S19	NEVER events	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0
S04	Total incidents	314	361	351	380	394	331	354	366	382	387	388	448	385	2356	2104	4208
S05	Total moderate, severe or death incidents	4	6	6	7	3	6	5	12	5	9	5	13	11	55	37	74
S06	Total serious incidents (SIRIs)	2	2	2	6	4	0	1	5	1	3	2	1	1	13	14	28
S07	Number of outstanding CAS alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Reducing medication error harm																
S08	Medication incidents	28	42	35	39	48	26	35	30	35	43	45	47	38	238	300	600
S09	Moderate/severe medication incidents	0	0	0	0	0	0	0	1	0	1	0	0	1	3	1	3
	Reduce incidence of healthcare acquired infections																
S14	Number of hospital attributable MRSA cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S15	Number of hospital C.diff cases	0	1	0	1	2	1	2	1	3	0	0	1	1	6	9	19
S28	Number of C. diff cases where a lapse in the quality of care was noted	0	0	0	1	2	1	0	0	2	0	0	0	0	2	4	8
S16	Number of reportable MSSA bacteraemia cases	3	3	4	2	0	2	3	2	2	3	7	3	3	20	23	47
S16a	Number of hospital attributable MSSA bacteraemia cases	1	1	0	0	0	0	1	0	0	0	3	1	1	5	5	11
S17	Number of reportable E.coli cases	17	20	13	10	17	16	17	11	13	15	15	16	10	80	159	319
S17a	Number of hospital attributable E.coli cases	1	3	1	1	4	3	3	1	2	3	0	3	3	12	15	30
	Improve theatre safety for patients																
S18	Full compliance with WHO Surgical Safety Checklist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%
S30	SSIs: Total hip replacement	2.5%		1.6%			3.0%		2.0%						2.0%	1.1%	1.1%
S33	SSIs: Total knee replacement	4.1%		10.6%			0.0%		0.6%						0.6%	1.5%	1.5%
S34	SSIs: Large bowel surgery	10.6%		8.5%			6.1%		12.3%						12.3%	12%	12%
S35	SSIs: Breast surgery	6.6%		8.3%			2.9%		5.1%						5.1%	3.8%	3.8%
	Reduce number of falls in hospital																
S50	All falls	52	56	77	82	80	59	83	74	67	68	63	65	63	400	363	726
S21	Falls resulting in harm	10	16	24	21	15	16	16	21	12	16	17	17	13	96	102	205
S22	Falls resulting in severe harm or death	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S40	Repeat falls	0	5	4	4	3	3	4	3	2	6	4	5	2	22	18	36
S23	Falls assessment within 24hrs of admission (Surgery only)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

	Pressure ulcers																
S49	Grade 2+ pressure ulcers	10	10	11	14	17	6	15	8	4	13	1	12		53	60	120
	Other safety metrics																
S11	VTE Assessment Compliance	94.3%	95.0%	93.7%	92.0%	92.9%	92.9%	93.2%	94.5%	93.0%	93.5%	92.9%	93.4%	91.7%	93.1%	100.0%	100.0%
	Medicines Optimisation																
S44	Antimicrobial stewardship and consumption: 2% Reduction in overall antibiotic consumption	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S45	Antimicrobial stewardship and consumption: 1% reduction in the use of carbapenems	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S46	Antimicrobial stewardship and consumption: 1% reduction in the use of Tazocin	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S47	Focus on anticoagulants: Patients on Direct Oral Anticoagulants (NOACs) receiving counselling	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S48	Focus on anticoagulants: Average no. patients per day on VTE prophylaxis missing report *NEW*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EXPERIENCE																	
	Experience domain score	2.48	2.39	2.52	2.52	2.52	2.48	2.32	2.65	2.30	2.40	2.45	2.25	2.40	2.55		
	Friends and Family Test																
X38	Trust Friends and Family Recommend %: Inpatient	96.6%	97.4%	97.3%	96.5%	96.8%	97.2%	97.3%	97.4%	96.3%	97.7%	97.8%	97.9%	96.6%	97.3%	97%	97%
X39	Trust Friends and Family Recommend %: A&E	81.5%	86.3%	90.5%	86.3%	88.4%	88.3%	82.9%	91.9%	88.2%	87.5%	92.9%	83.3%	90.0%	89.4%	93%	93%
X40	Maternity Friends and Family Recommend %: Antenatal care (36 weeks)	100.0%	100.0%	100.0%	77.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	98.7%	97%	97%
X41	Maternity Friends and Family Recommend %: Delivery care	96.6%	97.9%	98.1%	96.8%	99.0%	99.0%	98.5%	98.1%	100.0%	98.6%	98.1%	94.9%	98.9%	98.0%	97%	97%
X42	Maternity Friends and Family Recommend %: Postnatal ward	96.6%	97.9%	98.1%	96.8%	99.0%	99.0%	98.5%	98.1%	100.0%	98.6%	98.1%	94.9%	98.9%	98.0%	97%	97%
X43	Maternity Friends and Family Recommend %: Postnatal community care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
X44	Trust Friends and Family Recommend %: Outpatient	98.1%	98.4%	0.0%	96.6%	97.5%	97.3%	96.8%	97.0%	96.2%	96.7%	81.5%	96.9%	97.7%	94.7%	97%	97%
	Friends and Family Test response rates																
X24	Trust Friends and Family Response Rate: Inpatient	36.4%	45.6%	46.6%	40.4%	38.8%	40.3%	28.2%	38.4%	39.8%	44.1%	43.3%	43.8%	32.6%	40.3%	40%	40%
X25	Trust Friends and Family Response Rate: A&E	8.0%	13.7%	15.2%	13.1%	10.2%	7.7%	7.4%	9.6%	10.4%	8.0%	9.1%	5.3%	9.2%	8.6%	23%	23%
X33	Maternity Friends and Family Response Rate: Delivery care	72.0%	95.9%	74.2%	51.1%	94.6%	54.2%	58.9%	50.5%	50.2%	37.2%	44.4%	52.7%	41.9%	46.2%	40%	40%
	Reduction in patients suffering a bad experience dealing with the Trust																
X08	Percentage of re-booked outpatient appointments	12.3%	12.1%	10.9%	11.6%	11.1%	12.8%	13.0%	12.4%	10.8%	10.7%	10.1%	10.1%	11.0%	10.8%	7.80%	7.8%
X09	Clinics cancelled with less than 6 weeks notice for annual/study leave	25	10	15	11	10	17	3	7	16	12	12	14	20	81	65	129
X11	PALS contacts relating to appointment problems (% of total appts)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
X12	Reduce patients cancelled on the day of surgery for non-clinical reasons	4	13	16	7	22	25	26	9	7	8	28	21	8	81	84	168
X13	Breaches of mixed sex accommodation arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nutritional Assessment																
X14	Compliance with MUST tool after 24 hours	89.1%	90.8%	91.3%	85.0%	85.7%	84.5%	81.7%	86.2%	87.3%	91.6%	93.1%	90.8%	89.2%	89.7%	80%	80%
X15	Compliance with MUST tool after 7 days	99.1%	99.2%	99.6%	98.7%	96.7%	98.2%	100.0%	98.9%	98.4%	99.0%	99.0%	98.9%	98.8%	98.8%	95%	95%
	Cleanliness / PLACE Survey																
X16	Internal PLACE compliance	94%	98%	95%	95%	96%	96%	96%	97%	97%	96%	96%	97%	95%	96%	95%	95%
	Improve our customer service and become a more caring organisation																
X18	Number of complaints	9	15	16	14	11	15	20	15	23	13	11	18	15	95	114	228
X19	Complaints where staff attitude or behaviour is an issue	0	3	2	1	1	0	2	1	1	1	2	5	0	10	11	22
X20	Complaints where staff communication is an issue	1	0	0	0	1	0	0	0	1	2	0	1	2	6	10	20
X21	Complaints about nursing	0	4	1	2	1	1	2	1	4	3	1	1	1	11	10	20
	Staff engagement (indicators/targets not yet agreed)																
X47	Local staff engagement score: I am able to make improvements happen in my area of work	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

SAFER STAFFING SCORECARD - Registered Nurses

September 2018

	Shift	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Actual	Trend
WSHFT	**Day**	**94.0%**	**91.7%**	**94.3%**	**94.1%**	**95.6%**	**92.2%**	**93.0%**	**92.0%**	**94.1%**	**93.4%**	**96.1%**	**84.6%**	**89.1%**	**91.7%**	
	Night	**94.9%**	**91.2%**	**95.1%**	**93.7%**	**97.1%**	**90.6%**	**90.1%**	**90.6%**	**94.8%**	**95.5%**	**96.3%**	**79.4%**	**81.2%**	**87.4%**	
Acute Cardiac Unit M036 C	Day	95.3%	95.2%	95.7%	91.3%	98.7%	94.3%	94.5%	92.3%	92.9%	96.0%	99.0%	89.7%	84.9%	93.0%	
	Night	97.5%	96.0%	95.0%	92.7%	98.4%	93.8%	91.9%	91.7%	95.2%	100.0%	99.2%	91.1%	81.5%	92.3%	
Aldwick Ward S107 C	Day												76.3%	81.4%	78.8%	
	Night												50.3%	51.8%	51.0%	
Ashling Ward M104 C	Day	95.2%	86.7%	95.2%	95.3%	96.8%	90.9%	93.9%	89.3%	90.0%	84.8%	97.1%	80.3%	82.0%	87.9%	
	Night	91.7%	75.8%	91.7%	91.9%	91.9%	80.4%	80.6%	81.7%	79.0%	80.0%	90.3%	82.8%	77.1%	81.4%	
Balcombe Ward M606 W	Day								81.3%	77.6%	90.2%	86.7%	85.3%	90.9%	85.5%	
	Night								90.0%	91.9%	96.7%	98.4%	96.9%	90.6%	94.0%	
Barrow Ward M656 W	Day	96.1%	95.2%	90.8%	96.8%	93.5%	92.9%	96.0%	93.6%	95.2%	93.6%	96.0%	88.9%	88.6%	93.1%	
	Night	98.3%	97.6%	98.3%	95.2%	96.8%	92.0%	92.7%	93.3%	99.2%	97.5%	98.4%	93.5%	93.3%	95.6%	
Becket Ward M651 W	Day	96.0%	93.2%	97.3%	100.0%	98.1%	97.9%	97.4%	93.0%	96.5%	96.0%	97.4%	88.5%	104.1%	95.8%	
	Night	100.0%	96.8%	98.3%	100.0%	100.0%	100.0%	90.3%	83.3%	96.8%	98.3%	95.2%	68.6%	82.1%	84.0%	
Beeding Ward W702 W	Day	97.4%	100.0%	97.3%	93.3%	94.9%	97.1%	90.4%	100.0%	97.4%	95.9%	100.0%	83.4%	100.5%	95.0%	
	Night	95.8%	100.0%	94.7%	93.8%	97.3%	94.2%	89.3%	100.0%	89.0%	98.6%	100.0%	84.9%	100.0%	94.5%	
Birdham Ward M100 C	Day	97.0%	94.2%	97.5%	90.3%	96.7%	92.0%	95.7%	92.0%	95.7%	93.0%	97.1%	102.8%	98.1%	96.0%	
	Night	96.7%	91.9%	95.0%	82.3%	95.2%	83.9%	91.9%	86.7%	93.5%	96.7%	98.4%	74.2%	103.3%	90.6%	
Bluefin Ward W706 W	Day	99.0%	100.0%	98.4%	100.0%	100.0%	97.4%	100.0%	93.2%	95.1%	94.3%	94.8%	93.3%	103.3%	95.9%	
	Night	100.0%	96.7%	95.9%	98.4%	97.6%	97.3%	98.3%	96.6%	96.3%	94.8%	94.5%	83.6%	86.5%	91.1%	
Bosham Ward S100 C	Day	95.8%	91.1%	99.6%	97.6%	98.4%	96.9%	92.7%	99.6%	98.8%	98.3%	100.0%	91.3%	91.9%	97.1%	
	Night	91.7%	83.9%	100.0%	96.8%	96.8%	96.4%	87.1%	95.0%	96.8%	98.3%	100.0%	75.9%	76.5%	85.8%	
Botolphs Ward M666 W	Day	95.4%	93.0%	96.6%	94.8%	95.2%	89.8%	91.1%	87.7%	93.0%	92.7%	91.5%	83.9%	85.8%	89.5%	
	Night	100.0%	92.5%	96.7%	92.5%	94.6%	89.3%	91.4%	91.1%	100.0%	100.0%	96.8%	100.0%	91.6%	96.5%	
Boxgrove Ward M105 C	Day	96.7%	87.9%	91.3%	89.9%	98.0%	88.8%	90.7%	88.3%	87.5%	90.4%	95.6%	87.6%	89.7%	90.0%	
	Night	95.0%	83.9%	80.0%	80.6%	95.2%	78.6%	80.6%	81.7%	79.0%	90.0%	93.5%	82.7%	74.4%	82.2%	
Broadwater Ward M662 W	Day												55.6%	83.1%	66.2%	
	Night												62.1%	73.3%	66.8%	
Buckingham Ward M661 W	Day	98.5%	82.7%	90.6%	87.0%	80.4%	83.0%	81.7%	84.1%	96.7%	95.5%	93.3%	70.2%	89.0%	87.5%	
	Night	100.0%	100.0%	100.0%	98.4%	96.8%	94.6%	85.5%	81.7%	100.0%	100.0%	98.4%	79.8%	71.1%	84.5%	

SAFER STAFFING SCORECARD - Registered Nurses

September 2018

	Shift	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Actual	Trend
WSHFT	**Day**	**94.0%**	**91.7%**	**94.3%**	**94.1%**	**95.6%**	**92.2%**	**93.0%**	**92.0%**	**94.1%**	**93.4%**	**96.1%**	**84.6%**	**89.1%**	**91.7%**	
	Night	**94.9%**	**91.2%**	**95.1%**	**93.7%**	**97.1%**	**90.6%**	**90.1%**	**90.6%**	**94.8%**	**95.5%**	**96.3%**	**79.4%**	**81.2%**	**87.4%**	
Burlington	Day	95.1%	86.7%	87.2%	94.0%	91.2%	94.1%	88.8%							-	
	Night	100.0%	96.8%	93.3%	98.4%	100.0%	98.2%	90.3%							-	
Castle Ward M603 W	Day	96.7%	97.1%	96.3%	96.8%	94.3%	92.9%	94.3%	95.6%	98.2%	95.9%	96.1%	94.9%	92.8%	95.8%	
	Night	93.3%	86.0%	92.2%	95.7%	93.5%	84.5%	80.6%	93.3%	96.8%	97.8%	95.7%	97.8%	85.8%	94.2%	
Emergency Floor M109 C	Day	87.5%	86.2%	93.0%	91.0%	98.1%	90.7%	94.2%	92.4%	95.1%	90.8%	97.7%	78.4%	80.1%	89.6%	
	Night	85.9%	84.6%	93.2%	92.5%	97.8%	86.9%	92.1%	93.2%	93.4%	93.2%	96.5%	78.3%	84.2%	88.2%	
Chichester Suite T401 C	Day												70.6%	77.2%	73.9%	
	Night												77.0%	80.4%	78.7%	
Chilgrove Ward S207 C	Day	96.1%	94.8%	99.0%	98.1%	100.0%	93.8%	87.8%	91.7%	97.7%	97.1%	99.5%	80.8%	87.6%	93.1%	
	Night	90.0%	87.1%	98.3%	98.4%	100.0%	87.5%	77.4%	86.7%	98.4%	96.7%	98.4%	61.6%	64.4%	78.8%	
Chiltington Ward S609 W	Day	94.2%	91.1%	93.3%	93.1%	95.2%	95.1%	94.4%	93.8%	95.2%	95.0%	96.8%	90.0%	100.4%	95.2%	
	Night	98.3%	95.2%	98.3%	96.8%	98.4%	98.2%	91.9%	88.3%	98.4%	100.0%	100.0%	100.0%	98.3%	97.7%	
Clapham Ward S608 W	Day	91.7%	88.7%	95.8%	95.6%	93.5%	99.6%	98.4%	97.1%	96.4%	98.8%	97.2%	95.5%	95.9%	96.9%	
	Night	96.7%	87.1%	93.3%	95.2%	98.4%	96.4%	93.5%	93.3%	100.0%	98.3%	98.4%	76.5%	70.6%	84.2%	
Coombes Ward S711 W	Day	90.8%	93.5%	93.3%	96.0%	89.5%	93.3%	94.4%	91.3%	93.5%	99.2%	91.1%	82.9%	86.0%	91.2%	
	Night	95.0%	96.8%	98.3%	96.8%	96.8%	96.4%	82.3%	78.3%	96.8%	98.3%	87.1%	72.1%	74.9%	81.5%	
Courtlands Ward M536 W	Day	92.7%	92.6%	95.0%	95.2%	95.2%	92.9%	94.8%	94.3%	94.8%	94.7%	96.5%	88.8%	87.6%	93.6%	
	Night	94.7%	92.9%	96.0%	94.2%	95.5%	94.3%	92.9%	94.7%	94.8%	99.3%	96.8%	87.1%	80.8%	91.9%	
Ditchling Ward M903 W	Day	91.9%	91.7%	90.5%	94.5%	92.2%	88.8%	88.5%	94.8%	96.8%	91.4%	95.9%	99.8%	98.8%	96.0%	
	Night	98.3%	95.2%	98.3%	100.0%	100.0%	96.4%	93.5%	91.7%	98.4%	98.3%	93.5%	80.7%	81.1%	87.9%	
Donald Wilson House M114 C	Day												80.8%	88.2%	84.4%	
	Night												100.0%	100.0%	100.0%	
Downlands Suite T901 W	Day												72.0%	67.2%	69.7%	
	Night												91.9%	87.5%	89.7%	
Durrington Ward M665 W	Day	95.7%	91.7%	94.3%	96.8%	93.5%	96.9%	98.6%	94.8%	99.1%	94.3%	95.9%	107.6%	104.5%	98.6%	
	Night	98.3%	98.4%	95.0%	98.4%	100.0%	100.0%	98.4%	91.7%	100.0%	98.3%	93.5%	71.0%	92.0%	88.3%	
Eartham Ward M658 W	Day	93.8%	91.5%	92.1%	94.8%	96.8%	93.8%	91.1%	91.7%	96.4%	95.4%	91.5%	77.8%	82.0%	90.4%	
	Night	100.0%	97.8%	96.7%	98.9%	100.0%	95.2%	93.5%	95.6%	97.8%	100.0%	96.8%	70.0%	67.8%	85.6%	

SAFER STAFFING SCORECARD - Registered Nurses

September 2018

	Shift	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Actual	Trend
WSHFT	**Day**	**94.0%**	**91.7%**	**94.3%**	**94.1%**	**95.6%**	**92.2%**	**93.0%**	**92.0%**	**94.1%**	**93.4%**	**96.1%**	**84.6%**	**89.1%**	**91.7%**	
	Night	**94.9%**	**91.2%**	**95.1%**	**93.7%**	**97.1%**	**90.6%**	**90.1%**	**90.6%**	**94.8%**	**95.5%**	**96.3%**	**79.4%**	**81.2%**	**87.4%**	
Eastbrook Ward M602 W	Day	93.7%	91.7%	89.7%	91.2%	92.2%	95.2%	91.3%	87.8%	90.1%	86.5%	94.3%	90.1%	82.4%	88.8%	
	Night	100.0%	96.8%	100.0%	98.4%	98.4%	96.4%	95.2%	90.0%	100.0%	100.0%	96.8%	76.4%	70.1%	84.6%	
Emergency Floor M600 W	Day	91.0%	90.9%	89.9%	93.4%	91.1%	87.6%	87.0%	88.1%	88.3%	85.3%	92.3%	84.9%	93.9%	88.8%	
	Night	94.7%	86.6%	95.0%	91.1%	95.2%	89.3%	86.0%	90.0%	92.2%	87.8%	94.1%	79.5%	86.1%	87.6%	
ESCU S555 W	Day	99.2%	100.0%	100.0%	99.2%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	98.4%	62.6%	64.3%	86.7%	
	Night	93.3%	96.8%	100.0%	96.8%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	96.8%	98.4%	93.3%	97.2%	
Erringham Ward M604 W	Day	94.3%	94.5%	94.8%	97.7%	95.4%	95.4%	97.7%	97.1%	95.9%	91.9%	94.0%	91.9%	95.8%	94.5%	
	Night	100.0%	93.5%	98.3%	98.4%	100.0%	91.1%	91.9%	90.0%	98.4%	98.3%	93.5%	71.8%	76.5%	84.2%	
Fishbourne Ward M107 C	Day	93.3%	97.2%	96.7%	88.7%	98.8%	87.9%	92.7%	88.3%	96.0%	95.0%	97.6%	95.2%	96.6%	94.7%	
	Night	86.7%	100.0%	93.3%	79.0%	100.0%	75.0%	80.6%	76.7%	87.1%	96.7%	95.2%	72.7%	66.0%	78.2%	
Ford Ward M023 C	Day	95.0%	92.9%	97.7%	95.5%	99.4%	95.0%	97.1%	93.0%	94.5%	92.0%	98.4%	85.1%	81.9%	91.8%	
	Night	92.2%	88.2%	94.4%	92.5%	97.8%	92.9%	92.5%	87.8%	93.5%	90.0%	97.8%	78.0%	85.3%	88.0%	
Howard Ward W200 C	Day	99.0%	100.0%	97.5%	99.2%	100.0%	94.6%	98.3%	100.0%	100.0%	100.0%	96.1%	88.9%	105.9%	97.7%	
	Night	98.9%	99.2%	100.0%	99.2%	100.0%	95.5%	100.0%	99.0%	100.0%	100.0%	94.1%	79.0%	99.1%	93.5%	
Lavant Ward M111 C	Day	93.7%	90.0%	95.9%	90.3%	96.1%	85.7%	90.7%	87.4%	90.7%	95.2%	99.3%	88.0%	90.4%	92.1%	
	Night	88.3%	83.9%	90.0%	82.3%	88.7%	66.1%	85.5%	75.0%	91.9%	93.3%	96.8%	86.2%	84.2%	87.2%	
Middleton Ward M112 C	Day	92.5%	84.3%	92.5%	87.5%	97.6%	84.4%	86.7%	88.3%	87.9%	90.4%	95.6%	77.2%	74.5%	86.3%	
	Night	85.0%	66.1%	86.7%	77.4%	93.5%	60.7%	71.0%	75.0%	79.0%	86.7%	87.1%	81.4%	71.1%	79.1%	
SCBU W201 C	Day	98.6%	100.0%	100.0%	100.0%	97.6%	98.6%	98.8%	98.2%	96.5%	98.8%	95.1%	65.6%	91.0%	87.2%	
	Night	100.0%	100.0%	94.7%	100.0%	97.6%	98.6%	100.0%	100.0%	100.0%	93.8%	100.0%	63.7%	83.6%	85.1%	
Petworth Ward M403 C	Day	90.0%	90.3%	92.2%	94.1%	99.5%	92.3%	95.7%	90.6%	96.2%	97.8%	99.5%	99.2%	92.2%	96.0%	
	Night	88.3%	90.3%	90.0%	96.8%	98.4%	94.6%	95.2%	91.7%	100.0%	98.3%	100.0%	71.0%	67.8%	83.0%	
Selsey Ward S102 C	Day	93.1%	85.4%	95.7%	90.8%	99.2%	93.5%	93.3%	97.0%	98.3%	95.7%	100.0%	92.8%	84.4%	94.9%	
	Night	92.2%	81.7%	94.4%	89.2%	97.8%	92.9%	93.5%	95.6%	94.6%	97.8%	100.0%	72.4%	67.2%	86.1%	
Wittering Ward S205 C	Day	95.0%	94.8%	96.3%	97.6%	98.8%	90.2%	90.7%	93.3%	97.2%	98.3%	99.6%	83.7%	97.4%	95.3%	
	Night	96.7%	91.9%	93.3%	95.2%	98.4%	83.9%	88.7%	90.0%	96.8%	98.3%	100.0%	66.1%	70.9%	82.2%	

SAFER STAFFING SCORECARD - Care Staff

September 2018

	Shift	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Actual	Trend
WSHFT	**Day**	**94.3%**	**90.5%**	**92.7%**	**93.6%**	**93.8%**	**90.3%**	**90.5%**	**92.4%**	**94.0%**	**93.8%**	**96.2%**	**94.1%**	**98.7%**	**94.8%**	
	Night	**93.8%**	**91.2%**	**95.2%**	**93.3%**	**95.8%**	**92.4%**	**92.7%**	**94.7%**	**94.9%**	**96.6%**	**96.8%**	**116.0%**	**124.0%**	**106.4%**	
Acute Cardiac Unit M036 C	Day	94.0%	88.4%	94.7%	91.0%	95.5%	88.6%	95.5%	86.7%	89.7%	90.7%	95.5%	90.2%	87.5%	90.1%	
	Night	86.7%	67.7%	76.7%	90.3%	83.9%	67.9%	90.3%	73.3%	83.9%	76.7%	87.1%	134.7%	138.7%	103.7%	
Aldwick Ward S107 C	Day												63.7%	66.4%	65.0%	
	Night												0.0%	0.0%	-	
Ashling Ward M104 C	Day	97.6%	93.5%	95.7%	92.2%	98.6%	94.4%	93.5%	93.8%	93.5%	95.2%	97.2%	108.9%	122.6%	99.8%	
	Night	95.0%	88.7%	91.7%	85.5%	98.4%	83.9%	85.5%	98.3%	90.3%	91.7%	95.2%	147.3%	142.8%	115.2%	
Balcombe Ward M606 W	Day								84.4%	94.4%	94.9%	95.0%	119.3%	119.4%	100.0%	
	Night								93.3%	100.0%	100.0%	96.8%	142.3%	149.9%	126.1%	
Barrow Ward M656 W	Day	91.4%	88.2%	89.7%	94.1%	90.1%	87.8%	86.0%	94.4%	93.5%	94.4%	94.9%	100.4%	98.1%	95.6%	
	Night	95.8%	94.4%	99.2%	98.4%	98.4%	99.1%	92.7%	99.2%	98.4%	99.2%	100.0%	131.5%	131.5%	112.7%	
Becket Ward M651 W	Day	97.2%	83.6%	90.8%	97.2%	92.5%	87.9%	88.4%	92.9%	96.6%	96.5%	95.9%	92.1%	86.9%	93.2%	
	Night	98.3%	96.8%	100.0%	96.8%	95.2%	100.0%	93.5%	100.0%	100.0%	100.0%	100.0%	138.7%	140.7%	116.6%	
Beeding Ward W702 W	Day	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.1%	100.0%	97.1%	
	Night	100.0%	100.0%	93.9%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	71.0%	95.7%	92.7%	
Birdham Ward M100 C	Day	94.7%	96.4%	98.9%	94.9%	96.9%	90.9%	93.3%	91.5%	94.8%	89.9%	97.4%	120.0%	132.2%	100.9%	
	Night	90.0%	95.2%	95.0%	91.9%	91.9%	85.7%	90.3%	85.0%	98.4%	93.3%	96.8%	133.2%	123.2%	108.0%	
Bluefin Ward W706 W	Day	100.0%	100.0%	83.1%	100.0%	100.0%	97.6%	74.2%	88.3%	96.7%	94.1%	95.2%	96.0%	99.7%	95.7%	
	Night	92.9%	100.0%	90.3%	96.8%	93.3%	92.6%	87.1%	100.0%	71.0%	77.4%	90.3%	142.7%	171.7%	114.3%	
Bosham Ward S100 C	Day	91.3%	93.5%	96.7%	94.8%	97.4%	93.6%	84.5%	91.3%	96.8%	98.7%	99.4%	91.7%	93.8%	95.1%	
	Night	88.3%	95.2%	98.3%	96.8%	96.8%	92.9%	88.7%	91.7%	96.8%	98.3%	100.0%	103.3%	111.6%	101.1%	
Botolphs Ward M666 W	Day	97.7%	90.0%	93.5%	91.8%	89.3%	93.9%	90.0%	91.6%	92.3%	92.0%	91.9%	101.7%	102.3%	94.6%	
	Night	96.7%	96.8%	98.3%	93.5%	91.9%	91.1%	98.4%	93.3%	95.2%	100.0%	96.8%	127.4%	133.3%	110.5%	
Boxgrove Ward M105 C	Day	94.3%	93.5%	95.7%	93.1%	95.9%	95.4%	92.6%	87.6%	92.2%	85.2%	97.7%	95.1%	97.5%	92.5%	
	Night	86.7%	93.5%	91.7%	82.3%	91.9%	89.3%	90.3%	81.7%	93.5%	85.0%	98.4%	96.7%	102.1%	94.7%	
Broadwater Ward M662 W	Day												68.4%	116.9%	86.7%	
	Night												95.3%	135.0%	110.9%	
Buckingham Ward M661 W	Day	96.2%	82.9%	86.7%	88.5%	82.2%	77.0%	82.3%	89.3%	98.2%	93.7%	92.7%	74.3%	118.4%	92.5%	
	Night	100.0%	95.2%	98.3%	95.2%	95.2%	92.9%	96.8%	93.3%	95.2%	100.0%	96.8%	92.5%	135.0%	102.4%	

SAFER STAFFING SCORECARD - Care Staff

September 2018

	Shift	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Actual	Trend
WSHFT	**Day**	**94.3%**	**90.5%**	**92.7%**	**93.6%**	**93.8%**	**90.3%**	**90.5%**	**92.4%**	**94.0%**	**93.8%**	**96.2%**	**94.1%**	**98.7%**	**94.8%**	
	Night	**93.8%**	**91.2%**	**95.2%**	**93.3%**	**95.8%**	**92.4%**	**92.7%**	**94.7%**	**94.9%**	**96.6%**	**96.8%**	**116.0%**	**124.0%**	**106.4%**	
Burlington	Day	86.2%	91.4%	87.7%	97.1%	96.5%	93.0%	93.0%							-	
	Night	100.0%	90.3%	96.7%	96.8%	100.0%	100.0%	93.5%							-	
Castle Ward M603 W	Day	95.2%	94.0%	91.4%	97.2%	95.9%	94.9%	82.9%	95.7%	95.4%	95.2%	94.5%	95.3%	89.9%	94.5%	
	Night	98.3%	98.4%	100.0%	91.9%	91.9%	92.9%	88.7%	93.3%	100.0%	100.0%	98.4%	135.5%	128.3%	112.2%	
Emergency Floor M109 C	Day	93.1%	89.0%	93.9%	89.3%	98.4%	92.6%	92.8%	90.9%	90.1%	91.7%	97.6%	99.7%	104.2%	95.7%	
	Night	87.2%	75.3%	80.3%	73.8%	94.6%	86.4%	84.9%	74.5%	79.6%	92.9%	91.8%	102.6%	95.9%	92.6%	
Chichester Suite T401 C	Day												75.4%	86.7%	80.9%	
	Night												96.8%	96.7%	96.7%	
Chilgrove Ward S207 C	Day	92.5%	83.1%	90.8%	96.0%	100.0%	84.8%	77.4%	91.7%	96.8%	97.5%	98.4%	88.6%	89.3%	93.4%	
	Night	91.7%	75.8%	91.7%	95.2%	100.0%	89.3%	83.9%	98.3%	98.4%	98.3%	96.8%	79.0%	81.7%	90.8%	
Chiltington Ward S609 W	Day	96.1%	95.2%	90.0%	95.7%	95.7%	94.0%	93.5%	95.0%	94.1%	98.9%	96.8%	102.5%	97.4%	97.2%	
	Night	95.0%	95.2%	96.7%	95.2%	93.5%	98.2%	98.4%	96.7%	96.8%	100.0%	91.9%	111.3%	105.0%	101.3%	
Clapham Ward S608 W	Day	97.1%	91.2%	89.0%	92.6%	83.9%	88.3%	91.7%	91.0%	97.2%	96.2%	94.5%	98.0%	91.7%	94.8%	
	Night	95.0%	93.5%	93.3%	90.3%	95.2%	98.2%	93.5%	98.3%	100.0%	98.3%	98.4%	141.9%	130.0%	114.4%	
Coombes Ward S711 W	Day	95.6%	89.8%	91.7%	93.0%	96.2%	91.1%	84.9%	90.0%	92.5%	95.6%	93.5%	107.4%	111.2%	98.4%	
	Night	95.0%	96.8%	98.3%	98.4%	90.3%	98.2%	96.8%	96.7%	95.2%	100.0%	96.8%	133.1%	136.0%	116.6%	
Courtlands Ward M536 W	Day	98.0%	92.3%	92.0%	94.2%	86.5%	92.9%	92.9%	88.7%	95.5%	95.3%	97.4%	93.2%	93.7%	94.1%	
	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 Ward M903 W	Day	88.3%	80.6%	90.6%	93.0%	93.0%	85.7%	93.0%	90.0%	97.8%	94.4%	95.7%	107.5%	97.4%	96.9%	
	Night	98.3%	98.4%	98.3%	95.2%	96.8%	96.4%	95.2%	98.3%	93.5%	98.3%	96.8%	129.0%	122.5%	108.9%	
Donald Wilson House M114 C	Day												101.1%	93.9%	97.6%	
	Night												0.0%	0.0%	-	
Downlands Suite T901 W	Day												58.6%	48.4%	53.6%	
	Night												0.0%	0.0%	-	
Durrington Ward M665 W	Day	94.2%	90.7%	93.8%	94.0%	93.1%	89.3%	94.8%	97.1%	95.6%	94.2%	94.0%	81.1%	92.7%	93.0%	
	Night	96.7%	93.5%	100.0%	93.5%	100.0%	100.0%	98.4%	100.0%	100.0%	98.3%	95.2%	135.5%	128.3%	112.4%	
Eartham Ward M658 W	Day	89.3%	85.8%	91.3%	93.5%	80.6%	76.4%	81.9%	92.0%	95.5%	90.7%	93.5%	110.4%	102.2%	97.0%	
	Night	90.0%	90.3%	93.3%	100.0%	90.3%	89.3%	100.0%	96.7%	93.5%	96.7%	93.5%	129.0%	139.7%	118.2%	

SAFER STAFFING SCORECARD - Care Staff

September 2018

	Shift	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Actual	Trend
WSHFT	**Day**	**94.3%**	**90.5%**	**92.7%**	**93.6%**	**93.8%**	**90.3%**	**90.5%**	**92.4%**	**94.0%**	**93.8%**	**96.2%**	**94.1%**	**98.7%**	**94.8%**	
	Night	**93.8%**	**91.2%**	**95.2%**	**93.3%**	**95.8%**	**92.4%**	**92.7%**	**94.7%**	**94.9%**	**96.6%**	**96.8%**	**116.0%**	**124.0%**	**106.4%**	
Eastbrook Ward M602 W	Day	97.3%	92.3%	90.7%	96.1%	90.3%	85.0%	88.4%	92.0%	94.2%	92.7%	94.2%	96.5%	111.7%	96.1%	
	Night	93.3%	98.4%	100.0%	96.8%	95.2%	94.6%	95.2%	100.0%	98.4%	96.7%	98.4%	106.5%	128.3%	106.3%	
Emergency Floor M600 W	Day	96.5%	94.0%	93.7%	96.5%	94.2%	90.0%	92.4%	93.2%	93.9%	96.0%	98.7%	96.8%	94.8%	95.5%	
	Night	97.3%	95.2%	99.3%	98.7%	97.4%	98.9%	97.4%	98.3%	97.7%	100.0%	98.4%	105.4%	105.0%	100.6%	
ESCU S555 W	Day	100.0%	99.2%	99.2%	100.0%	98.4%	97.3%	98.4%	100.0%	100.0%	99.2%	96.8%	44.7%	39.8%	83.5%	
	Night	96.7%	100.0%	100.0%	96.8%	93.5%	92.9%	96.8%	100.0%	96.8%	100.0%	96.8%	27.6%	38.4%	64.2%	
Erringham Ward M604 W	Day	85.3%	80.6%	76.0%	85.2%	74.8%	85.7%	97.4%	95.3%	86.5%	92.7%	92.9%	102.3%	105.5%	95.4%	
	Night	98.3%	100.0%	100.0%	93.5%	90.3%	98.2%	96.8%	98.3%	95.2%	100.0%	96.8%	120.3%	129.3%	108.9%	
Fishbourne Ward M107 C	Day	93.3%	90.3%	95.0%	87.1%	98.9%	92.3%	95.2%	86.7%	86.0%	93.9%	96.8%	108.4%	108.0%	96.2%	
	Night	90.0%	85.5%	91.7%	79.0%	98.4%	83.9%	93.5%	86.7%	87.1%	93.3%	93.5%	137.8%	147.2%	111.4%	
Ford Ward M023 C	Day	94.7%	91.6%	92.7%	92.9%	98.1%	92.1%	90.3%	92.7%	93.5%	78.7%	96.8%	97.8%	107.2%	94.3%	
	Night	93.3%	91.9%	88.3%	93.5%	96.8%	87.5%	88.7%	95.0%	96.8%	91.7%	95.2%	147.2%	146.6%	115.8%	
Howard Ward W200 C	Day	100.0%	100.0%	100.0%	93.5%	85.2%	85.7%	96.8%	93.3%	80.6%	100.0%	100.0%	43.5%	83.3%	70.0%	
	Night	73.3%	64.5%	93.3%	96.2%	92.0%	53.8%	74.2%	93.3%	71.0%	86.7%	89.7%	43.5%	100.0%	72.0%	
Lavant Ward M111 C	Day	92.1%	92.7%	96.3%	89.9%	97.6%	91.5%	90.3%	96.3%	92.7%	90.8%	98.4%	100.6%	105.1%	96.7%	
	Night	80.0%	83.9%	90.0%	77.4%	95.2%	82.1%	82.3%	93.3%	90.3%	86.7%	100.0%	119.4%	130.1%	106.0%	
Middleton Ward M112 C	Day	93.3%	80.0%	94.7%	91.0%	97.4%	88.6%	92.9%	90.0%	91.0%	96.0%	95.5%	113.1%	117.7%	100.5%	
	Night	95.0%	67.7%	90.0%	91.9%	98.4%	87.5%	90.3%	93.3%	91.9%	96.7%	93.5%	144.2%	145.3%	115.0%	
SCBU W201 C	Day	91.7%	100.0%	75.0%	92.3%	96.6%	95.7%	96.2%	92.3%	95.2%	84.0%	89.3%	74.5%	110.1%	89.7%	
	Night	87.5%	90.0%	89.5%	95.8%	93.5%	92.0%	100.0%	96.6%	96.3%	100.0%	96.6%	74.2%	113.2%	94.9%	
Petworth Ward M403 C	Day	95.3%	96.8%	96.0%	97.4%	98.7%	95.7%	96.1%	97.3%	93.5%	90.7%	96.1%	110.9%	106.2%	98.2%	
	Night	95.0%	95.2%	91.7%	96.8%	98.4%	94.6%	98.4%	96.7%	90.3%	95.0%	95.2%	107.7%	101.4%	98.5%	
Selsey Ward S102 C	Day	97.8%	93.2%	96.7%	99.0%	100.0%	94.2%	92.7%	96.2%	99.5%	97.8%	100.0%	91.0%	91.6%	96.1%	
	Night	96.7%	93.5%	93.3%	96.8%	100.0%	91.1%	88.7%	96.7%	100.0%	100.0%	100.0%	117.8%	137.4%	110.7%	
Wittering Ward S205 C	Day	88.0%	80.6%	94.7%	91.6%	99.4%	82.9%	80.6%	92.7%	99.4%	96.7%	100.0%	98.9%	96.0%	97.3%	
	Night	85.0%	75.8%	95.0%	93.5%	100.0%	82.1%	83.9%	93.3%	100.0%	100.0%	100.0%	102.0%	104.6%	100.8%	

SAFER STAFFING SCORECARD - CHPPD

September 2018

	Care Hours Per Patient Day (CHPPD)	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Average	Trend
WSHFT	**Nurse**	**4.1**	**3.8**	**3.8**	**3.7**	**3.8**	**3.7**	**3.7**	**3.7**	**4.1**	**4.1**	**4.2**	**3.9**	**3.8**	**4.0**	
	Care	**3.0**	**2.7**	**2.7**	**2.7**	**2.7**	**2.6**	**2.6**	**2.7**	**3.0**	**3.0**	**3.1**	**3.4**	**3.3**	**3.1**	
	Overall	**7.1**	**6.4**	**6.5**	**6.4**	**6.4**	**6.3**	**6.3**	**6.5**	**7.1**	**7.1**	**7.3**	**7.2**	**7.1**		
Acute Cardiac Unit M036 C	Nurse	4.5	4.7	5.0	4.5	4.4	4.3	4.4	4.4	4.8	4.7	5.3	4.2	4.3	4.6	
	Care	1.9	1.8	2.0	1.9	1.8	1.7	1.9	1.7	1.9	1.8	2.1	2.2	2.4	2.0	
	Overall	6.4	6.4	7.0	6.5	6.3	6.0	6.3	6.1	6.7	6.6	7.4	6.4	6.7	6.6	
Aldwick Ward S107 C	Nurse												7.5	5.3	6.2	
	Care												3.8	3.1	3.4	
	Overall												11.3	8.4	9.6	
Ashling Ward M104 C	Nurse	6.0	3.1	3.4	3.3	3.6	3.2	3.3	3.1	3.4	4.0	3.5	3.0	3.0	3.3	
	Care	5.0	2.7	2.8	2.6	3.0	2.7	2.7	2.8	2.9	3.6	2.9	3.0	3.3	3.1	
	Overall	11.0	5.8	6.2	5.9	6.5	5.9	5.9	5.9	6.3	7.6	6.4	6.0	6.2	6.4	
Balcombe Ward M606 W	Nurse								2.7	3.1	3.0	2.8	4.3	4.3	3.4	
	Care								2.1	2.7	2.3	2.2	3.7	3.8	2.8	
	Overall								4.8	5.7	5.3	5.0	8.0	8.2	6.1	
Barrow Ward M656 W	Nurse	3.4	3.4	3.3	3.4	3.3	3.3	3.6	3.9	4.0	3.5	3.4	2.8	2.9	3.4	
	Care	3.2	3.2	3.2	3.4	3.2	3.3	3.3	4.0	3.9	3.5	3.4	3.6	3.7	3.7	
	Overall	6.6	6.5	6.5	6.8	6.6	6.6	6.9	7.9	7.9	7.0	6.8	6.4	6.6	7.1	
Becket Ward M651 W	Nurse	4.4	4.2	4.4	4.6	4.3	4.6	4.4	4.4	4.8	4.4	4.4	2.7	3.2	4.0	
	Care	2.5	2.2	2.4	2.5	2.3	2.4	2.3	2.5	2.7	2.5	2.5	3.5	3.4	2.9	
	Overall	6.8	6.5	6.8	7.1	6.6	7.1	6.7	6.9	7.5	7.0	6.9	6.2	6.6	6.8	
Beeding Ward W702 W	Nurse	4.8	7.4	5.1	5.8	8.1	6.0	7.4	7.1	6.1	6.8	8.9	11.6	11.8	8.6	
	Care	2.2	3.4	2.2	2.3	3.3	2.5	3.0	3.2	2.7	2.9	3.7	3.6	3.6	3.2	
	Overall	7.0	10.8	7.3	8.1	11.4	8.5	10.4	10.3	8.8	9.7	12.5	15.2	15.4	11.8	
Birdham Ward M100 C	Nurse	3.6	3.6	3.6	3.0	3.1	2.9	2.9	2.8	3.2	3.2	4.7	3.1	3.1	3.3	
	Care	3.3	3.5	3.4	3.0	2.9	2.7	2.7	2.6	3.1	2.9	4.5	3.5	3.6	3.3	
	Overall	7.0	7.1	7.0	6.0	6.0	5.6	5.6	5.4	6.3	6.1	9.2	6.7	6.8	6.6	
Bluefin Ward W706 W	Nurse	5.5	5.6	4.6	6.6	5.3	5.3	4.6	5.1	5.0	5.1	6.6	10.7	7.2	6.5	
	Care	1.8	1.4	1.5	1.9	1.3	1.6	1.4	1.5	1.2	1.5	2.1	5.5	4.0	2.5	
	Overall	7.2	7.0	6.1	8.5	6.5	6.9	5.9	6.6	6.2	6.6	8.7	16.2	11.2	9.0	
Bosham Ward S100 C	Nurse	3.6	3.3	3.6	3.5	3.4	3.4	3.3	3.5	3.8	4.1	3.7	3.3	3.3	3.6	
	Care	2.4	2.4	2.5	2.4	2.4	2.3	2.2	2.3	2.6	2.9	2.6	2.9	3.0	2.7	
	Overall	6.0	5.7	6.1	5.9	5.8	5.7	5.4	5.7	6.4	6.9	6.3	6.2	6.3	6.3	
Botolphs Ward M666 W	Nurse	3.8	3.5	3.7	3.6	3.6	3.5	3.5	3.6	4.4	4.1	3.9	3.7	3.4	3.8	
	Care	3.5	3.2	3.3	3.2	3.1	3.3	3.2	3.4	3.9	3.7	3.6	3.8	3.7	3.7	
	Overall	7.4	6.7	7.0	6.9	6.7	6.8	6.7	7.1	8.3	7.9	7.5	7.5	7.1	7.5	

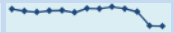
SAFER STAFFING SCORECARD - CHPPD

September 2018

	Care Hours Per Patient Day (CHPPD)	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Average	Trend
WSHFT	**Nurse**	**4.1**	**3.8**	**3.8**	**3.7**	**3.8**	**3.7**	**3.7**	**3.7**	**4.1**	**4.1**	**4.2**	**3.9**	**3.8**	**4.0**	
	Care	**3.0**	**2.7**	**2.7**	**2.7**	**2.7**	**2.6**	**2.6**	**2.7**	**3.0**	**3.0**	**3.1**	**3.4**	**3.3**	**3.1**	
	Overall	**7.1**	**6.4**	**6.5**	**6.4**	**6.4**	**6.3**	**6.3**	**6.5**	**7.1**	**7.1**	**7.3**	**7.2**	**7.1**		
Boxgrove Ward M105 C	Nurse	3.0	2.7	2.8	2.7	3.0	2.8	2.8	2.8	2.8	2.9	3.0	2.8	2.7	2.9	
	Care	2.6	2.6	2.6	2.5	2.7	2.7	2.6	2.5	2.8	2.5	2.8	3.3	3.5	2.9	
	Overall	5.6	5.3	5.4	5.3	5.7	5.5	5.3	5.3	5.6	5.4	5.9	6.1	6.2	5.7	
Broadwater Ward M662 W	Nurse												3.3	2.9	3.1	
	Care												3.6	3.4	3.5	
	Overall												6.9	6.4	6.6	
Buckingham Ward M661 W	Nurse	3.3	2.2	2.1	2.1	2.0	2.0	1.9	2.1	3.3	3.2	3.1	3.8	2.9	3.0	
	Care	2.7	1.8	1.7	1.8	1.7	1.6	1.7	1.9	2.8	2.7	2.6	3.5	3.4	2.8	
	Overall	6.0	4.0	3.8	3.9	3.6	3.6	3.6	3.9	6.1	5.9	5.7	7.3	6.3	5.8	
Burlington	Nurse	3.4	3.1	3.1	3.3	3.4	3.5	3.2							-	
	Care	2.4	2.4	2.3	2.5	2.6	2.6	2.5							-	
	Overall	5.8	5.5	5.5	5.9	6.0	6.0	5.8							-	
Castle Ward M603 W	Nurse	3.8	3.6	3.7	3.7	3.7	3.5	3.5	3.7	4.1	3.8	3.8	3.4	3.1	3.6	
	Care	2.9	2.7	2.7	2.8	2.8	2.7	2.4	2.8	3.0	2.9	2.8	2.8	2.7	2.8	
	Overall	6.7	6.4	6.4	6.5	6.5	6.2	6.0	6.5	7.1	6.7	6.7	6.2	5.8	6.5	
Emergency Floor M109 C	Nurse	4.5	4.4	4.8	4.1	4.5	3.9	3.9	4.2	5.0	5.0	5.1	4.8	4.8	4.8	
	Care	2.7	2.5	2.7	2.2	2.5	2.2	2.1	2.2	2.6	2.8	2.8	3.9	3.7	3.0	
	Overall	7.2	6.9	7.5	6.3	7.0	6.1	6.1	6.4	7.6	7.8	8.0	8.7	8.5	7.8	
Chichester Suite T401 C	Nurse												5.1	4.6	4.8	
	Care												4.0	3.7	3.9	
	Overall												9.1	8.3	8.7	
Chilgrove Ward S207 C	Nurse	4.3	4.5	4.3	5.2	5.1	5.2	4.9	4.5	5.2	5.3	7.0	4.4	3.9	5.0	
	Care	2.8	2.7	2.7	3.5	3.4	3.3	3.1	3.2	3.5	3.6	4.7	4.3	3.5	3.8	
	Overall	7.2	7.2	7.0	8.7	8.5	8.5	8.0	7.8	8.7	8.9	11.7	8.7	7.4	8.7	
Chiltington Ward S609 W	Nurse	4.1	3.8	4.1	4.0	4.0	4.1	4.2	4.1	4.7	4.4	4.4	3.5	3.4	4.1	
	Care	3.3	3.2	3.2	3.3	3.2	3.2	3.4	3.4	3.8	3.7	3.4	3.6	3.1	3.5	
	Overall	7.4	7.0	7.4	7.3	7.1	7.3	7.6	7.4	8.5	8.1	7.8	7.0	6.6	7.5	
Clapham Ward S608 W	Nurse	2.9	2.8	3.1	3.1	3.0	3.2	3.2	3.2	3.5	3.3	3.4	3.1	3.2	3.3	
	Care	2.8	2.6	2.6	2.7	2.4	2.6	2.8	2.8	3.1	2.9	3.0	3.2	3.1	3.0	
	Overall	5.7	5.4	5.8	5.8	5.4	5.8	6.0	6.0	6.6	6.3	6.3	6.3	6.4	6.3	
Coombes Ward S711 W	Nurse	3.0	2.9	3.0	3.0	2.9	3.0	3.1	3.1	3.2	3.4	3.0	2.6	2.9	3.0	
	Care	2.5	2.3	2.4	2.4	2.4	2.4	2.4	2.6	2.5	2.7	2.5	4.0	4.4	3.1	
	Overall	5.4	5.2	5.4	5.3	5.3	5.4	5.6	5.7	5.7	6.1	5.4	6.6	7.3	6.1	

SAFER STAFFING SCORECARD - CHPPD

September 2018

	Care Hours Per Patient Day (CHPPD)	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Average	Trend
WSHFT	**Nurse**	**4.1**	**3.8**	**3.8**	**3.7**	**3.8**	**3.7**	**3.7**	**3.7**	**4.1**	**4.1**	**4.2**	**3.9**	**3.8**	**4.0**	
	Care	**3.0**	**2.7**	**2.7**	**2.7**	**2.7**	**2.6**	**2.6**	**2.7**	**3.0**	**3.0**	**3.1**	**3.4**	**3.3**	**3.1**	
	Overall	**7.1**	**6.4**	**6.5**	**6.4**	**6.4**	**6.3**	**6.3**	**6.5**	**7.1**	**7.1**	**7.3**	**7.2**	**7.1**		
Courtlands Ward M536 W	Nurse	8.9	7.9	7.7	7.6	7.5	8.1	7.9	8.6	8.0	8.6	8.7	5.7	5.6	7.5	
	Care	3.1	2.6	2.5	2.5	2.3	2.7	2.6	2.7	2.7	2.8	2.9	1.7	1.9	2.5	
	Overall	12.0	10.5	10.2	10.1	9.7	10.8	10.5	11.3	10.7	11.5	11.7	7.4	7.5	10.0	
Ditchling Ward M903 W	Nurse	2.9	2.9	2.9	3.1	3.0	2.9	2.9	3.0	3.2	3.2	3.1	3.0	3.0	3.1	
	Care	2.5	2.4	2.6	2.7	2.6	2.5	2.6	2.6	2.8	2.9	2.8	3.1	2.9	2.9	
	Overall	5.4	5.2	5.4	5.8	5.6	5.4	5.5	5.6	6.0	6.0	5.9	6.1	5.9	5.9	
Donald Wilson House M114 C	Nurse												4.7	5.1	4.9	
	Care												3.8	3.6	3.7	
	Overall												8.5	8.7	8.6	
Downlands Suite T901 W	Nurse												8.5	7.6	8.1	
	Care												3.2	2.6	2.9	
	Overall												11.8	10.2	11.0	
Durrington Ward M665 W	Nurse	3.1	3.0	3.1	3.2	3.1	3.2	3.3	3.1	3.4	3.2	3.1	2.9	3.2	3.2	
	Care	3.4	3.3	3.5	3.4	3.4	3.3	3.5	3.6	3.7	3.5	3.4	3.0	3.2	3.4	
	Overall	6.6	6.3	6.6	6.6	6.5	6.6	6.8	6.7	7.2	6.7	6.5	6.0	6.4	6.6	
Eartham Ward M658 W	Nurse	4.5	4.3	4.2	4.2	4.4	4.2	4.1	4.3	4.7	4.7	4.4	2.9	2.9	4.0	
	Care	2.3	2.2	2.3	2.3	2.0	1.9	2.0	2.4	2.5	2.4	2.4	3.5	3.4	2.8	
	Overall	6.8	6.5	6.5	6.5	6.4	6.1	6.1	6.7	7.2	7.2	6.8	6.4	6.3	6.7	
Eastbrook Ward M602 W	Nurse	6.0	4.4	3.2	3.2	3.4	3.3	3.3	3.1	3.6	3.2	3.5	3.3	2.9	3.3	
	Care	4.5	3.3	2.4	2.5	2.4	2.3	2.4	2.4	2.7	2.5	2.6	2.5	2.9	2.6	
	Overall	10.4	7.6	5.6	5.7	5.8	5.6	5.7	5.5	6.3	5.7	6.1	5.8	5.8	5.9	
Emergency Floor M600 W	Nurse	5.0	4.3	4.5	4.4	4.2	4.5	4.2	4.9	5.7	4.8	5.0	4.7	5.1	5.0	
	Care	4.4	3.8	3.9	3.8	3.6	3.9	3.8	4.4	5.0	4.5	4.4	3.6	3.6	4.2	
	Overall	9.3	8.1	8.4	8.2	7.8	8.4	8.0	9.4	10.7	9.3	9.3	8.4	8.7	9.2	
ESCU S555 W	Nurse	9.3	8.8	8.5	8.9	9.3	8.7	9.9	9.5	10.3	9.7	8.7	11.6	10.6	10.0	
	Care	9.5	8.8	8.5	8.9	9.0	8.4	9.7	9.5	10.3	9.6	8.6	4.0	3.9	7.7	
	Overall	18.8	17.6	17.0	17.8	18.3	17.1	19.6	19.0	20.6	19.3	17.3	15.6	14.6	17.7	
Erringham Ward M604 W	Nurse	3.3	3.3	3.3	3.3	3.2	3.2	3.3	3.4	3.6	3.3	3.4	3.2	3.1	3.3	
	Care	2.4	2.3	2.2	2.3	2.0	2.4	2.6	2.7	2.6	2.6	2.6	3.2	3.2	2.8	
	Overall	5.7	5.6	5.5	5.7	5.2	5.6	5.9	6.1	6.1	5.8	6.0	6.4	6.3	6.1	
Fishbourne Ward M107 C	Nurse	3.2	3.2	3.3	2.9	3.2	2.8	3.0	2.8	3.2	4.6	4.1	3.1	3.1	3.4	
	Care	2.6	2.4	2.6	2.2	2.6	2.4	2.5	2.3	2.4	3.7	3.2	3.2	3.4	3.0	
	Overall	5.8	5.6	5.9	5.1	5.8	5.2	5.5	5.1	5.6	8.3	7.4	6.3	6.5	6.4	

SAFER STAFFING SCORECARD - CHPPD

September 2018

	Care Hours Per Patient Day (CHPPD)	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD Average	Trend
WSHFT	**Nurse**	**4.1**	**3.8**	**3.8**	**3.7**	**3.8**	**3.7**	**3.7**	**3.7**	**4.1**	**4.1**	**4.2**	**3.9**	**3.8**	**4.0**	
	Care	**3.0**	**2.7**	**2.7**	**2.7**	**2.7**	**2.6**	**2.6**	**2.7**	**3.0**	**3.0**	**3.1**	**3.4**	**3.3**	**3.1**	
	Overall	**7.1**	**6.4**	**6.5**	**6.4**	**6.4**	**6.3**	**6.3**	**6.5**	**7.1**	**7.1**	**7.3**	**7.2**	**7.1**		
Ford Ward M023 C	Nurse	4.1	3.8	4.2	4.0	4.3	4.1	4.1	3.9	4.2	4.0	5.5	2.9	3.0	3.9	
	Care	2.2	2.1	2.1	2.1	2.3	2.1	2.1	2.1	2.3	2.0	2.9	2.8	3.0	2.5	
	Overall	6.2	5.9	6.3	6.1	6.6	6.3	6.2	6.1	6.5	6.0	8.4	5.8	6.0	6.4	
Howard Ward W200 C	Nurse	6.9	8.4	5.4	6.6	5.8	6.1	5.2	5.2	5.7	4.6	5.5	10.1	10.7	6.8	
	Care	1.9	1.7	1.3	1.4	1.0	1.1	1.2	1.5	1.4	1.4	1.6	3.3	3.8	2.1	
	Overall	8.9	10.2	6.7	8.0	6.9	7.2	6.3	6.6	7.1	6.1	7.1	13.4	14.6	8.9	
Lavant Ward M111 C	Nurse	3.7	3.3	3.7	3.3	3.3	2.8	3.1	3.0	3.5	3.6	4.2	3.1	3.2	3.4	
	Care	3.2	3.1	3.4	2.9	3.0	2.8	2.8	3.1	3.2	3.1	3.8	3.0	3.2	3.2	
	Overall	6.9	6.4	7.0	6.2	6.3	5.6	6.0	6.1	6.7	6.7	8.0	6.1	6.4	6.6	
Middleton Ward M112 C	Nurse	3.1	2.7	3.0	2.8	3.1	2.6	2.7	2.7	3.0	3.1	4.0	2.9	2.8	3.1	
	Care	2.2	1.8	2.1	2.1	2.2	2.0	2.1	2.0	2.2	2.4	2.8	3.3	3.5	2.7	
	Overall	5.4	4.5	5.1	4.8	5.2	4.6	4.7	4.8	5.2	5.5	6.8	6.2	6.3	5.7	
SCBU W201 C	Nurse	8.3	8.0	6.4	6.3	6.0	5.5	6.4	7.3	9.1	7.3	7.0	13.0	7.8	8.4	
	Care	2.0	3.0	1.3	1.8	2.1	1.7	2.0	2.4	2.7	2.1	2.4	3.7	2.4	2.6	
	Overall	10.3	11.0	7.7	8.1	8.1	7.2	8.5	9.7	11.9	9.4	9.5	16.7	10.2	11.0	
Petworth Ward M403 C	Nurse	11.2	3.1	3.1	3.2	3.3	3.1	3.2	3.1	3.4	4.6	3.5	4.0	3.0	3.5	
	Care	10.5	2.9	2.8	2.9	2.9	2.8	2.8	2.9	2.8	3.8	2.9	3.9	2.9	3.1	
	Overall	21.7	5.9	6.0	6.0	6.2	5.9	6.0	5.9	6.2	8.4	6.4	7.9	5.8	6.6	
Selsey Ward S102 C	Nurse	3.7	3.3	3.7	3.5	3.7	3.6	3.8	3.6	4.0	3.8	4.1	3.3	3.0	3.6	
	Care	3.0	2.8	2.8	2.9	2.9	2.7	2.8	2.8	3.1	3.0	3.1	3.1	3.2	3.0	
	Overall	6.6	6.1	6.5	6.3	6.6	6.4	6.6	6.4	7.1	6.8	7.1	6.3	6.1	6.6	
Wittering Ward S205 C	Nurse	3.4	3.4	3.6	3.2	3.4	3.1	3.0	3.1	3.4	3.8	3.8	2.9	3.3	3.4	
	Care	2.2	2.0	2.5	2.2	2.4	2.0	1.9	2.2	2.4	2.6	2.7	3.7	3.7	2.9	
	Overall	5.6	5.5	6.0	5.4	5.8	5.2	4.9	5.3	5.8	6.4	6.4	6.6	7.0	6.2	

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Trust Board

Date of Meeting: 25th October 2018 Agenda Item: 8

Title
Month 6, 2018-19 Performance Report
Responsible Executive Director
Jayne Black, Chief Operating Officer
Prepared by
Giles Frost, Interim Director – Performance & Information
Status
Disclosable
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
Trust Strategic Theme B - 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. *Trust Strategic Theme G* - Ensure the sustainability of our organisation by exceeding our national targets and financial performance and investing in appropriate infrastructure and capacity. *Trust Strategic Theme* F - 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
Recommendation
The Board is asked to: NOTE the Trust position against the NHS Single Oversight Framework and STF Performance Monitoring targets.
Communication and Consultation
Not applicable
Appendices
Appendix 1: Key Performance Deliverables, Operational Performance Scorecard, Single Oversight Framework Scorecard, STF Performance Monitoring.

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Trust Board Date: 25 October 2018

From: Jayne Black, Chief Operating Officer Agenda Item: 8

FOR INFORMATION

WSHFT PERFORMANCE REPORT: MONTH 6, 2018/19

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 2018/19 based on specific criteria for all indicators. The Sustainability and Transformation Fund payments in 2018/19 are indicatively based on A&E performance against trajectory as per NHS Improvement guidance.

2. SUMMARY PERFORMANCE

2.1 Under the Single Oversight Framework, the Trust was marginally non-compliant for Cancer 62 day performance. RTT 18 week compliance was below the national constitutional target and STF performance trajectory for September. A&E performance met the NHS constitutional target of 95% and remained ahead of the submitted STF trajectory. It also met the NHS England performance criteria of Q2 2017/18 (94.6%). Diagnostics remained compliant against national target for September.

2.2 Operationally September saw an increased level of A&E demand, and an increase in emergency admissions relative to the same period in 2017.

- 11,824 A&E attendances compared to 11,599 in September 2017 (representing a 1.94% increase on this time last year). For patients aged 65 and over there was an increase in attendances of 3.4%. For patients aged 85 and over, there was actually a decrease of 2.1%
- 4,778 emergency admissions in September 2018 comparison to 4,708 in September 2017, an increase of 1.5%.
- Over 65 emergency admissions remained static in September 2018 compared to September 2017. For patients 85 and over, there was a decrease of 8%. For adults under 65, an 8% increase on September 2017 figures has been observed.
- Formally reportable Delayed Transfers of Care totalled 3.96% for September 2018. This is a decrease from the August figure of 4.62%.
- Average Inpatient Bed Occupancy reached 93.93% in September, an increase of 1.6% from 92.35% from August. The highest occupancy the trust reached during the month was 98.57% and the lowest was 90.55%. On average, approximately 2.5 escalation beds per day were open across the trust during September, ranging from between 1 to 6 beds. This is a decrease from 3.5 beds on average from the August position. 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 compliant against the National Constitutional target in September, with 95.2% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge, a 2.1% improvement against August performance of 93.06%. 608 patients waited for more than 4 hours in A&E. This includes attendances from Bognor Minor Injuries Unit, but excludes emergency floor activity from both sites following a change in methodology as reported and published by NHSE in the monthly NHS statistics. This reduces performance by approximately 0.3% as a result of the exclusion of the emergency floor activity. For consistency for the remainder of the year, the Trust will henceforth report against the revised Nationally published reporting.

3.1.2 Cumulative quarter 2 performance 2018/19 of 94.0% was below quarter 2 2017/18 performance which on a like for like basis was 94.5%. Cumulative A&E performance year to date remains above the same period 2017/18 however, with 94.72% April – September compared to 94.56%

April – September 2017. On this basis the Trust expects continued achievement of the STF target as supported by NHSI.

3.1.3 By site, St Richard's Hospital (SRH) performance in September was 97.01%, with Worthing (WSH) achieving 93.16%. Emergency admissions at SRH increased by 1.8% and at WSH, a slightly lower rate of 1.2% in comparison to September 2017. For the 65+ age group, SRH actually decreased by 2% whereas WSH increased by 1.3% which equates to an additional 16 admissions.

3.1.4 Worthing saw an average of 464 beds occupied in September, which is an increase of 6 beds from 458 in August. Worthing had an average occupancy of 94.77% in September, with the highest occupancy of 98.98% on 10th September. Emergency medical length of stay at Worthing dropped marginally to 5.9 days in September. 21.4% of surgical and medical patients had a LOS of over 21 days. SRH saw an average of 355 beds occupied in September, an average of 1 less bed from August 2018. Occupancy at SRH averaged 91.79% in September 2018, reaching 96.92% on 4th September. For SRH, emergency medical length of stay decreased to 4.7 days on average in September from 4.97 days in August. 15% of surgical and medical patients had a LOS of over 21 days.

3.1.5 In September, delayed transfers of care (DTOC) decreased to 3.96% compared to 4.62% in August. September DTOCs peaked at 4.89% on 3rd September. In real terms, this reflects an impact in 'lost' beds that fluctuated between a minimum of c24 beds and a high of c43 beds during the month, 5 fewer patients on average than observed in August.

3.1.6 Patients who were medically fit for discharge (MFFD) decreased by 10 to 133 patients on average per day in September. The number of patients medically fit for discharge fluctuated from 115 patients on the 7th September and 153 on 13th September.

3.1.7 The number of adult patients (medical and surgical patients) with a LOS greater than 7 days at the trust was 2 patients more on average than observed in August 2018 and those exceeding more than 21 days remained static. Just under half of patients have a LOS greater than 7 days, and just under a fifth have a stay exceeding 21 days.

3.1.8 National performance worsened by 0.8% to 88.9% from 89.7% in August 2018 for all attendances with 18 trusts meeting the 95% target. Board members should note these figures also include type 3 A&E attendances (such as minor injuries units). Regionally, compliance for the South of England increased to 88.1% from 87.4% in August with NHS England South Surrey & Sussex Trusts (excluding WSHFT) generating aggregate compliance of 87.5%, a slight reduction from 87.7% in August.

3.1.9 The publication of national data confirms that the trust was 18th highest performing trust nationally in September 2018 (19th year to date), and the 2nd best performing trust in NHS South. Note that

these figures include type 3 attendances for other non-acute providers in the Coastal West Sussex Acute Trust Footprint.

3.1.10 For type 1 attendances only (major A&E Unit activity, including the Trust's Emergency Floor activity), the Trust's performance for September 2018 was 95.2% and was ranked 11th best performing trust and 11th best year to date.

3.1.11 Performance against the target has been challenging in October to date with A&E performance of 92.47% up to the 15th of the month.

Ambulance Handovers

3.1.12 The Trust continues to work with SECAmb to address issues that have led to increasing numbers of patients waiting to be handed over by Ambulance crews to A&E and Emergency Floor departments. The impact of which affects the ability of SECAmb to respond to emergency calls. The national target is that all handovers should be completed within 15 minutes of arrival at hospital. Regionally, trusts have been tasked with having no waits beyond 1 hour and working towards minimising those over 30 minutes.

3.1.13 The trust continues to develop a full capacity protocol with a set of actions to improve patient flow and prevent handover delays when bed occupancy is high. The trust also continues to monitor the effectiveness of streamlined handover processes at the trust and the impact of SECAmb immediate handover of clinically stable patients at 1 hour.

3.1.14 Performance against the <15 minute Ambulance Handover target at the trust improved in September 2018 to 48.7% from 48.4% in August 2018 but is improved from 42.5% in September 2017. In September 2018, 33 handovers took more than 1 hour, which is 1.0% of all handovers recorded. This is an increase from 18 in the previous month. In September, 7.2% of handovers took more than 30 minutes, an improvement on 9.1% in September 2017. The trust has also seen an improvement on the Ambulance Service measure of "hours lost" for turnarounds taking more than 30 minutes of 362 compare to 440 lost in September 2018.

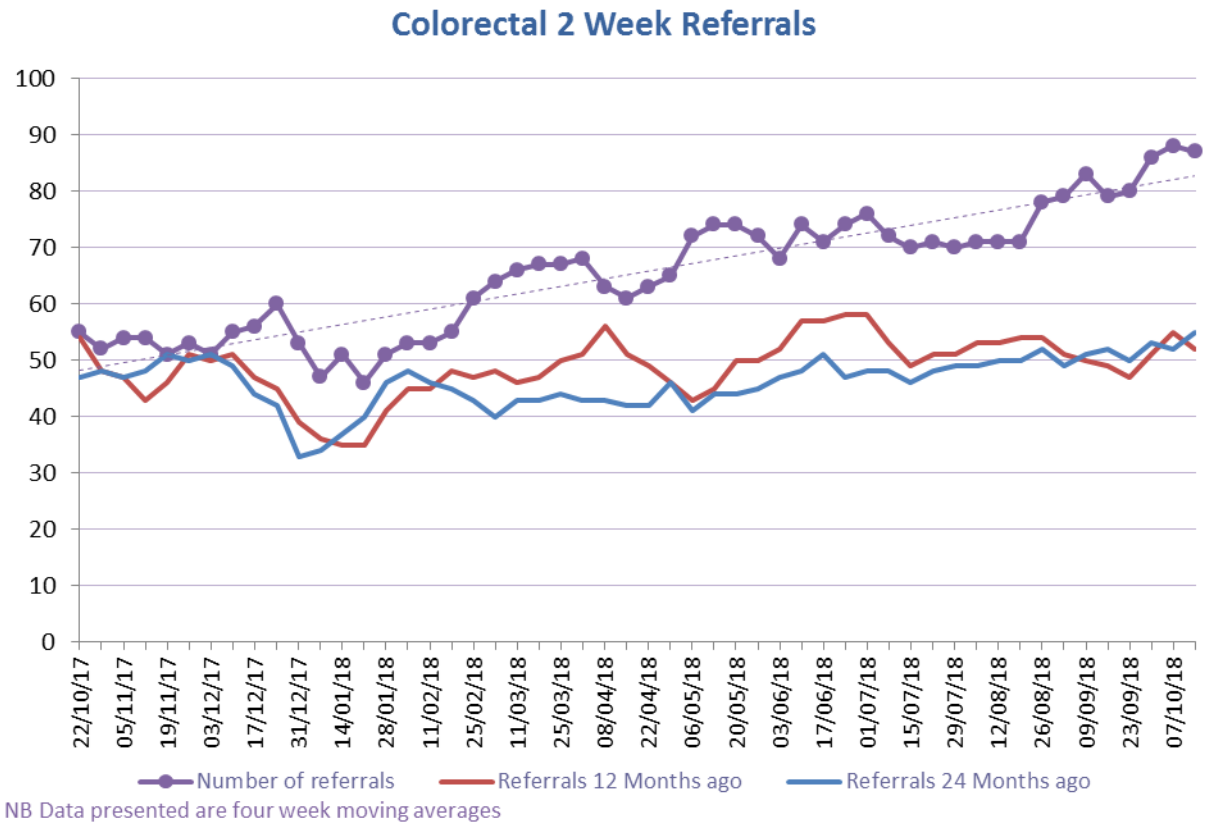
3.1.15 Within the region covered by SECAmb, Worthing Hospital had the 4th best performance for the 15 minute handover target and St Richard's Hospital was 9th out of the 18 acute hospitals in the South East. The overall average across the SECAmb region was 43.6%, a 0.7% improvement on August. For handovers beyond 1 hour, Worthing Hospital was 9th with 0.8% (14 handovers) of all handovers and St Richard's Hospital was 10th with 1.2% (19 handovers). The regional average was 1.2%.

3.2 Cancer

3.2.1 For the Single Oversight Framework for September, the Trust was not compliant against the combined 62 day rule with 80.25% (76.8% for 2 week GP referrals and 92.9% for screening referrals) against the target of 85.21%. Of the 29.5 62 day referral GP breaches, 11 of these relate to Urology. The board should note that this is a provisional position which will be finalised next month, and is likely to marginally improve due to a lag in histopathology reporting.

3.2.2 The trust was also non-compliant with the 2 week referral rule for September 2018 with performance of 89.93% against the 93% target, a decrease on the August position of 96.07%. Of the 153 breaches in month, 96 related to skin cancer referrals. Breast symptomatic performance was also non-compliant in September with provisionally 87.8% compared to 96.6% in August.

3.2.3 2 Week Cancer referrals continue to increase on levels seen in previous years. Over the last 6 months, the trust has seen a 15.9% increase in 2 week referrals. Colorectal referrals have increased by 44.6% compared to the same period 2017. This has been a sustained increase over the past 6 months with a similar rate of increase in comparison to the same period last year. Urology (+17.7%), Skin (+18.3%) and Breast (+28.3%) have also experienced significant increases in demand. However, the large increases in referrals for urology seen in the spring and early summer seem to have subsided.



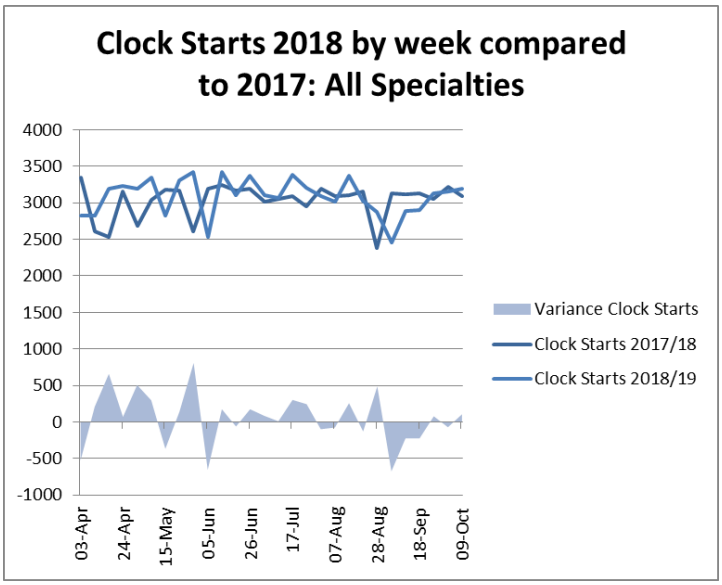
3.2.4 Latest comparative nationally published data relating to August 2018 shows national aggregate compliance for cancer attendance increased by 1.2% to 79.4% for treatment within 62 days from GP referral (target 85.0%). Trust performance for August was above the national average with 81.4%, and also Surrey and Sussex trusts with an average of 79.4%. In August 2018, just over 70% of Trusts receiving GP referrals in England were non-compliant against this standard. Nationally, performance against the 2 week referral target (93%) deteriorated by 0.2% to 91.7% from the previous month. The trust remained in a compliant position in August with 96.1%. Around a third of trusts were non-compliant against the 2 week target in August.

3.3 Referral to Treatment (RTT/18 Weeks)

3.3.1 The Trust was non-compliant against the National Constitutional Target of 92% in September with 80.01% of pathways waiting less than 18 weeks. This is a 1.1% deterioration in performance since August (81.07%). Numbers of patients waiting over 18 weeks increased by 189 patients accounting for 0.5% of the negative variance whilst total waiters reduced by 1072 cases (accounting for a negative dip of 0.5%) due to a reduction in clock starting events in September. The reduced clock starting events whilst deleteriously effecting the Trust performance in September will impact positively in December and January (in terms of reduced projected backlog patients)

3.3.2 There was one patient waiting over 52 weeks at the end September 2018.

3.3.3 Referrals starting RTT clocks between April and September of 2018 have increased by 2.3% compared to the equivalent time frame in 2017. Over the same period, there have been -3.3% fewer clock stops. The effect of this has been growth of approximately 2700 on the waiting list since March 2018. The Trust met with Coastal CCG colleagues to discuss steps that can be collectively taken to redress this balance on the 17th July, with particular focus on orthopaedics, urology and cardiology activity. The weekly trend in RTT clock starts 2018 and 2017 is shown below: -



3.3.4 As noted last month, the Trust is undertaking recovery actions against the main non-compliant areas. This is in particular for ophthalmology, orthopaedics, cardiology and neurology. The Chief Operating Officer is leading weekly meetings with all divisions to reinvigorate pathway management, booking processes, and clinic and theatre productivity. Theatre productivity (using a metric which compares touch time to scheduled theatre time) was 75.5% September 2018, compared with 72.7% September 2017.

3.3.5 As noted last month a recovery plan has been finalised and submitted to NHS England alongside a letter in response to the NHSE Elective Programme for Recovery. Identified actions are being reviewed on a weekly basis by the RTT Delivery Group. Daily huddles to ensure the optimisation of forward booking opportunities for clinics and theatre sessions have also continued.

3.3.6 The trust continues to work with the CCG to explore the use of the Independent Sector and other providers to support challenged specialties, whilst internally divisions continue to work on streamlining booking processes, improving pathway management and exploring ways of increasing productivity in theatres and clinics.

3.3.7 The Trust completed 10,608 RTT patient pathways in September 2018.

3.3.8 Latest published national data relates to August 2018 and shows national compliance has reduced to 87.2% from 87.8% in July. Trust performance for August 2018 of 81.01% was 6.8% under the national average. 58% of Trusts were non-compliant in August.

3.3.9 As noted at the June board, the Trust is undertaking a focussed project reviewing patients who are overdue follow up attendances according to the Trust PAS system, to ensure these are reviewed via clinical or electronic triage to validate, prioritise, treat and/or discharge accordingly

to improve patient experience. Since March the cohort of 16120 patients Trust wide has reduced by 49.2% to 8188 12th October and work is ongoing to continue to reduce this cohort.

3.4 Diagnostic Test Waiting Times

3.4.1 The Trust compliance for September was 0.59% over 6 week waiters across all diagnostic modes. This represents 30 over 6 week waiters of a total list of 5052 patients. It is a slight improvement on the August position and remains compliant against the 1% national target.

3.4.2 The latest available National data for August 2018 shows aggregate compliance at 3.1%, a deterioration of 0.3% patients waiting less than 6 weeks than in July. WSHFT performance for August worsened to 0.79%. South East Region aggregate compliance for August was 2.3% Just under half of Acute Trusts were non-compliant in August 2018.

4 RECOMMENDATION

4.1 The Board is asked to receive the Month 6 position.

4.2 The Board is also asked to note the year to date performance against the delivery requirements of the Sustainability and Transformation Fund (STF) for A&E, and in month provisional non-compliant position for cancer 62 day performance and RTT.

Jayne Black, Chief Operating Officer

18th October 2018

Mark Dennis, Head of Information Services
t: 01903 285273 (ext 85273)

OPERATIONAL PERFORMANCE SCORECARD

SEPTEMBER 2018

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	SEP	2018/19 YTD	2018/19 Target	Trend
NATIONAL AND OPERATIONAL PERFORMANCE TARGETS																	
O01	A&E : Four-hour maximum wait from arrival to admission, transfer or discharge	95.4%	94.1%	92.7%	85.4%	89.5%	92.8%	90.0%	94.2%	96.39%	95.71%	94.4%	93.1%	95.20%	94.82%	95%	
O02	Cancer: 2 week GP referral to 1st outpatient	95.75%	96.71%	96.71%	96.97%	95.94%	96.84%	97.12%	96.49%	96.08%	90.7%	96.34%	96.07%	89.9%	94.38%	93%	
O03	Cancer: 2 week GP referral to 1st outpatient - breast symptoms	99.19%	97.24%	94.87%	96.89%	91.58%	99.32%	95.53%	93.53%	88.04%	65.13%	93.23%	96.62%	87.80%	87.36%	93%	
O04	Cancer: 31 day second or subsequent treatment - surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	93.8%	100.0%	98.32%	94%	
O05	Cancer: 31 day second or subsequent treatment - drug	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98%	
O06	Cancer: 31 day diagnosis to treatment for all cancers	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	99.5%	98.9%	94.33%	98.8%	96%	
O07	Cancer: 62 day referral to treatment from screening	98.15%	94.23%	94.20%	96.00%	85.19%	96.55%	97.62%	90.70%	98.15%	84.21%	98.46%	100.00%	92.86%	94.8%	90%	
O08	Cancer: 62 day referral to treatment from hospital specialist	67.86%	96.15%	92.86%	89.66%	84.00%	96.77%	82.76%	90.91%	89.74%	75.00%	92.86%	96.43%	63.33%	84.7%	N/A	
O09	Cancer: 62 days urgent GP referral to treatment of all cancers	87.74%	88.92%	91.91%	86.29%	88.06%	86.03%	90.56%	88.07%	77.78%	76.60%	78.31%	81.42%	76.77%	79.8%	85%	
O14	RTT - Incomplete - 92% in 18 weeks	88.72%	88.42%	89.02%	87.07%	86.64%	86.36%	85.10%	84.34%	85.17%	83.87%	83.04%	81.01%	80.01%	82.89%	92%	
O15	RTT delivery in all specialties (Incomplete pathways)	10	11	11	12	13	11	12	11	12	13	12	14	13	14	0	
O16	Diagnostic Test Waiting Times	0.99%	0.61%	0.69%	1.31%	0.83%	0.68%	0.97%	0.85%	0.98%	0.43%	0.43%	0.79%	0.59%	0.68%	<1%	
O17	Cancelled operations not re-booked within 28 days	0	1	2	0	3	2	3	7	3	1	1	2	0	14	-	
O18	Urgent operations cancelled for the second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
O19	Clinics cancelled with less than 6 weeks notice for annual/study leave	40	26	23	20	44	41	21	22	35	19	21	19	41	116	-	
O20	Mixed Sex Accommodation breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
O33	Delayed transfers of care	4.15%	3.34%	3.47%	2.73%	3.07%	3.14%	2.99%	2.52%	2.66%	3.46%	3.12%	4.62%	3.96%	3.4%	3.0%	
IMPROVING CLINICAL PROCESSES																	
O23	% hip fracture repair within 36 hours	88.2%	88.0%	90.5%	83.3%	96.2%	83.3%	88.1%	70.1%	84.5%	71.4%	90.6%	88.1%	78.8%	88.9%	90%	
O24	Patients that have spent more than 90% of their stay in hospital on a stroke unit[+]	92.7%			90.9%	84.3%	84.0%	88.5%	98.0%	81.0%	82.9%	82.4%	81.4%		86.5%	80%	

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OPERATIONAL PERFORMANCE SCORECARD

SEPTEMBER 2018

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	SEP	2018/19 YTD	2018/19 Target	Trend
OPERATIONAL EFFICIENCY																	
O36	Average length of stay - Elective	2.99	3.30	3.22	3.63	2.95	3.13	3.41	2.97	3.10	2.74	3.10	2.93	3.22	2.97	3.72	
O37	Average length of stay - Non-elective Surgery	5.66	5.26	5.93	5.38	5.80	5.89	5.51	5.91	5.70	5.01	5.46	5.33	5.71	5.48	6.07	
O38	Average length of stay - Non-elective Medicine	7.32	7.82	7.79	7.37	8.03	7.88	7.93	7.73	7.39	7.15	7.22	7.11	6.90	7.32	7.80	
O39	Day case rate (CQC day case basket of procedures) source: Dr Foster (reported 2-3 months in arrears)	89.70%	90.10%	90.00%	91.85%	93.86%	93.40%	91.35%	91.36%	90.76%	91.57%				90.98%	75.0%	
O40	Elective day of surgery rate (DOSR)	98.4%	98.5%	99.1%	98.2%	98.9%	98.9%	96.5%	98.3%	98.5%	98.0%	98.8%	98.2%	98.8%	98.4%	90.0%	
O41	Did not attend rate (outpatients)	6.09%	5.80%	5.72%	6.38%	6.11%	6.32%	6.26%	5.92%	6.16%	6.46%	6.46%	6.18%	6.05%	6.09%	7.65%	
SUSTAINABILITY																	
O43	Bank staff - % of all staff pay	8.99%	7.85%	8.29%	8.12%	7.49%	8.62%	8.46%	8.90%	8.36%	8.69%	8.44%	8.44%	9.13%	8.57%	7%	
O44	Agency staff - % of all staff pay	4.51%	3.84%	5.06%	4.28%	4.30%	3.67%	3.96%	3.79%	4.40%	3.98%	4.12%	3.50%	3.60%	3.96%	2%	
O45	Nurse : occupied bed ratio	1.861	1.805	1.774	1.741	1.690	1.760	1.729	1.768	1.888	1.910	1.902	1.879	1.855	1.869	-	
O46	% nurses who are registered	67.67%	68.40%	68.30%	68.34%	68.49%	68.58%	68.35%	68.25%	68.46%	68.33%	68.08%	67.96%	68.42%	68.25%	-	
O47	% Staff appraised	88.05%	88.37%	88.20%	87.60%	87.70%	87.00%	86.20%	87.32%	86.80%	87.50%	86.50%	87.10%	86.20%	86.20%	90%	
O48	Sickness Absence: % Sickness (reported one month in arrears)	3.77%	3.80%	3.60%	3.80%	4.30%	3.58%	3.68%	3.50%	3.10%	3.20%	3.40%	3.70%		3.40%	3.3%	
O49	Staff Turnover: Turnover rate (YTD position)	8.00%	8.24%	8.20%	7.80%	7.70%	7.40%	7.50%	7.48%	7.80%	7.60%	7.80%	7.60%	7.60%	7.60%	11%	
ACTIVITY																	
A01	Day Cases	4,767	4,900	5,359	4,248	5,056	4,471	4,613	4,602	4,866	4,846	5,014	4,672	4,651	24,000	65,791	
A02	Elective Inpatients	614	548	589	456	362	484	410	405	545	536	504	520	526	2,510	7,950	
A03	Non-elective inpatients	5,622	5,814	5,827	5,842	6,076	5,387	6,229	5,947	6,110	6,041	5,979	6,160	5,754	30,237	74,930	
A04	Outpatient First attendances	12,859	13,808	13,992	10,732	13,444	11,509	12,483	12,024	13,324	12,951	13,081	12,582	12,675	63,962	181,895	
A05	Outpatient Follow-up attendances	20,796	22,271	23,697	18,067	23,174	19,733	20,969	21,272	23,404	22,164	22,497	21,936	21,808	111,273	277,837	
A06	Outpatients with procedure	6,521	7,287	7,131	5,196	6,612	6,407	5,948	6,098	6,812	6,747	6,452	7,067	5,725	33,176	79,490	
A07	A&E Attendances	11,598	11,734	11,566	11,865	10,648	10,127	11,805	11,770	12,538	12,277	13,009	12,358	11,820	61,952	155,438	

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.

4 A&E counting amended in retrospect from April 2018 to exclude emergency floor reporting in accordance with revised NHSE guidance. Please note this has not been adjusted before 2018/19

Mark Dennis, Head of Information Services
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NHS Improvement Single Oversight Framework

SEPTEMBER 2018

		Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date	Trend
Operational Performance Metrics																
OP1	A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	94.2%	96.4%	95.7%	94.4%	93.1%	95.2%							94.8%	
OP2	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	84.3%	85.2%	83.9%	83.0%	81.0%	80.0%							82.9%	
OP3A	All cancers : 62-day wait for first treatment following urgent GP Referral	85%	88.1%	77.8%	76.6%	78.3%	81.4%	76.8%							79.8%	
OP3B	All cancers : 62-day wait for first treatment following consultant screening service referral	90%	90.7%	98.2%	84.2%	98.5%	100.0%	92.9%							94.8%	
OP4	Maximum 6-week wait for diagnostic procedures	1%	0.9%	1.0%	0.4%	0.4%	0.8%	0.6%							0.7%	

Notes

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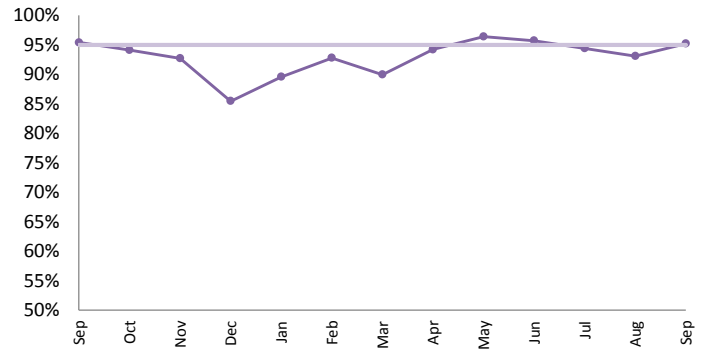
Key Performance Deliverables Report

SEPTEMBER 2018

A&E 4-hour waiting time target

Target	Month	YTD	Projected O/T
95%	95.20%	94.82%	>95%



Description / Comments / Actions

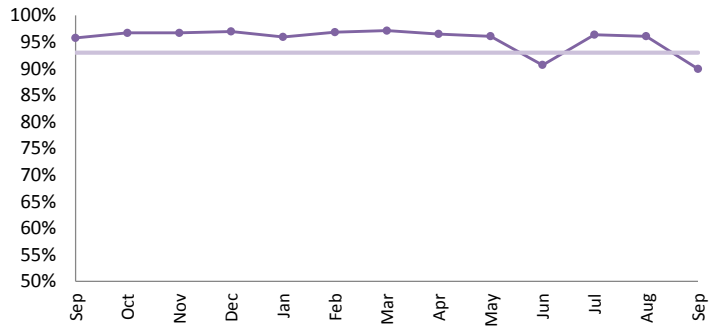
Patients can expect to be admitted, transferred or discharged in 4 hours from arrival in A&E

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

Target	Month	YTD	Projected O/T
93.0%	89.93%	94.38%	>93%



Description / Comments / Actions

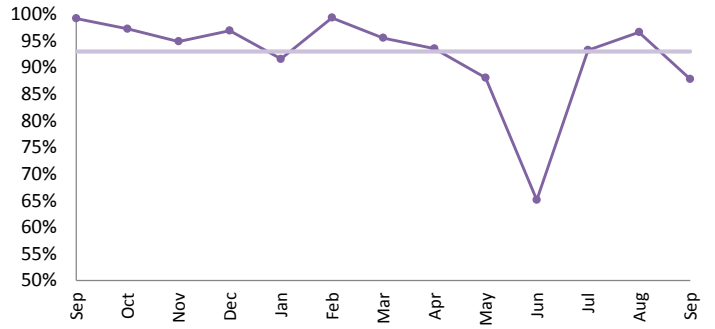
Patients can expect to be seen within 2 weeks following an urgent GP referral for suspected cancer.

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

Target	Month	YTD	Projected O/T
93%	87.80%	87.36%	>93%



Description / Comments / Actions

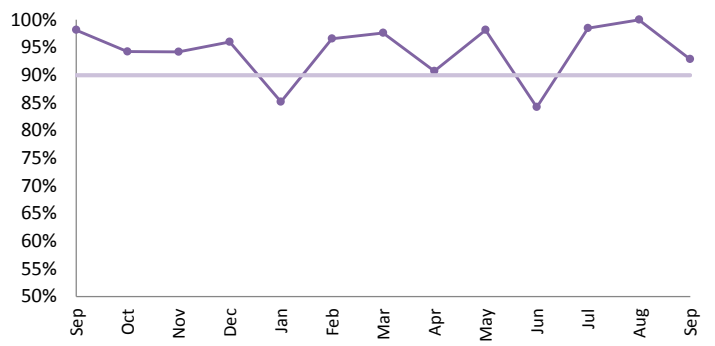
Patients with breast symptoms can expect to be seen within 2 weeks following an urgent GP referral.

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

Target	Month	YTD	Projected O/T
90%	92.9%	94.82%	>90%



Description / Comments / Actions

Patients with cancer can expect to commence treatment within 62 days following referral after a positive screening test.

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

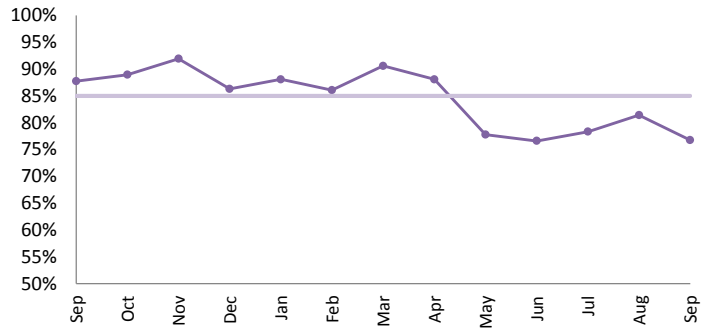
Actions:
1. Management/tracking oversight through DDO led Cancer Delivery Group
2. Dedicated weekly review led by Chief Operating Officer

Key Performance Deliverables Report

SEPTEMBER 2018

Cancer - 62 days from referral to treatment following urgent referral by a GP.

Target	Month	YTD	Projected O/T
85%	76.77%	79.77%	>85%



Description / Comments / Actions

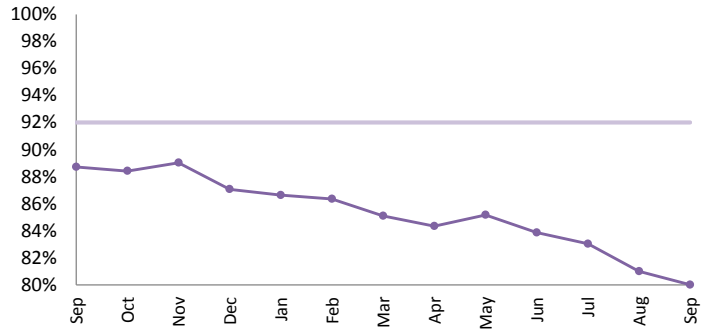
Patients with cancer can expect to commence treatment within 62 days following urgent referral by a GP.

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

Target	Month	YTD	Projected O/T
92.0%	80.01%	82.89%	>90%



Description / Comments / Actions

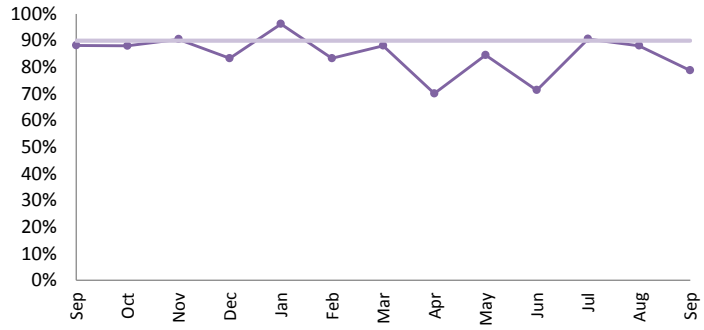
All patients can expect to commence treatment within 18 weeks of a referral to consultant.

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. CCWSCCG 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

Target	Month	YTD	Projected O/T
90%	78.80%	88.89%	>90%



Description / Comments / Actions

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.

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Board

Date of Meeting: 25 October 2018 Agenda Item: 9

Title:
Report on Organisational Development and Workforce performance
Responsible Executive Director
Denise Farmer, Director of OD and Leadership
Prepared by:
Jennie Shore, Human Resources Director
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
Recommendation
The Board is asked to NOTE the report
Consultation:
n/a
Appendices:
None

This report can be made available in other formats and in other languages. To discuss your requirements please contact the Company Secretary, on 01903 285288.

Western Sussex Hospitals
NHS Foundation Trust

To: Trust Board Date: October 2018

From: Denise Farmer, Chief Workforce and OD Officer Agenda Item: 9

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 30 September 2018.

2.00 Workforce Capacity

2.01 Workforce capacity used remained at 97% of budgeted establishments during September. The number of substantive staff in post increased again in month by 16.90 wte. Whilst workforce capacity exceeded the budgeted establishment within the Medicine division, by 8.60 wte, this continues to be an improving position (60.50 wte in M4 and 15.40 wte in M5).

2.02 The amount of temporary staff used in month was at similar levels to August including the supply of bank staff. The cost of bank supply has increased by £500 per wte from an average of £3,604 per wte in June to £4,136 per wte in September, largely driven by medical locums.

2.03 In M6, overall workforce spend was £24.2m, £128k over budget. Medical workforce was the only staff group over-spent in M6, with high locum spend contributing to the position. Medical spend is £2m adverse YTD. Vacancies have improved for the second month in a row, and an 8.7% vacancy is the lowest in the last 6 months. Agency spend has also fallen, with Medicine reporting an improved fill on the junior doctor rotas. Chiefs of Service are currently reviewing bank spend and rates following a deep dive into underlying reasons for above-budget spending. Further controls on temporary staffing rates, as well as development of alternate roles, is required to reduce workforce spend further.

2.04 During September nursing spend improved to £0.7m adverse against a budget of £54.3m. Registered nursing is £400k underspent due to high vacancies and limited supply of temporary workforce at advertised rates, with HCAs being used to provide support when shifts are short of RNs. Overall, nursing spend was within budget at M6. RN vacancies improved slightly in month, and benefit from international nurses joining the Trust during September. HCA vacancies increased slightly, although remain over-established in ward areas with Medicine completing a deep-dive to understand drivers for usage. Focus remains on market management actions and full utilisation of increased bank rates to drive agency requirements down.

2.05 The NMC has now dropped its restriction that overseas nurses are required to be qualified for at least one year prior to being recruited by the UK market. This has been welcomed and

contributed to the outcome of the international recruitment campaign last month where 113 applicants were given job offers.

3.00 Workforce Efficiency

3.01 Sickness absence increased during August to 3.7% with the rolling 12 month position remaining at 3.6%. Long term absence increased within the Corporate, Estates and Facilities and Women and Children's divisions.

3.02 Of particular concern is the sharp increase in the number of staff experiencing long term absence within Estates and Facilities which rose to from 4.3% to 5.9%. This has been primarily within the domestic and housekeeping teams and does not correspond to an increase in the number of cases related to stress and MSK which have now stabilised. A counter measure summary has been undertaken and further targeted support to ensure the timely management of long term absence is in place.

3.03 The in-month sickness rates varied from 2.4% in Core to 8.1% in Estates and Facilities which as noted above is the primary driver for the increase.

3.03 The rolling 12 month staff turnover rate remained at 7.6% during September. Staff turnover continues to range from 5.5% in the Women and Children division to 11.5% in the Core division.

4.00 Influenza Campaign

4.01 The flu vaccination campaign is progressing well with drop in Occupational Health clinics available and advertised across the Trust. The team of enthusiastic workplace vaccinators is actively vaccinating staff. Workplace vaccinators have also attended Staff Conference and junior doctors induction and training events to offer vaccinations.

4.02 The first reports of vaccination uptake will be available by the end of the month and any areas where uptake is low will be offered further support from the Flu Steering group.

5.00 NHS Terms and Conditions of Service: Contract Refresh 2018

5.01 Further information has been released by NHS Employers regarding the changes to pay progression and the closure of Band 1. In respect of pay progression the national guidance will not be available until early next year which has resulted in some changes to the Trust's action plan. The Steering group has decided that further briefings and information to managers on this aspect of the new contract will have to be delayed until the national guidance is available.

5.02 The guidance on the closure of Band 1 has provided some clarification to support this part of the project and this aspect is now the priority for the Steering group over the coming months.

6.00 Appraisals

6.01 At the end of September, appraisal rates decreased to 86.2%. The Medicine and Surgery Divisions remain areas of concern and improvement is being driven through the strategy deployment reviews. A counter measure summary will be available for November's Board if improvement is not made.

7.00 Staff Engagement

7.01 During September there were 194 respondents to the staff engagement questionnaire through the Health and Safety days. In month staff advocacy improved with an overall engagement score of 3.92. This compares to 3.88 in September 2017.

7.02 There has been consistent and continuous improvement in staff engagement within the Estates and Facilities division in the last 12 months. At the end of September this was 3.80 compared to 3.28 at the same time last year.

8.00 Best Place to Work

8.01 A separate paper is attached at Appendix A that sets out a proposal to participate in a Best Place to Work project. Since writing, the Trust's submission has been accepted by HEKSS and Clever Together. A further briefing will be provided to the Board in November.

9.00 2018 Staff Survey

9.01 This year's annual staff survey launched on 1 October 2018 with a mix of on-line and hard copy questionnaires distributed to all substantive staff.

9.02 At the end of week 3, the response rate was 28%. This is slightly lower than at the same time in 2017 but does not include leavers in the last two months which should be excluded from the numbers.

9.03 Weekly publication of rates together with the top three teams response rates are being distributed to encourage uptake.

10.00 Workforce Systems

10.01 Medics Rostering - support from Allocate for a review of the Medicine division rollout and best practice approach to further implementation has been secured. This will include improving data flows into ESR that support divisional colleagues to roster junior doctors in advance of their joining dates. Allocate will also provide targeted advice and interventions during the rollout to the Surgery division (urology, T&O, general surgery specialties) and provide implementation plans and an impartial review on our system use.

10.02 Non Medics Rostering - a review of the system configuration is scheduled during November to ensure the functionality delivered in software releases over recent years is fully utilised. This will be aligned to a system upgrade with enhanced functionality. A few data quality issues have been identified and are being rectified to improve service to front end users.

10.03 Temporary Staffing – similarly a review of the Bank Staff module is underway as it has been identified that the system functionality is currently under utilized. Working with the Heads of Nursing, it is anticipated that this will increase the number of shifts being booked through Employee OnLine.

10.04 Job Planning and Revalidation - there is currently a review of hot week activities being tested by the team to enable these to be added to job plans. We have secured further support from Allocate to work through the job planning process which can then support the rollout of job plans being interfaced with the rostering system. This will allow consultants to request annual leave, study etc. against their job plans. This would enable the future roll out of full medics rostering of consultant activities.

11.00 Statutory and Mandatory Training

11.01 Attendance on seven out of nine of the modules remains at or above the Trust's target of 90%.

11.02 Attendance on resuscitation remains below the Trust's target, and is currently at 88.2%. This is mainly due to lower attendance rates for Medical staff and certain patient facing staff in Estates and Facilities (e.g. porters). An action plan to provide additional training for these groups of staff has been agreed with the new Trust Resuscitation Officer.

11.03 Attendance rates on Safeguarding Adults training has fallen by a further 0.9% in the last month (a drop of 5.2% in 2 months) and remains below Trust target of 90%. This follows a decision to provide training via a new e-learning platform that is proving more difficult to access and reduced capacity to deliver. This has been escalated and actions to address this are being taken.

12.00 Widening Participation

12.01 Apprentice Levy The total amount entering the Apprentice Service (TAS) Account in September was £113k, against a spend of £17k in October. Contributions for November and December are anticipated to rise when 56 apprentice start.

12.02 Our Digital Account balance at 12 October stands at £1,637,980 (not including October contribution)

12.03 Health Care Assistant Apprentice Recruitment

The planned recruitment for HCA apprentices is due to go live by the end of October and will be advertised on the apprentice website and NHS jobs for 20 positions. The planned start date for this cohort is February.

Future cohorts are planned for June 2019 and October 2019.

12.04 Work Experience and Careers Event

Four Level 3 Health and Social Care students from Shoreham Academy started at Worthing Hospital at the end of September where they will spend 12 weeks on the wards.

Six Level 3 Health and Social Care students from Chichester College are due to start on the Medical wards at St Richards at the end of September.

The widening participation team have represented the NHS at eight career events at local schools in the area and also delivered an apprenticeship and careers workshop at Worthing High School.

13.00 Strategic communications

13.01 The communications team has continued to work with colleagues from across the Trust to provide support for a number of strategic campaigns and initiatives.

13.02 Patient First STAR Awards – around 250 staff from across the organisation attended the Trust's ninth annual staff recognition awards, organised by the Communications Team, on 3 October. Following a record 630 nominations earlier in the year, 14 individuals and teams were announced winners on the night, taking home trophies and framed certificates. The event recognises and commends colleagues who have gone above and beyond to deliver the trust's *Patient First* values and ambitions while providing or supporting the delivery of excellent care. The awards evening was shared with a much wider audience through social media, attracting an audience nearly 80,000 during the first week following the 2018 Patient First STAR Awards prize ceremony. This included:

- Facebook - 59,800 views + 14,814 reactions, comments and shares
- Twitter - 19,276 Impressions + 1610 engagements
- Flickr photo slideshow and video highlights - 2,332 views

13.03 *Where Better Never Stops* staff conference – the communications team plays an active role in the organisation, content and promotion of the trust's annual staff conference which takes place over two dates, 11 & 18 October, at Fontwell Park. Staff conference was attended by more than 600 colleagues and this year's theme explored how to improve patient experience. The event was also filmed with presentations and highlights shared with the wider staff community at special screenings in the Trust's educations centres taking place in November. The videos are also uploaded to the Trust's YouTube channel and shared more widely via the trust's other social media channels. To interact with Western Sussex Hospitals online, follow the hashtag #WSH.

13.04 "Thank you" lunches - the communications team and customer care colleagues organised this year's staff and volunteer free "Thank you" lunches, which took place at St Richard's (20 August); Worthing (30 August); and Southlands (31 August). Around 4,500 colleagues attended the events, which this year followed the theme of *staff engagement* and how to make improvements at work. Of those surveyed at the events, 87% confirmed they do feel able to make improvements. The best improvement ideas were shared and are being analysed by the Kaizen team to identify themes and trends. Thousands of "Thank you" post cards and flyers that help staff to align improvements to the trust's key *Patient First* priorities were also handed out to colleagues at the events.

13.05 Wellbeing Wednesdays – the regular promotion of Wellbeing Wednesdays continues to improve awareness of the wider staff health and wellbeing programme across the trust.

13.06 The communications team continues to facilitate and promote a number of staff campaigns, including NHS Staff Survey, 2018 Flu Campaign, Nurse Bank Campaign and other divisional recruitment campaigns.

13.07 Social media monitoring – more and more teams, specialties and departments are using social media to improve staff engagement, as well as communication with patients, partners and stakeholders. The communications team regularly sets up new accounts and provides advice to colleagues managing trust social media channels. Following new additions this month, the trust has 15 Twitter accounts, 12 Facebook accounts and two Instagram accounts.

13.07 Green Travel Plan - the communications team has supported colleagues from the Estates & Facilities division to inform and involve staff in the latest stage of the Green Travel Plan. The communications objectives for the plan are to ensure all staff are made aware of the planned changes, are clear about specific requirements such as registering for access to improved cycle security and are given the opportunity to ask questions, provide feedback and check understanding. Tactics have included face to face staff briefings, information in the intranet, *Marianne's Message* and a special edition on *Headlines*. Feedback is being shared directly with the Facilities and Estates team.

14.0 **Corporate and community communications**

14.01 Hannah Morris, staff nurse on SRH Neonatal will take part in the Great South Run for the unit on 21 October.

14.02 The Paediatrics Physiotherapy team returned to take on their second seven-hour cyclethon challenge on 21 September outside the main entrance of St Richard's Hospital. Funds raised will go towards the purchase of exercise equipment for Cystic Fibrosis patients to improve quality of life and reduce the symptoms of their condition.

14.03 WSHT Nursing Director, Dr Maggie Davis will be taking part in the Beachy Head Marathon on 23rd Oct in aid of dementia care.

14.04 As chosen charity by the Mayor of Worthing for 2018 – 2019, there are a schedule of upcoming events to support the Maternity Bereavement suite at Worthing Hospital including Celebrating Women in the Workplace on 20 October, Three-course charity meal at Giuseppe's restaurant on 28 November and a bucket collection at Tesco's Durrington on 21 December.

14.05 Members of our West Sussex Urology team were due to participate in the 100m Velo South Cycle event on 22 September which was cancelled due to adverse weather condition. Instead, they took part in their own 100 mile cycle ride around West Sussex. So far, the team have already raised an amazing £20,247 of their £80,000 target to provide new equipment to improve diagnosis of urological cancers and other conditions.

14.06 Congratulations go to the Critical Care Rehabilitation Fundraising Team for winning our first ever Fundraiser of the Year award presented at the recent Patient First STARS award. The team raised over £10,000 during 2017 to support their rehab patients

14.07 Local GP surgeries approached to host LYH collection boxes with good take up.

15.00 LYH Marketing

15.01 A 5,000 leaflet drop went out around East Preston and Angmering areas to promote LYH's Beatles/NHS70 night at Food Restaurant in Worthing on Thursday 18 October.

15.02 There was good attendance at the LYH workshops at this year's staff conferences, giving the charity an opportunity to fully explain how we support the Trust and how staff can access charitable funds to support patient care. Each staff conference attendee has been receiving LYH branded goody bags with charity event literature included.

16.00 Lottery

16.01 Online lottery sign-ups have now reached 136. Lottery collateral is almost finalised and onsite recruitment will commence in November. Sales will continue to be monitored during 2018/19 to enable benchmarking of the lottery strategy moving forward.

17.00 Recommendation

The Board is asked to **NOTE** the report.

BEST PLACE TO WORK INITIATIVE

1.0 INTRODUCTION

1.1 This paper sets out a proposal for the Trust to participate in an innovative culture transformation project, Best Place to Work, that would support our journey to become an NHS model employer.

1.2 Our aim for Our People is to be the top performing acute NHS Trust for staff engagement by 2020. This will require us to demonstrate to staff that Western Sussex Hospitals NHS Foundation Trust is the best place to work. Whilst our performance is continuing to improve and our organisational culture reflects our values, this project is a step change in how we engage with staff to co-design our Best Place to Work model whilst helping to build capability and capacity.

1.3 The Best Place to Work project is designed to complement other organisational development programmes and will therefore support our journey of continuous improvement through Patient First.

2.0 OUTLINE OF PROGRAMME

2.3 The programme has been developed using the data gathered from the KSS Let's Work Together project undertaken in summer 2017. Over 30,000 people visited the online summit, with over 1000 active participants generating ideas and evidence about the workforce in Kent, Surrey and Sussex. This is known as crowd sourcing and typically divides work between participants to achieve a cumulative result. Western Sussex Hospitals was one of the top five employers participating in the project last year.

2.4 Emerging from this exploratory research were twelve key demands from participants which were grouped under the following themes:

- Well led by the organisation
- Well managed in the organisation
- Meaningful work and access to opportunities for growth
- Work space is fit for purpose

2.5 Findings of this study point strongly towards the need to shift the conversation away from a narrow focus on staff retention, towards how organisations and systems can become the kinds of model employers where staff want to work in the long term.

2.5 The Best Place to Work project is therefore the next phase of this earlier research.

3.0 PROJECT STAGES

3.1 HEE Kent, Surrey and Sussex, in partnership with innovation agency Clever Together has opened up applications to work with a cohort of seven trusts through a bespoke and evidence based programme of change. This will draw on the data collated through the staff retention project together with other key research.

2.2 An application to join the programme has been made, with endorsement from Marianne Griffiths, Chief Executive and Denise Farmer, Chief Organisational Development and Leadership Officer. It is anticipated that we will hear whether we have been successful by mid-September.

2.3 There are four important stages of the Best Place to Work journey which is anticipated to

2.3.1 Using our own data and data drawn from external sources including the staff survey, HEEKSS and Clever Together (the team) will develop a baseline of our performance, our workforce 'personas' and current culture. Working with the Board and the OD and HR teams, the baseline will be tested and validated.

2.3.2 Using the information gathered, the tem will work with us to develop our own mandate for change which will be tested as part of an online workshop to engage our staff in designing our Best Place to Work model.

2.3.3 The team will help the Trust to refine our Best Place to Work model and help us to build capacity and capability – for example working with peers in other trusts and using supported action learning sets.

2.3.4 Finally, we will be supported to monitor progress using pulse check surveys and help us to build our own internal crowdsourcing and research capability.

3.0 BENEFITS AND RISKS

3.1 The Trust is well placed to take this next step and the programme aligns strategically with our vision, values and objectives. Participating does not undermine the work being undertaken to transform all NHS Question member organisations so that by 2020 they feature in the top 20% NHS Trusts to work and go on to be the best in the NHS.

3.2 Being the Best Place to Work would be a quality kite mark for Our People and supports our improvement journey for staff engagement.

3.3 HEEKSS is funding the programme for cohort 1 and the outputs and learning will be shared across the NHS. There is also national interest in the initiative and whilst this has its risks, it provides an opportunity to influence a change in the NHS as an employer.

3.4 Using crowd sourcing methodologies to obtain views and opinions carries high risk of negative comments about the organisation from those who do not feel engaged. Alternatively it also demonstrates a commitment to openness and transparency and a genuine desire to engage staff in co-designing our Best Place to Work model.

As part of the diagnostic stage, we would have access to our workforce personas (obtained during the retention work last year), so will have early indication about the level of risk.

3.5 It is unclear at this stage what the impact this programme may have on current capacity and resources. This needs to be fully assessed but given that it builds on existing organisational development programmes of work and is pioneering in Kent, Surrey and Sussex, exploration of external funding will be sought if required.

4.0 The **BOARD** is asked to **NOTE** this paper

WSHFT WORKFORCE SCORECARD

September 2018

Key performance Indicators		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	2018/19 YTD	Target/ Ceiling	Amber Limit	Trend
1) WORKFORCE CAPACITY	*NB*																	
Budgeted FTE		6614.8	6619.1	6619.1	6634.6	6634.6	6634.6	6638.1	6741.1	6757.0	6735.4	6743.2	6731.7	6733.9	**6740.4**	N/A	N/A	
Total FTE Used		6560.6	6602.6	6666.4	6597.7	6570.7	6652.4	6669.1	6668.1	6579.4	6528.8	6542.6	6539.6	6510.5	**6561.5**	N/A	N/A	
Total FTE Used Variance from Budget		-54.2	-16.5	47.3	-36.9	-63.9	17.8	31.0	-73.0	-177.6	-206.6	-200.6	-192.1	-223.4	**N/A**	N/A	N/A	
Total FTE Used Vacancy Factor		0.8%	0.2%	-0.7%	0.6%	1.0%	-0.3%	-0.5%	1.1%	2.6%	3.1%	3.0%	2.9%	3.3%	**2.7%**	N/A	N/A	
Substantive Contracted FTE		6046.9	6062.1	6036.5	6040.4	6037.2	6034.8	6049.1	6031.2	6003.9	5972.9	5992.3	6015.6	6032.3	**6008.0**	N/A	N/A	
Substantive FTE Worked		5877.4	5917.9	5922.9	5932.9	5923.9	5939.3	5971.5	5936.8	5900.8	5878.5	5864.7	5910.9	5875.3	**5894.5**	N/A	N/A	
Substantive FTE Used Vacancy Factor		8.6%	8.4%	8.8%	9.0%	9.0%	9.0%	8.9%	10.5%	11.1%	11.3%	11.1%	10.6%	10.4%	**10.9%**	N/A	N/A	
Bank Usage As % Of Total FTE Used		8.4%	8.5%	8.9%	8.4%	7.9%	9.1%	8.8%	9.3%	8.4%	8.4%	8.7%	8.1%	8.2%	**8.5%**	N/A	N/A	
Agency Usage As % Of Total FTE Used		2.1%	1.9%	2.3%	1.7%	1.9%	1.6%	1.7%	1.7%	1.9%	1.6%	1.6%	1.5%	1.5%	**1.7%**	N/A	N/A	
2) WORKFORCE EFFICIENCY	*NB*																	
Rolling 12 Month Sickness Absence	1	3.6%	3.6%	3.5%	3.5%	3.5%	3.5%	3.6%	3.6%	3.6%	3.6%	3.6%	3.6%		**N/A**	3.3%	3.3%	
In Month Sickness Absence %		3.8%	3.8%	3.6%	3.8%	4.3%	3.6%	3.7%	3.5%	3.1%	3.2%	3.4%	3.7%		**3.4%**	3.3%	3.3%	
In Month Maternity Leave %		2.3%	2.4%	2.4%	2.4%	2.4%	2.3%	2.4%	2.4%	2.5%	2.6%	2.7%	2.5%		**2.5%**	N/A	N/A	
In Month Other Absence %		1.8%	1.9%	2.2%	1.5%	1.4%	1.8%	1.7%	1.6%	1.7%	1.8%	1.5%	1.4%		**1.6%**	N/A	N/A	
In Month Total Absence %		7.9%	8.1%	8.2%	7.7%	8.1%	7.8%	7.8%	7.5%	7.3%	7.6%	7.6%	7.6%		**7.5%**	N/A	N/A	
Sickness Episodes		1317	1435	1535	1753	1887	1381	1473	1321	1165	1148	1214	1227		**N/A**			
Maternity Heads		188	196	194	199	198	190	187	195	194	212	216	204		**N/A**	N/A	N/A	
In Month Long Term Sickness Absence % (28 Days Or More)		1.7%	1.7%	1.5%	1.4%	1.3%	1.3%	1.5%	1.5%	1.5%	1.3%	1.7%	1.9%		**1.6%**	N/A	N/A	
In Month Short Term Sickness Absence % (<28 days)		2.1%	2.0%	2.2%	2.5%	3.0%	2.3%	2.2%	2.0%	1.6%	1.9%	1.8%	1.8%		**1.8%**	N/A	N/A	
In Month Stress Related Sickness Absence %		0.8%	0.8%	0.7%	0.7%	0.6%	0.7%	0.6%	0.7%	0.6%	0.6%	0.8%	0.9%		**0.7%**	N/A	N/A	
In Month Musculo Skeletal Sickness Absence %		0.7%	0.7%	0.6%	0.7%	0.7%	0.7%	0.8%	0.7%	0.7%	0.7%	0.8%	0.9%		**0.8%**	N/A	N/A	
Number of Staff breaching Management Triggers for sickness absence		995	1009	1016	1026	1047	1028	1029	1032	1030	1026	1022	1038		**N/A**			
% of Staff (headcount)		14.1%	14.3%	14.4%	14.5%	14.8%	14.6%	14.6%	14.7%	14.7%	14.6%	14.5%	14.8%		**N/A**			
Rolling 12 Month Turnover		8.0%	8.2%	8.2%	7.8%	7.7%	7.4%	7.5%	7.5%	7.8%	7.6%	7.8%	7.6%	7.6%	**N/A**	8.5%	8.5%	
3) TRAINING & PERSONAL DEVELOPMENT	*NB*																	
% Appraisals Up To Date		88.1%	88.4%	88.2%	87.6%	87.7%	87.0%	86.2%	87.3%	86.8%	87.5%	86.5%	87.1%	86.2%	**N/A**	90.0%	80.0%	
% In Date - Fire		92.2%	92.4%	93.0%	92.3%	93.0%	93.4%	93.7%	94.6%	94.4%	94.0%	93.0%	92.9%	92.1%	**N/A**	90.0%	80.0%	
% In Date - Infection Control (Role Specific)		90.8%	90.8%	91.9%	91.4%	92.2%	92.3%	92.0%	93.1%	92.8%	92.8%	91.2%	91.2%	90.8%	**N/A**	90.0%	80.0%	
% In Date - Back Training (Role Specific)		92.0%	92.4%	93.8%	93.7%	94.1%	94.1%	94.2%	94.4%	94.1%	94.0%	94.4%	93.7%	93.7%	**N/A**	90.0%	80.0%	
% In Date - Child Protection (Role Specific)		96.7%	96.9%	97.7%	97.7%	98.0%	98.0%	98.2%	98.1%	97.8%	97.6%	97.2%	95.1%	95.3%	**N/A**	90.0%	80.0%	
% In Date - Information Governance		91.3%	91.1%	91.9%	91.2%	92.2%	92.1%	91.8%	93.0%	92.8%	92.3%	91.6%	90.8%	90.8%	**N/A**	90.0%	80.0%	
% In Date - Adult Protection		95.3%	95.4%	96.9%	96.9%	96.7%	96.4%	96.1%	95.7%	95.0%	93.8%	93.4%	89.3%	88.2%	**N/A**	90.0%	80.0%	
% in Date - Equality & Diversity		90.1%	90.7%	92.3%	92.9%	94.7%	95.0%	95.5%	96.4%	96.7%	96.8%	96.8%	96.1%	96.1%	**N/A**	90.0%	80.0%	
% in Date - Health & Safety		90.4%	90.4%	91.2%	91.0%	91.0%	91.2%	91.2%	91.3%	91.2%	91.2%	91.0%	90.0%	90.1%	**N/A**	90.0%	80.0%	
% in Date - Resus		80.3%	80.6%	81.4%	82.6%	81.3%	81.4%	81.4%	82.1%	82.2%	84.2%	83.3%	85.3%	83.4%	**N/A**	90.0%	80.0%	
4) REAL-TIME STAFF FEEDBACK	*NB*																	
Total Respondents To Survey		300	257	276	239	170	204	288	309	269	330	226	188	194	**1516**	N/A	N/A	
% Respondents who would recommend this trust as a place to work		84.3%	86.4%	89.8%	85.3%	84.0%	87.7%	85.9%	87.4%	87.3%	87.5%	89.7%	82.1%	85.0%	**86.8%**	N/A	N/A	
% Respondents happy with standard of care if a friend/relative needed treatment		91.2%	90.8%	94.7%	91.5%	91.1%	93.1%	95.4%	93.9%	92.5%	92.2%	91.6%	96.6%	90.4%	**92.8%**	N/A	N/A	
Overall Staff Engagement Composite Score	3	3.88	3.94	3.91	3.91	3.87	3.85	3.93	3.93	4.00	3.93	3.92	3.74	3.92	**N/A**	4.02	3.78	

Notes:

1 Absence data is available one month in arrears.

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

Western Sussex Hospitals
NHS Foundation Trust

To: Trust Board

Date of Meeting: 25th October 2018 Agenda Item: 10

Title
Financial Performance - September 2018
Presented by
Karen Geoghegan, Chief Financial Officer
Prepared by
Alison Ingoe, Finance Director; Karen Seabridge, Deputy Director - Financial Management
Status
Confidential
Summary of Proposal
At the end of September, the Trust is reporting a surplus of £0.19m (excluding PSF income) and has achieved its Q2 control total. Delivery of the financial control total alongside the year to date A&E waiting time trajectory means the Trust will receive £3.25m of income from the Provider Sustainability Fund for Q2. The Trust is continuing to report an FSRR rating of '1.
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
Recommendation
The Board is asked to NOTE the Financial Performance Report for September 2018.
Consultation
N/A
Appendices
Financial Performance Report

This report can be made available in other formats and in other languages. To discuss your requirements please contact David Haycox, Company Secretary, on david.haycox@wsht.nhs.uk or 01903 285288.

Finance Report M6 2018/19

Western Sussex Hospitals NHS Foundation Trust

Summary:

At the end of September, the Trust is reporting a surplus of £0.19m (excluding PSF income) and has achieved its Q2 control total. Delivery of the financial control total alongside the year to date A&E waiting time trajectory means the Trust will receive £3.25m of income from the Provider Sustainability Fund for Q2. The Trust is continuing to report an FSRR rating of '1.

SOF Finance Rating — G

	Plan	Actual/Forecast
Year to Date	1	1
Year End Forecast	1	1

The Trust is reporting an FSRR rating of '1', in line with the planned position for September.

Control Total (exc PSF) Surplus £k — G

	Plan	Actual / Forecast
Year to Date £k	176	193
Year End Forecast £k	1,185	1,185

At the end of September the Trust has achieved the required control total for quarter 2 and will receive £3.25m of income from the Provider Sustainability fund. Income remains above plan however the cost base also remains above plan particularly within pay and clinical supplies and services.

Premium Pay Spend £k — G

	Plan	Actual
Agency Ceiling (YTD) £k	8,100	5,695
WLI Payments (YTD) £k	742	991
Total Premium Pay (YTD) £k	8,842	6,686

Premium pay expenditure remains below plan with expenditure against the agency ceiling reflecting a £2.4m favourable variance. WLI expenditure decreased by £0.1m compared to the previous month.

Income £k — G

	Plan	Actual/Forecast
Year to Date £k	218,259	220,644
Year End Forecast	439,308	442,551

Cumulatively income is £2.4m ahead of plan. Elective, Daycase and Outpatient activity and income has increased this month. Accident and Emergency attendances have increased this month, but remain below the peak levels seen in July. Non-elective spells for each calender day are consistent with August overall. Private patient income continues to underperform.

Operating Costs £k — R

	Plan	Actual/Forecast
Year to Date £k	(206,267)	(209,319)
Year End Forecast £k	(414,492)	(418,603)

At the end of Q2, operating expenditure is £3.0m above plan. In aggregate the pay position remains above plan across all Clinical Staff groups, with the underlying pay run rate increasing by £0.2m compared to August. This is predominantly within Nursing and Allied Health Professionals. Non Pay remains significantly above plan with clinical supplies and services costs remaining a pressure.

Agency Ceiling £k — G

	Plan	Actual/Forecast
Year to Date £k	8,100	5,695
Year End Forecast £k	14,969	34,971

In comparison to August, agency expenditure in September in aggregate remained static. Medical agency usage decreased by £0.1m but was offset by an increase in nursing and AHP agency expenditure. Cumulatively expenditure is £2.4m below the ceiling level.

Cash £k — A

	Plan	Actual/Forecast
Year to Date £k	5,063	6,764
Year End Forecast £k	16,974	16,974

At the end of September the cash position is ahead of plan by £1.7m. This is primarily due to slippage on the capital programme and a favourable movement in working capital driven by settlement of aged debt. The improved cash position has been used to reduce the level of aged payables.

Capital £k — A

	Plan	Actual/Forecast
Year to Date £k	9,132	3,985
Year End Forecast £k	19,145	19,335

At the end of September, capital expenditure totalled £3.99m which is £5.15m below plan due to later starts on some projects. The Capital Investment Group has reviewed and approved business cases for a number of schemes in August and September and expenditure is expected to increase in Q3. Total expenditure for the year is forecast to be on plan.

Efficiency & Transformation Programme £k — A

	Plan	Actual/Forecast
Year to Date £k	8,797	8,090
Year End Forecast £k	18,235	18,235

Year-to-date savings of £8.1m have been achieved against a plan of £8.8m. Slippage in Independent Sector Repatriation, Workforce and Surgical Productivity work programmes are the key contributors. The forecast out-turn is on plan, however, delivery will require close management of risks at an individual scheme level.

Key Risks:

1. The Trust has agreed 2018/19 activity and income on an aligned incentives (AIC) basis with its main commissioner, Coastal West Sussex CCG. In the year to date there has been over-performance in high cost drugs and non-elective activity which represents a risk to the year-end position. A programme of work has been agreed within the AIC to address and reduce costs in these areas.
2. Reducing premium staffing costs remains a significant challenge. Although the Trust has seen some successes in reducing agency expenditure within nursing, in other areas costs have increased, predominantly within medical staff. A medical workforce action group with Director leadership has been established to provide oversight and focus in this area.
3. Alignment of capacity to non-elective and elective activity levels and responsiveness to changes in levels of demand. Close management of capacity and flow will be required.

Finance Report M6 2018/19 — SOF Finance Rating: G

At the end of September, the finance rating is a '1'. All metrics are within tolerance to maintain the planned individual rating.

Year to Date	Plan Metric	Plan Rating	Actual Metric	Actual Rating
Capital Service Capacity	3.1	1	3.2	1
Liquidity	0.4	1	0.0	1
I&E Margin	2.6%	1	2.6%	1
Distance from Financial Plan	0.0%	1	0.0%	1
Agency Spend	(25.9)%	1	(29.7)%	1
2018/19 Finance Rating		**1**		**1**

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

Finance Report M6 2018/19 — Surplus — G

The Trust is reporting a surplus of £0.19m (excluding PSF income) at the end of Q2 and has therefore achieved its control total. Within the position, income continues to over perform year to date. Pay expenditure increased in comparison to August, whilst the underlying non pay expenditure position decreased following favourable clinical supplies and services movements.

£k	Year to Date Plan	Year to Date Actual	Year to Date Variance
Underlying Surplus (Deficit) excluding PSF	**176**	**193**	**17**
add Provider Sustainability Fund	5,688	5,688	(0)
Performance against Control Total including PSF	**5,865**	**5,881**	**17**

£k	Full Year Plan	Full Year Forecast	Full Year Variance
Underlying Surplus (Deficit) excluding PSF	**1,185**	**1,185**	**0**
add Provider Sustainability Fund	16,252	16,252	-
Performance against Control Total including PSF	**17,437**	**17,437**	**0**

Cumulatively income remains favourable year to date and is now reporting £2.4m above plan. Emergency activity remained at a similar level to August with a slight increase in A&E attendance activity. Income increased marginally within electives, daycases and outpatients. There has been no growth within private patients activity resulting in a £0.8m adverse variance to plan.

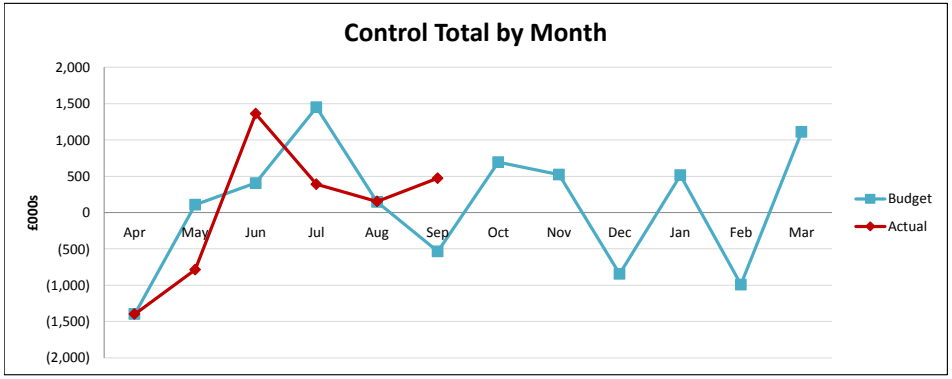
In comparison to August the underlying pay expenditure in September increased by £0.2m. In aggregate Medical pay remained static with increases in locum expenditure being offset by decreased WLI and agency usage. Substantive expenditure remained consistent with the previous month. Nursing costs increased in total by £0.15m within both substantive and agency staff whilst bank expenditure decreased. Allied Health Professionals increased substantive pay following recruitment to vacancies. Vacancies are held in non-clinical areas to partially mitigate pressures experienced in clinical areas where possible.

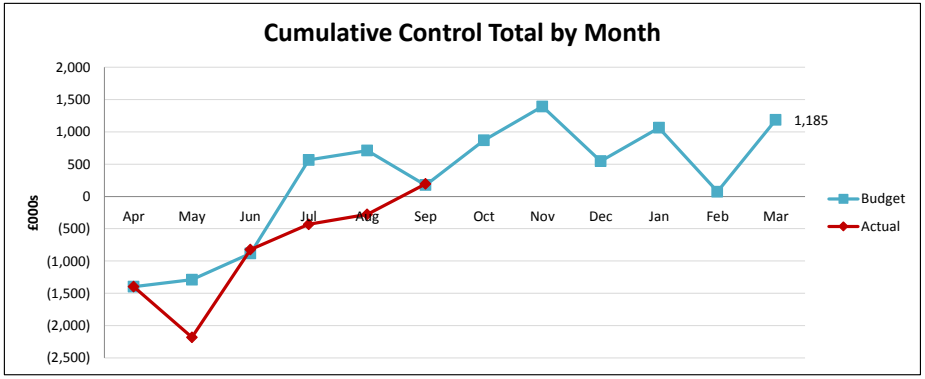
The underlying non pay position decreased by £0.2m in comparison to August with reductions in clinical and general supplies and services. This has been partially offset by increased expenditure within tariff drugs. Despite expenditure reductions in month, clinical supplies and services continues to be the key contributor to the adverse non pay position.

£k	Prior Year	Year to Date Plan	Year to Date Actual	Year to Date Variance
Income	*213,017*	218,259	220,644	2,385
Pay	*(140,954)*	(145,520)	(146,440)	(920)
Non-Pay (tariff)	*(44,791)*	(45,422)	(46,866)	(1,444)
Non-Pay (PbR exc)	*(15,558)*	(15,325)	(16,013)	(688)
EBITDA *	***11,713***	**11,992**	**11,325**	**(667)**
Profit / Loss on Disposal of Fixed Assets	*0*	-	8	8
Interest Payable	*(476)*	(292)	(273)	19
Interest Receivable	*9*	12	33	21
Depreciation	*(6,545)*	(7,315)	(7,223)	93
Impairments	-	-	-	-
Public Dividend Capital Dividend	*(3,897)*	(4,213)	(3,940)	273
Net Surplus / (Deficit)	***805***	**183**	**(70)**	**(254)**
less: Impairment	-	-	-	-
Retained Surplus/(Deficit)	***805***	**183**	**(70)**	**(254)**
Donated Assets	*(381)*	(469)	(25)	443
Donated Asset Depreciation and Amortisation	*473*	461	289	(173)
Control Total excluding PSF	***897***	**176**	**193**	**17**
add Provider Sustainability Fund	*4,045*	5,688	5,688	(0)
Control Total including PSF	***4,942***	**5,865**	**5,881**	**17**

** EBITDA Earnings before Interest Taxation Depreciation and Amortisation*

£k	Full Year Plan	Full Year Forecast	Full Year Variance
Income	439,308	442,551	3,242
Pay	(292,603)	(294,677)	(2,074)
Non-Pay (tariff)	(91,097)	(92,039)	(943)
Non-Pay (PbR exc)	(30,793)	(31,887)	(1,094)
EBITDA *	**24,816**	**23,948**	**(868)**
Profit / Loss on Disposal of Fixed Assets	-	8	8
Interest Payable	(586)	(656)	(70)
Interest Receivable	24	79	55
Depreciation	(14,630)	(14,630)	-
Impairments	-	-	-
Public Dividend Capital Dividend	(8,425)	(8,425)	-
Net Surplus / (Deficit)	**1,199**	**323**	**(876)**
less: Impairment	-	-	-
Retained Surplus/(Deficit)	**1,199**	**323**	**(876)**
Donated Assets	(937)	(61)	876
Donated Asset Depreciation and Amortisation	923	923	-
Control Total excluding PSF	**1,185**	**1,185**	**0**
add Provider Sustainability Fund	16,252	16,252	-
Control Total including PSF	**17,437**	**17,437**	**0**





Finance Report M6 2018/19 — Provider Sustainability Fund — G

The Trust has achieved its financial control total trajectory for Q2.

Performance against the the A&E waiting time target was on trajectory in M6 and year to date the trajectory has been met. This has meant that the PSF funding for Q2 has been secured in full.

	Cumulative YTD		Q1	Jul-17	Aug-17	Sep-17	Q2	Oct-17	Nov-17	Dec-17	Q3	Q4	2018/19
Financial Control Total (exc PSF)	Plan	*£k*	**(884)**	565	711	177	**177**	871	1,392	549	**549**	**1,185**	**1,185**
	Actual	*£k*	**(822)**	(433)	(279)	193	**193**				**0**	**0**	**0**
Eligible for PSF Funding													
PSF Income Available		*£k*	**2,438**	3,521	4,604	5,688	**5,688**	7,313	8,938	10,564	**10,564**	**16,252**	**16,252**
Delivery of Financial Control Total	Achieved?		Yes	No	No	Yes							
	Income	70.0%	**1,707**	2,465	3,223	3,982	**3,982**	5,119	6,257	7,395	**7,395**	**11,376**	**11,376**
A&E Waiting Times	Achieved?		Yes	No	No	Yes							
	Income	30.0%	**731**	0	0	1,706	**1,706**	2,194	2,681	3,169	**3,169**	**4,876**	**4,876**
Total PSF Income Achieved (£000s)			**2,438**	**3,521**	**4,604**	**5,688**	**5,688**	7,313	8,938	10,564	**0**	**0**	**0**

The Trust is ahead of plan for income by £2.4m year to date. The overperformance in income from activities continues to counter balance the under performance in the other operating income services, particularly private patient services.

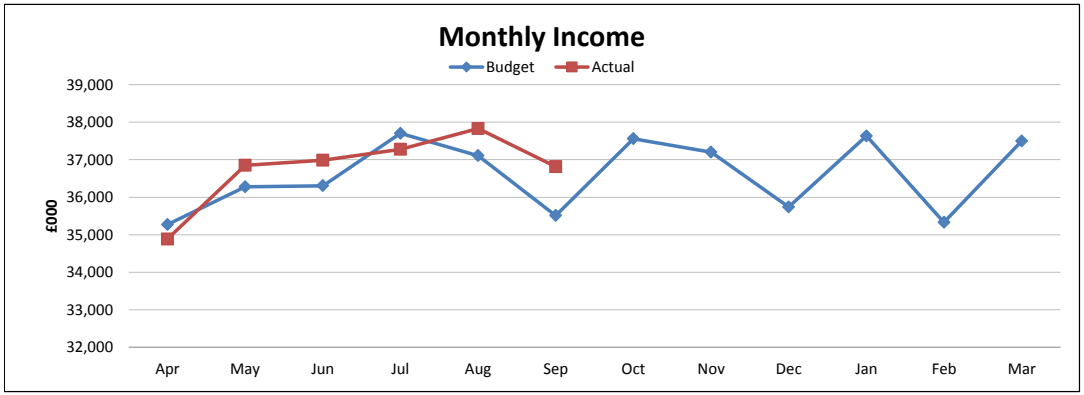
	Year to Date			
£k	*Prior Year*	Plan	Actual	Variance
Total Income	***213,016***	**218,259**	**220,644**	**2,385**

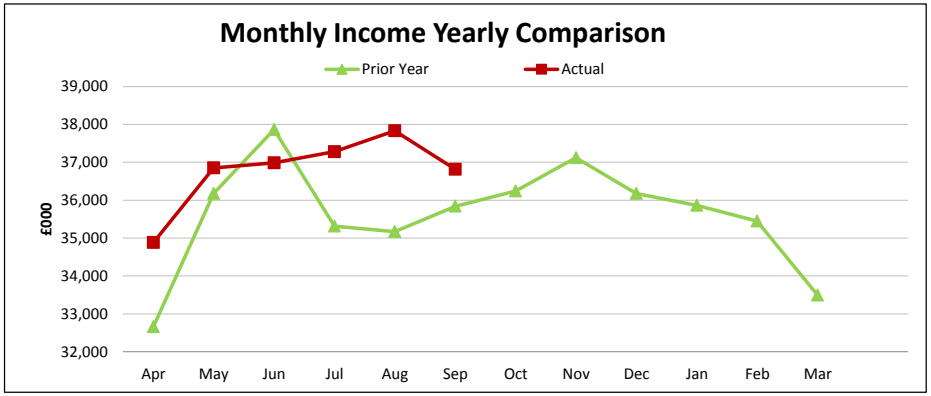
	Full Year		
£k	Plan	Forecast	Variance
Total Income	**439,308**	**442,551**	**3,243**

The average amount of Elective, Daycase and Outpatient activity for each working day has increased in September over the levels reported in August, although the services continue to be behind plan year to date. The average non-elective activity for each calender day is consitent in September with August and there has been a slight increase in A&E attendance activity. Private patient services continue to underperform against plan.

	Year to Date			
£k	*Prior Year*	Plan	Actual	Variance
Income				
Coastal West Sussex	*152,650*	156,251	157,719	1,468
Other Clinical Commissioning Groups	*9,673*	10,266	9,949	(317)
NHS England	*24,104*	23,925	24,647	722
WSCC - Sexual Health	*2,591*	2,634	2,492	(142)
NCA	*2,741*	1,519	2,924	1,405
Other Trust Income	*568*	2,248	2,305	57
Income From Activities	***192,327***	**196,843**	**200,036**	**3,193**
Income from other patient care (includes Private Patient Income)	*3,658*	4,200	3,487	(713)
Education, Training and Research	*7,202*	7,356	7,140	(216)
Donated Asset / Grant Income	*381*	469	25	(444)
Other Income (exc PSF)	*9,448*	9,391	9,956	565
Other Operating Income	***20,689***	**21,416**	**20,608**	**(808)**
Total Income	***213,016***	**218,259**	**220,644**	**2,385**
Provider Sustainability Funding (PSF)	*4,045*	5,688	5,688	0
Total Income including PSF	***217,061***	**223,947**	**226,332**	**2,385**
of which : PbR Drugs/Devices	*15,558*	10,262	10,616	354

	Full Year		
£k	Plan	Forecast	Variance
Income			
Coastal West Sussex	315,981	318,152	2,171
Other Clinical Commissioning Groups	20,337	19,898	(439)
Specialist LAT	47,048	48,294	1,246
WSCC - Sexual Health	5,420	4,984	(436)
NCA	3,774	5,492	1,718
Other Trust Income	4,494	4,709	215
Income From Activities	**397,054**	**401,529**	**4,475**
Income from other patient care (includes Private Patient Income)	8,094	6,705	(1,389)
Education, Training and Research	14,700	14,722	22
Donated Asset / Grant Income	937	127	(810)
Other Income (exc PSF)	18,523	19,468	945
Other Operating Income	**42,254**	**41,022**	**(1,232)**
Total Income	**439,308**	**442,551**	**3,243**
Sustainability and Transformation Funding (PSF)	16,252	16,252	0
Total Income including PSF	**455,560**	**458,803**	**3,243**





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 signed two-year contracts with all of its major commissioners in 2017/18. The Trust has agreed contract envelopes for 2018/19 with its major commissioners that are in line with the anticipated values in the financial plan.

2) YTD Report

Trust internal monitoring information shows underperformance 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 Income from Activities Values from Commissioners

	£k			
Estimated Values (inc. CQUIN)	**FYE Plan**	**YTD Plan**	**YTD Actual**	**YTD Var**
Coastal West Sussex	315,981	156,251	157,719	1,468
Other CCG Acute contracts	20,337	10,266	9,949	(317)
NHS England	47,048	23,925	24,647	722
Integrated Sexual Health Services	5,420	2,634	2,492	(142)
Non Contract Activity	3,774	1,519	2,924	1,405
Total	**392,560**	**194,595**	**197,731**	**3,136**

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

Table 2.

Activity and Income by Point of Delivery

	Activity Volumes			£k		
Point of Delivery	**YTD Plan**	**YTD Actual**	**YTD Var**	**YTD Plan**	**YTD Actual**	**YTD Var**
Daycases	24,978	23,997	(981)	18,777	18,284	(493)
Elective Spells	3,050	2,504	(546)	12,256	10,621	(1,634)
Elective Excess Bed days	344	234	(110)	102	84	(19)
Non Elective Spells	23,434	24,047	613	62,595	64,576	1,981
Non Elective short-stay	5,504	6,196	692	4,982	5,753	771
Non Elective Excess Bed days	6,372	5,291	(1,081)	2,011	1,638	(373)
Outpatients	256,260	251,707	(4,553)	31,540	30,452	(1,088)
A&E	60,756	61,954	1,198	9,436	9,922	486
PbR exclusions				15,325	16,013	688
Critical Care				6,665	6,296	(369)
Maternity Pathway				5,420	5,330	(90)
OP Diagnostic Imaging				3,867	3,948	81
Sexual Health				2,634	2,492	(142)
Direct Access Pathology				5,153	5,091	(62)
Other Direct Access (Imaging and Dietetics)				1,115	1,143	28
Other				11,356	14,869	3,513
CQUIN				3,609	3,524	(85)
Total Income from Activities				**196,843**	**200,036**	**3,193**

Table 3.

Reconciliation to Income Reporting

	£k			
	FYE Plan	**YTD Plan**	**YTD Actual**	**YTD Var**
Total Income received from Commissioners	**392,560**	**194,595**	**197,731**	**3,136**
Income recieved from (passed through to) other organisations				
Maternity pathway payment	(197)	(99)	(120)	(21)
Cystic Fibrosis	146	73	99	26
Other invoicing	0	0	52	52
2018/18 A4C Pay Award	4548	2,274	2,274	0
Subtotal	**4,497**	**2,248**	**2,305**	**57**
Total Income from Activities	**397,057**	**196,843**	**200,036**	**3,193**
Provider Sustainability Fund (PSF)	16,252	5,688	5,688	0
Total Income from Activities plus PSF	**413,309**	**202,531**	**205,724**	**3,193**

Note: changes to the work in progress adjustment are embedded in the contracted income value

Table 4.

Contract Income by CCG and NHS England (inc CQUIN)

	£k		
SUSSEX CCGs and NHS ENGLAND	**YTD Plan**	**YTD Actual**	**YTD Var**
NHS Coastal West Sussex CCG	156,251	157,719	1,468
NHS Horsham & Mid Sussex CCG	2,963	2,568	(395)
NHS Brighton & Hove CCG	2,576	2,895	319
NHS High Weald, Lewes & Havens CCG	300	227	(73)
NHS Crawley CCG	202	198	(4)
NHS Eastbourne, Hailsham & Seaford CCG	242	225	(17)
NHS Hastings & Rother CCG	134	128	(6)
NHS SE Hampshire CCG	3,085	2,997	(88)
NHS Portsmouth CCG	310	313	3
NHS Fareham & Gosport CCG	177	149	(28)
NHS Guildford & Waverley CCG	277	249	(28)
Subtotal CCG Acute Contracts	**166,517**	**167,668**	**1,151**
NHS England	23,925	24,647	722
Total Contract Income for CCGs & NHS England	**190,442**	**192,315**	**1,873**

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

The underlying run rate for pay increased by £0.2m in comparison to August and cumulatively is £0.9m above the pay budget. Nursing pay increased by £0.15m with increased substantive staff joining the Trust from overseas. In contrast bank supply decreased partially mitigating increased agency usage in theatres. Substantive Medical pay decreased in aggregate with fluctuating expenditure in temporary staffing offsetting each other. The underlying non Pay expenditure position decreased within clinical supplies but overall remains significantly above plan.

	Year to Date			
£k	*Prior Year*	Plan	Actual	Variance
Pay	*(140,954)*	(145,520)	(146,440)	(920)
Non Pay	*(60,349)*	(60,747)	(62,879)	(2,132)
Operational Costs	*(201,303)*	(206,267)	(209,319)	(3,052)

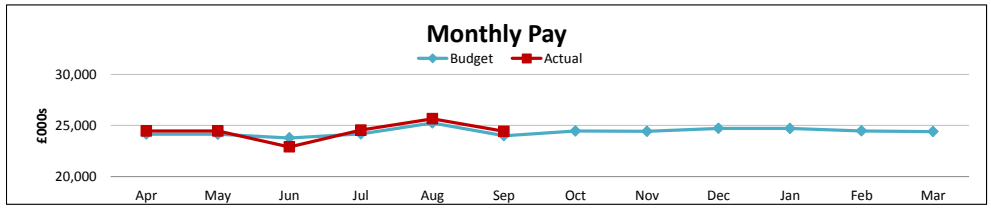
	Full Year		
£k	Plan	Forecast	Variance
Pay	(292,603)	(294,677)	(2,074)
Non Pay	(121,890)	(123,926)	(2,036)
Operational Costs	(414,492)	(418,603)	(4,111)

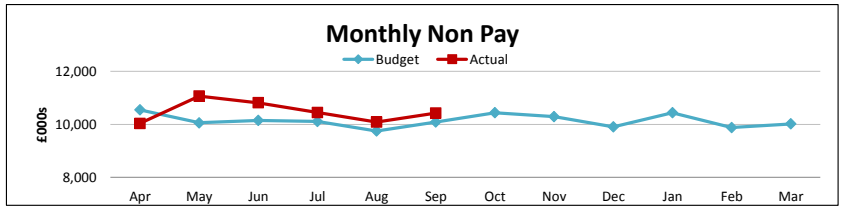
Pay: In comparison to a normalised August pay position, pay increased by £0.2m within Nursing and AHP pay. Additional beds were planned to open in line with seasonal expectations and although efficiency changes resulted in fewer beds being opened, additional staff costs were incurred. Pressures in A&E as a result of patients presenting requiring specialist mental health care has also been a contributory factor to the increased costs. Bank supply decreased following high availability in August and Agency nursing increased within Theatres due to vacancy pressures. Medical pay remained static following 2 months of an increasing trajectory. Internal locum cover increased to provide rota cover for out of hours shifts which are unable to be worked as a result of sickness. Agency and WLIs did reduce resulting in an aggregate static position in total Medical pay costs. Non-clinical management and admin posts continue to be held to mitigate some of the pressure in clinical areas where practical.

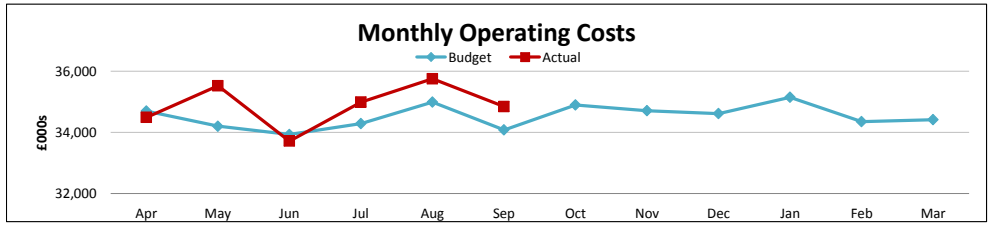
Non Pay: In comparison to August the underlying non pay position decreased by £0.2m. Although expenditure reductions were seen in clinical supplies and services, these were largely non recurrent benefits and cumulatively this remains a key contributor to the adverse non pay position. An increase in activity has resulted in an increase of expenditure within tariff drugs. High cost drugs and devices remained at a similar level to August.

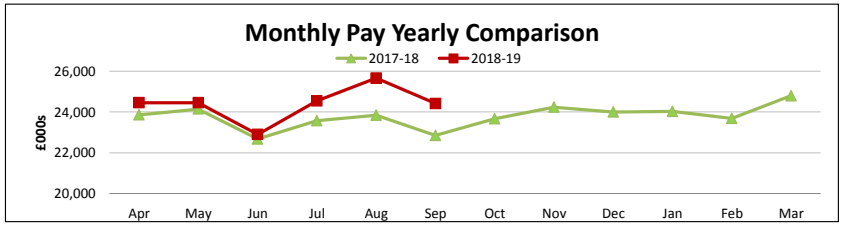
		Year to Date			
£k		*Prior Year*	Plan	Actual	Variance
Pay					
Management & Admin		*(19,940)*	(21,560)	(20,825)	735
Medical and Dental Staff		*(40,834)*	(41,197)	(43,191)	(1,993)
Nursing & Midwifery		*(54,335)*	(54,321)	(55,002)	(681)
Other Healthcare		*(19,887)*	(20,118)	(20,068)	50
Estates		*(7,557)*	(8,237)	(8,107)	130
Other Staff		*1,599*	(87)	752	839
	Total Pay	***(140,954)***	**(145,520)**	**(146,440)**	**(920)**
Non-Pay					
Services from Other NHS Bodies		*(1,458)*	(1,336)	(1,216)	119
Purchase of Healthcare from Non NHS Bodies		-	-	-	-
Drugs & Medical Gases - tariff		*(6,015)*	(6,490)	(6,855)	(365)
Drugs & Medical Gases - PbR excluded		*(12,635)*	(13,075)	(13,122)	(47)
Drugs & Medical Gases - Cancer Drug Fund		*(1,181)*	(458)	(893)	(434)
Supplies and Services - Clinical		*(17,181)*	(17,117)	(17,721)	(604)
Supplies and Services - Clinical PbR Excluded		*(1,743)*	(1,792)	(1,999)	(206)
Supplies and Services - General		*(1,917)*	(1,758)	(1,790)	(32)
Establishment Expenses		*(2,939)*	(2,892)	(3,048)	(156)
Premises		*(7,912)*	(7,880)	(7,889)	(9)
Education and Training		*(376)*	(398)	(322)	75
Clinical Negligence Premium		*(5,083)*	(4,589)	(4,587)	2
Other Non-Pay		*(1,910)*	(2,963)	(3,438)	(475)
	Total Non-Pay	***(60,349)***	**(60,747)**	**(62,879)**	**(2,132)**
	Total Expenditure	***(201,303)***	**(206,267)**	**(209,319)**	**(3,052)**

		Full Year		
£k		Plan	Forecast	Variance
Pay				
Management & Admin		(43,330)	(42,490)	840
Medical and Dental Staff		(81,132)	(83,438)	(2,306)
Nursing & Midwifery		(109,833)	(110,701)	(868)
Other Healthcare		(40,011)	(39,836)	175
Estates		(16,416)	(16,245)	171
Other Staff		(1,881)	(1,967)	(86)
	Total Pay	**(292,603)**	**(294,677)**	**(2,074)**
Non-Pay				
Services from Other NHS Bodies		(2,731)	(2,433)	299
Purchase of Healthcare from Non NHS Bodies		-	-	-
Drugs & Medical Gases - tariff		(13,072)	(13,710)	(638)
Drugs & Medical Gases - PbR excluded		(22,370)	(23,091)	(721)
Drugs & Medical Gases - Cancer Drug Fund		(4,834)	(4,785)	48
Supplies and Services - Clinical		(34,171)	(34,666)	(496)
Supplies and Services - Clinical PbR Excluded		(3,590)	(4,011)	(421)
Supplies and Services - General		(3,572)	(3,579)	(7)
Establishment Expenses		(5,460)	(5,245)	215
Premises		(15,947)	(15,778)	170
Education and Training		(1,203)	(1,094)	108
Clinical Negligence Premium		(13,351)	(12,807)	544
Other Non-Pay		(1,590)	(2,727)	(1,136)
	Total Non-Pay	**(121,890)**	**(123,926)**	**(2,036)**
	Total Expenditure	**(414,492)**	**(418,603)**	**(4,111)**







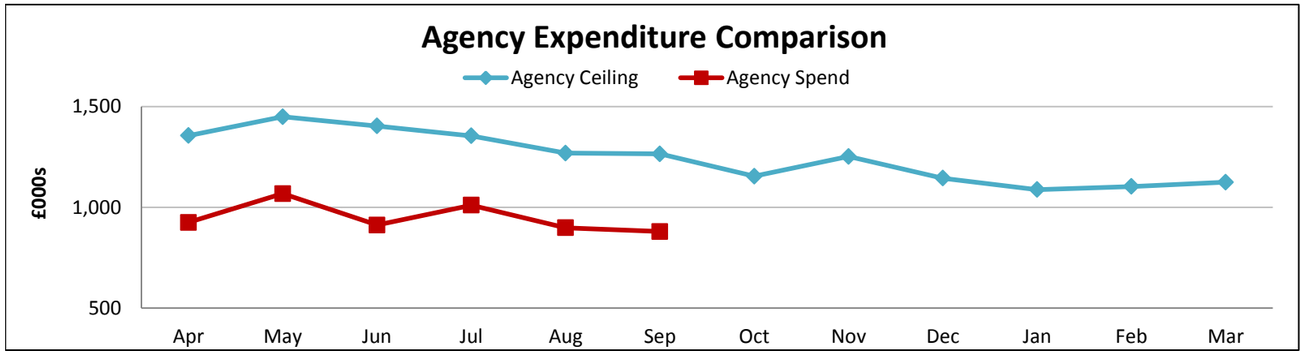


Agency

£k	2016/17	2017/18	Year to Date Ceiling	Year to Date Actual	Year to Date Variance
Medical and Dental Staff	*(3,034)*	*(3,440)*	(4,198)	(3,660)	538
Nursing & Midwifery	*(4,879)*	*(2,913)*	(3,230)	(1,280)	1,950
Other Healthcare	*(1,312)*	*(671)*	(672)	(584)	88
Management & Admin	*(183)*	*3*	-	(123)	(123)
Ancillary Staff	*(183)*	*(8)*	-	(48)	(48)
	(9,592)	***(7,029)***	**(8,100)**	**(5,695)**	**2,405**

Waiting List Initiative Payments

£k	Year to Date Plan	Year to Date Actual	Year to Date Variance
Division			
Surgery	(433)	(327)	105
Medicine	-	(300)	(300)
Core	(299)	(326)	(27)
Women & Children	(5)	(31)	(26)
Corporate	(5)	(5)	(1)
	(742)	**(991)**	**(249)**



Medical Locum

£k	Year to Date Plan	Year to Date Actual	Year to Date Variance
Division			
Surgery	(77)	(544)	(467)
Medicine	(269)	(2,449)	(2,179)
Core	(212)	(218)	(6)
Women & Children	(50)	(357)	(307)
Corporate	(9)	(15)	(6)
	(617)	**(3,583)**	**(2,965)**

Payroll

£k	Prior Year	Year to Date Plan	Year to Date Actual	Year to Date Variance
Medical and Dental Staff	*(33,210)*	(37,744)	(34,103)	3,641
Nursing & Midwifery	*(51,178)*	(54,027)	(53,577)	450
Other Healthcare	*(19,216)*	(19,879)	(19,484)	395
Management & Admin	*(19,942)*	(21,512)	(20,701)	811
Estates	*(7,549)*	(8,237)	(8,059)	178
Other Staff	*1,599*	(87)	752	839
	(129,497)	**(141,487)**	**(135,173)**	**6,314**

Staff in post incl Bank

Prior Year	Year to Date Plan	Year to Date Actual	Year to Date Variance
WTE	**WTE**	**WTE**	**WTE**
724	831	814	17
2,729	2,854	2,744	109
1,016	1,062	993	69
1,301	1,336	1,275	61
610	653	600	53
-	0	-	0
6,380	**6,735**	**6,426**	**309**

Surgery: Contract income at the end of September remains below plan due primarily to lower elective and daycase activity in Ophthalmology and Trauma & Orthopaedics. Pay expenditure is adverse to plan due to under delivery of savings programme and increased WLI costs to cover sickness. In aggregate, non pay expenditure reduced in September in comparison to August with lower clinical supplies expenditure due to reduced prosthesis, maxillofacial implants and disposable surgical equipment spend. However, spend remains adverse to plan due to under delivery of procurement related savings schemes.

£k	Year to Date Plan	Actual	Variance	RAG
Contract Income	52,831	51,569	(1,262)	R
Other Income	1,195	1,296	101	G
Total Income	**54,027**	**52,865**	**(1,161)**	R
Pay	(32,274)	(32,233)	41	G
Non Pay	(10,213)	(10,804)	(590)	R
Total Expenditure	**(42,487)**	**(43,036)**	**(549)**	R
EBITDA Surplus/(Deficit)	**11,540**	**9,829**	**(1,711)**	R

Medicine: Contract income remains above plan cumulatively with Non Elective spells and A&E attendances remaining at high levels. Medical pay continues above forecast levels with agency staff usage remaining high with senior vacancies being covered at premium rate particularly in Elderly medicine, Cardiology and Gastroenterology. Healthcare assistant costs driven by high levels of one to one care continues to impact nursing expenditure on the wards and mental health nursing costs were incurred for patients in A&E. Clinical consumable costs driven by high levels of emergency and non-elective activity particularly in Cardiology are a key contributor to the non-pay position alongside high cost drugs and devices which are matched by income.

£k	Year to Date Plan	Actual	Variance	RAG
Contract Income	84,648	85,521	873	G
Other Income	1,436	1,477	41	G
Total Income	**86,084**	**86,998**	**914**	G
Pay	(44,345)	(46,943)	(2,598)	R
Non Pay	(16,656)	(17,752)	(1,097)	R
Total Expenditure	**(61,001)**	**(64,696)**	**(3,695)**	R
EBITDA Surplus/(Deficit)	**25,083**	**22,303**	**(2,781)**	R

Core: Non commissioning income remains favourable largely due to income over-recovery for high cost drugs and devices expenditure along with recovery on costs relating to PHE breast screening incident. There is continued over-recovery on outpatients income due to ENT clinic income and drug issues to other NHS providers. Pay expenditure is adverse to plan in month as a result of slippages on efficiency schemes. Non pay expenditure remains adverse to plan due to increased usage of high cost drugs and devices which are matched with income. Clinical supplies expenditure is a key contributor to the cumulative variance and improvements are noted in month, seeing reductions on Abbott third party expenditure.

£k	Year to Date Plan	Actual	Variance	RAG
Contract Income	22,192	22,194	2	G
Other Income	5,577	5,855	277	G
Total Income	**27,769**	**28,048**	**279**	G
Pay	(28,173)	(28,527)	(354)	R
Non Pay	(12,011)	(13,197)	(1,186)	R
Total Expenditure	**(40,184)**	**(41,724)**	**(1,540)**	R
EBITDA Surplus/(Deficit)	**(12,415)**	**(13,676)**	**(1,261)**	R

Women & Children: Contract Income was below plan in month following a light inpatient case mix in gynaecology and fewer births than expected. These were partially offset by higher than expected non elective throughput, most significantly in neo natal care. Pay continues adverse to plan as a result of medical staffing vacancies, sickness and maternity and pressures on paediatric nursing. Medical spend reduced in month as a result of actions to reduce premium spend. Non pay is below plan, however, there is an emerging risk related to growth in drugs expenditure in midwifery.

£k	Year to Date Plan	Actual	Variance	RAG
Contract Income	31,251	31,136	(115)	R
Other Income	421	511	90	G
Total Income	**31,672**	**31,647**	**(25)**	R
Pay	(15,953)	(16,332)	(379)	R
Non Pay	(6,267)	(6,164)	103	G
Total Expenditure	**(22,220)**	**(22,496)**	**(276)**	R
EBITDA Surplus/(Deficit)	**9,452**	**9,151**	**(301)**	R

Facilities & Estates: The Division continues to deliver within plan. Income remains below plan, with higher accommodation occupancy only partially offsetting lower than expected car park income at SRH following tariff changes at the outset of the year. Pay is favourable cumulatively as a result of vacancy controls relating to the implementation of major projects. Non pay costs continue to remain in line with plan, with small fluctuations within reactive maintenance.

£k	Year to Date Plan	Actual	Variance	RAG
Contract Income	-	-	-	G
Other Income	2,341	2,211	(130)	R
Total Income	**2,341**	**2,211**	**(130)**	R
Pay	(8,324)	(8,066)	257	G
Non Pay	(7,300)	(7,329)	(30)	R
Total Expenditure	**(15,623)**	**(15,396)**	**227**	G
EBITDA Surplus/(Deficit)	**(13,283)**	**(13,185)**	**97**	G

Corporate: For a second consecutive month, private patient activity was below planned levels and income delivery was lower than August. Strategies to protect and increase private income generation need to be progressed at pace to recover the position in the latter quarters of the year. Pay and Non Pay expenditure remains under plan as vacancy management continues in Corporate areas and discretionary spend controls remain in place.

£k	Year to Date Plan	Actual	Variance	RAG
Contract Income	5,920	9,616	3,696	G
Other Income	10,446	9,259	(1,187)	R
Total Income	**16,365**	**18,875**	**2,509**	G
Pay	(16,451)	(14,339)	2,112	G
Non Pay	(8,299)	(7,632)	667	G
Total Expenditure	**(24,751)**	**(21,971)**	**2,779**	G
EBITDA Surplus/(Deficit)	**(8,386)**	**(3,097)**	**5,289**	G

Finance Report M6 2018/19

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.

£k	Year to Date Plan	Actual	Variance	Notes
Property, Plant and Equipment	272,013	266,518	(5,495)	1
Intangible Assets	6,616	6,915	299	
Other Assets	-	-	-	
Non Current Assets	**278,629**	**273,433**	**(5,196)**	
Inventories	6,614	7,241	627	
Trade, Other Receivables, Other Current Assets	43,318	26,879	(16,439)	2
Cash and Cash Equivalents	5,063	6,764	1,701	
Non Current Assets Held for Sale	-	-	-	
Current Assets	**54,995**	**40,884**	**(14,111)**	
Trade and Other Payables	(25,676)	(14,306)	11,370	3
Borrowings	(1,119)	(1,077)	42	
Other Financial Liabilities	(17,198)	(17,898)	(700)	
Provisions	(393)	(307)	86	
Other Liabilities	(2,795)	(40)	2,755	
Current Liabilities	**(47,181)**	**(33,629)**	**13,552**	
Borrowings	(20,536)	(20,536)	0	
Trade and Other Payables	-	-	-	
Provisions	(2,793)	(2,773)	20	
TOTAL ASSETS EMPLOYED	**263,114**	**257,379**	**(5,735)**	
Financed by:				
Public Dividend Capital	240,844	240,844	0	
Retained Earnings	(26,448)	(34,396)	(7,948)	
Surplus/(Deficit) for Year	-	-	-	
Revaluation Reserve	48,718	50,931	2,213	
TOTAL TAXPAYERS EQUITY	**263,114**	**257,379**	**(5,735)**	

£k	Full Year Plan	Forecast	Variance	Notes
Property, Plant and Equipment	269,850	269,850	-	
Intangible Assets	6,616	6,616	-	
Other Assets	-	-	-	
Non Current Assets	**276,466**	**276,466**	**-**	
Inventories	6,450	6,450	-	
Trade, Other Receivables, Other Current Assets	47,569	47,569	-	
Cash and Cash Equivalents	16,974	16,974	-	
Non Current Assets Held for Sale	-	-	-	
Current Assets	**70,993**	**70,993**	**-**	
Trade and Other Payables	(28,030)	(28,030)	-	
Borrowings	(2,198)	(2,198)	-	
Other Financial Liabilities	(17,196)	(17,196)	-	
Provisions	(559)	(559)	-	
Other Liabilities	(2,795)	(2,795)	-	
Current Liabilities	**(50,778)**	**(50,778)**	**-**	
Borrowings	(18,378)	(18,378)	-	
Trade and Other Payables	-	-	-	
Provisions	(2,627)	(2,627)	-	
TOTAL ASSETS EMPLOYED	**275,676**	**275,676**	**-**	
Financed by:				
Public Dividend Capital	240,844	240,844	-	
Retained Earnings	(9,886)	(9,886)	-	
Surplus/(Deficit) for Year	-	-	-	
Revaluation Reserve	44,718	44,718	-	
TOTAL TAXPAYERS EQUITY	**275,676**	**275,676**	**-**	

1. The non current asset position includes the impact of the District Valuer's valuation and slippage on the year to date capital programme, however more schemes have been approved and are now in progress.
2. The Trade Receivables is lower than plan due to the timings of significant payments including the PSF payments.
3. Trade and Other Payables is lower than plan due to slippage on the capital programme at month 6. There is a reduction in the Trade Payables as a result of the PSF cash becoming available.

At the end of September the cash position is ahead of plan by £1.7m. This is primarily due to slippage on the capital programme and a favourable movement in working capital driven by settlement of aged debt. The improved cash position has been used to reduce the level of aged payables.

£k	Year to Date Plan	Actual	Variance
Cash Balance	**5,063**	**6,764**	**1,701**

£k	Full Year Plan	Forecast	Variance
Cash Balance	**16,974**	**16,974**	**-**

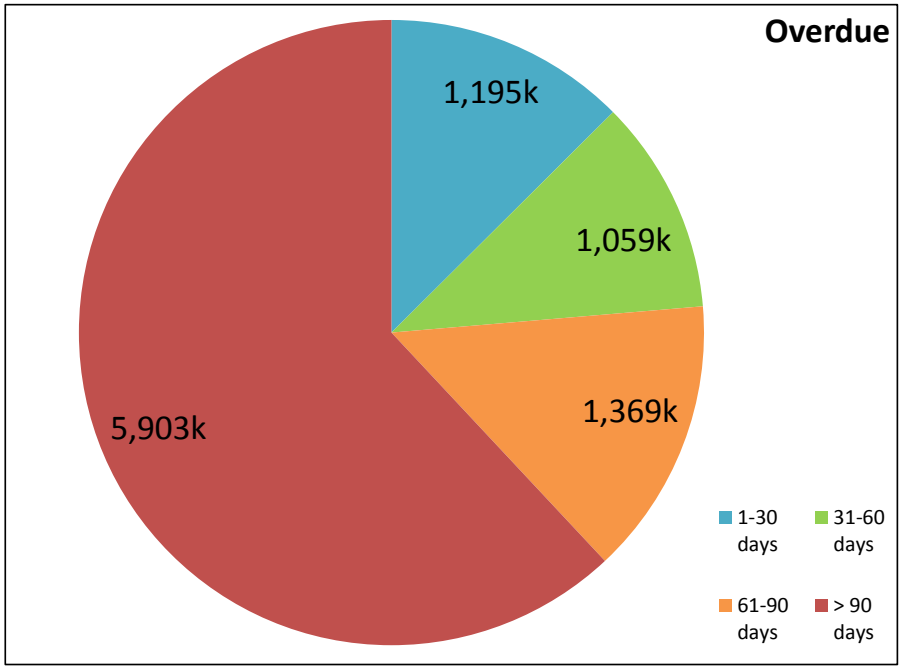
£k	Year to Date Plan	Actual	Variance
EBITDA	17,273	16,988	(285)
Movement in Working Capital	(5,121)	(7,899)	(2,778)
Provisions	-	(118)	(118)
Cashflow from Operations	**12,152**	**8,971**	**(3,181)**
Capital Expenditure	(7,992)	(3,176)	4,816
Cash receipt from asset sales	-	-	-
Cashflow before financing	**4,160**	**5,795**	**1,635**
PDC Received	-	-	-
PDC Repaid	-	-	-
Dividends Paid	(4,212)	(3,939)	273
Interest on Loans and leases	(344)	(273)	71
Interest received	-	33	33
Donations received in cash	-	25	25
Drawdown on debt	-	-	-
Repayment of debt	(1,079)	(1,079)	-
Cashflow from financing	**(5,635)**	**(5,233)**	**402**
Net Cash Inflow / (Outflow)	**(1,475)**	**562**	**2,037**
Opening Cash Balance	6,538	6,202	(336)
Closing Cash Balance	**5,063**	**6,764**	**1,701**

£k	Full Year Plan	Actual	Variance
EBITDA	40,257	40,257	-
Movement in Working Capital	(1,403)	(1,461)	(58)
Provisions	-	-	-
Cashflow from Operations	**38,854**	**38,796**	**(58)**
Capital Expenditure	(17,145)	(17,145)	-
Cash receipt from asset sales	-	-	-
Cashflow before financing	**21,709**	**21,651**	**(58)**
PDC Received	-	-	-
PDC Repaid	(8,425)	(8,425)	-
Dividends Paid		-	-
Interest on Loans and leases	(690)	(690)	-
Interest received	-	33	33
Donations received in cash	-	25	25
Drawdown on debt	-	-	-
Repayment of debt	(2,158)	(2,158)	-
Cashflow from financing	**(11,273)**	**(11,215)**	**58**
Net Cash Inflow / (Outflow)	**10,436**	**10,436**	**-**
Opening Cash Balance	6,538	6,538	-
Closing Cash Balance	**16,974**	**16,974**	**-**

Aged Debtors

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 £8.3m. The most significant debtors greater than 90 days relate to outstanding balances with five hospital trusts for provider to provider agreements and specialist drugs/services.

£k	Within Terms	Overdue 1-30 days	Overdue 31-60 days	Overdue 61-90 days	Overdue > 90 days	Total
CCG's	643	34	355	288	388	1,708
NHS England (in Health Education England)	375	37	62	112	122	707
NHS Trusts	560	407	280	354	1,147	2,748
Foundation Trusts	307	650	181	566	2,741	4,446
Other NHS	(2)	(2)	4	7	116	123
Non-NHS	288	68	176	41	1,389	1,963
Total	**2,171**	**1,195**	**1,059**	**1,369**	**5,903**	**11,697**
	19%	10%	9%	12%	50%	
Provision for Bad Debts (inc. RTA Provision)						(794)
Accrued Income (including Work in Progress)						8,320
Prepayments						2,481
Other Debtors						5,176
Total Trade & Other Receivables						**26,879**



Other debtors includes £2.5m of RTA debtors, £1.6m of Private Patients, £0.6m relates to Charity funding (of which £0.2m relates to the League of Friends and £0.4m relates to LYH) and £0.5m relating to VAT and other debtors. A plan has been agreed with Love Your Hospital (LYH) to clear the debt and this started in August. Accrued income includes £3.2m STF income for Q2 2018/19, £1.1m of provider to provider income, work-in-progress £3.0m and £1.0m of other accrued income including commissioner and training income.

At the end of September, capital expenditure totalled £3.99m which is £5.15m below plan due to later starts on some projects. The largest areas of expenditure include £0.8m Evolve, £0.41m Domestic hot & cold water, £0.28m Mammography equipment, £0.27m Car park equipment renewal, £0.26m User Client Devices.

The Capital Investment Group has reviewed and approved business cases for a number of schemes in August and September and expenditure is expected to increase in Q3. Total expenditure for the year is forecast to be on plan.

Year to Date	Plan	Actual	Variance
£k			
Total Capital Expenditure	**9,132**	**3,985**	**(5,147)**

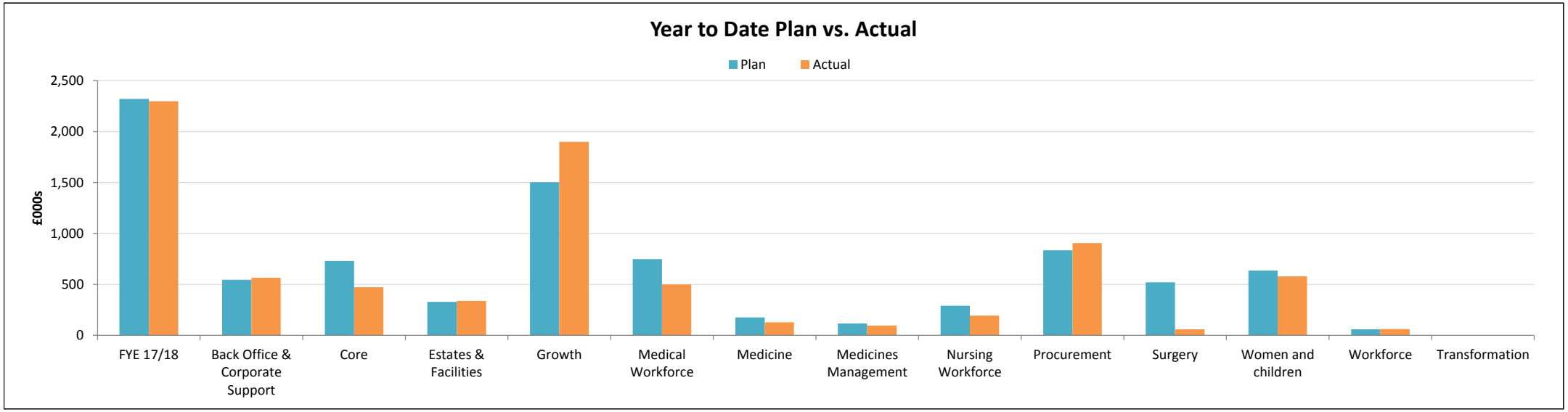
Full Year	Plan	Forecast	Variance
£k			
Total Capital Expenditure	**19,145**	**19,335**	**190**

£k	Year to Date		
	Plan	Actual	Variance
Source of Funds			
Depreciation (net of IFRIC 12)	6,854	6,934	81
Loan Repayments	(579)	(579)	-
Charitable Funds	-	-	-
Donation/Grants	469	25	(443)
NHS England (Evolve)	123	123	-
Cash Reserves/Other	2,266	2,266	-
	9,132	**8,769**	**(362)**
Application of Funds			
Other Service Developments	6,485	498	(5,988)
Medical Equipment	1,314	765	(550)
Facilities & Estates	547	589	42
Information Technology	1,318	837	(481)
Misc	-	7	7
Deferred Scheme	1,138	622	(516)
Charitable Funds	228	-	(228)
2017/18 Carried Forward	-	668	668
Overprogramming	(1,900)	-	1,900
Total Capital Expenditure	**9,132**	**3,985**	**(5,147)**

£k	Full Year		
	Plan	Forecast	Variance
Source of Funds			
Depreciation (net of IFRIC 12)	14,630	14,630	-
Loan Repayments	(1,163)	(1,163)	-
Charitable Funds	-	-	-
Donation/Grants	937	937	-
NHS England (Evolve)	180	180	-
Cash Reserves	4,561	4,561	-
	19,145	**19,145**	**-**
Application of Funds			
Other Service Developments	11,185	7,520	(3,665)
Medical Equipment	2,514	2,628	114
Facilities & Estates	2,018	2,011	(7)
Information Technology	4,237	4,162	(75)
Misc	-	52	52
Deferred Scheme	2,086	2,084	(2)
Charitable Funds	437	597	160
2017/18 Carried Forward	1,750	667	(1,083)
Overprogramming	(5,082)	(386)	4,696
Total Capital Expenditure	**19,145**	**19,335**	**190**

Year-to-date savings of £8.1m have been achieved against a plan of £8.8m. Slippage in Independent Sector Repatriation, Workforce and Surgical Productivity work programmes are the key contributors, work is continuing in order to identify mitigating actions. The forecast out-turn is on plan, however, delivery will require close management of risks at an individual scheme level.

	Year to Date			Full Year		
£k	Plan	Actual	Variance	Plan	Forecast	Variance
Workstream						
FYE 17/18	2,320	2,297	(23)	2,716	2,716	0
Back Office & Corporate Support	544	566	22	1,118	1,165	48
Core	730	471	(258)	2,700	1,781	(919)
Estates & Facilities	327	338	11	831	943	112
Growth	1,502	1,900	398	1,723	3,300	1,577
Medical Workforce	748	499	(249)	2,350	2,547	197
Medicine	175	127	(47)	930	824	(106)
Medicines Management	115	95	(20)	302	621	319
Nursing Workforce	289	193	(96)	725	579	(146)
Procurement	834	905	71	1,997	1,997	(0)
Surgery	520	60	(461)	1,476	602	(874)
Women and children	635	578	(57)	1,102	1,089	(13)
Workforce	58	61	3	160	72	(88)
Transformation	-	-	-	107	-	(107)
Efficiency Plan Total	**8,797**	**8,090**	**(707)**	**18,235**	**18,235**	**0**



Western Sussex Hospitals
NHS Foundation Trust

To: Trust Board

Date of Meeting: 25th October 2018 Agenda Item: 12

2018 Annual Children's Safeguarding Report
The purpose of this report is to provide the Trust Board with an update on developments and activity in relation to safeguarding children work
Responsible Executive Director
Nicola Ranger
Prepared by
Cathy Coppard, Trust Lead for Safeguarding Children
Status
Disclosable
Summary of Proposal
The purpose of this report is to provide the Board with an overview of annual Children's Safeguarding within Western Sussex Hospital NHS Foundation Trust.
Implications for Quality of Care
1. Negative Patient experience. 2. Loss of public confidence in the Trust. 3. In compliance with **The Children Act 2004 (section 11)** WSHFT has statutory responsibilities to co-ordinate and ensure the effectiveness of what is done for the purposes of safeguarding and promoting the welfare of children. It remains the responsibility of organisations to develop and maintain quality standards and assurance, to ensure appropriate systems and processes are in place and to embed a safeguarding culture within the organisation.
Link to Strategic Objectives/Board Assurance Framework
Patient Safety agenda – improving the patient experience/learning lessons.
Financial Implications
1. Subsequent patient litigation claims may occur 2. Loss of Commissioner Confidence may result in loss of Trust business.
Human Resource Implications
1. Professional performance management issues for individuals 2. Learning and development requirements 3. Organisational behavioural and cultural issues
Recommendation
The Board is asked to APPROVE the contents of this report
Communication and Consultation
Not applicable
Appendices

Western Sussex Hospitals NHS

NHS Foundation Trust

Annual Report Safeguarding Children

June 2018

Prepared by:

Catherine Coppard

Named Nurse for Safeguarding Children

Table of Contents

1. INTRODUCTION AND EXECUTIVE SUMMARY

The welfare of children is paramount' as defined by The Children Act 1989 and 2004 and guided by the following principles;

- *Safeguarding is <u>everyone's responsibility</u>: for services to be effective <u>each</u> professional and organisation should play their full part*

- *A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children*

Working together to safeguard children (DFE, 2015)

This report defines the structures and processes for safeguarding children and how these relate to wider safeguarding children arrangements within the Trust. The report also reviews WSHFT children's safeguarding activity and improvement plans and outlines relevant safeguarding children guidance and policy.

As required by Section 11 of The Children Act 2004, WSHFT addresses the statutory duty to promote a culture where safeguarding is everyone's business and poor practice is identified and tackled by having effective safeguarding arrangements in place to safeguard vulnerable children. These arrangements include:

- Senior management commitment to safeguarding children
- Identification of a Named Doctor, Named Nurse & Named midwife for Safeguarding Children.
- Sound governance & accountability
- Safe recruitment,
- Effective training for staff & learning from serious case reviews and research,
- Supervision arrangements,
- Listening to the '*voice of the children'* when considering developments
- Working in partnership with other agencies,

It is also important to be aware of the role of external regulators such as CQC and JTAI (Joint Targeted area inspections) in monitoring safeguarding systems within organisations. WSHFT safeguarding team, continue to lead and support the trust in the continuous improvement of children's safeguarding. Quarterly reports are provided to the safeguarding strategic committee, W&C Division, CCG and WSSCB.

Key messages for the Board:
This report demonstrates that:

- The Trust has recently undertaken a Section 11 of the Children Act 2004 (HMSO 2004) audit & demonstrates a safe service, acknowledging and addressing the challenges relating to safeguarding children. The improvement plan identifies three outstanding actions (Appendix 1)
- Safeguarding children activity continues to increase annually and the safeguarding agenda continues to expand.
- Systems, processes and policies are continuously under review to ensure that they comply with local and national guidance including learning from serious case reviews.

- The overall training figures remain above the WSHFT target of 90% and for those particular groups who fall under the target, in particular medical staff; they are being directed to the e-learning for health training modules and an improved recording process is being developed with the support of Learning and development.
- This report also identifies the following for improvement; training rates for medical staff, information sharing processes and systems, learning from serious case reviews and a review of safeguarding children resource, especially within maternity services on the Worthing site and also of the wider challenges faced within the system.

2. GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

2.1 **WSHFT Safeguarding Children Team**

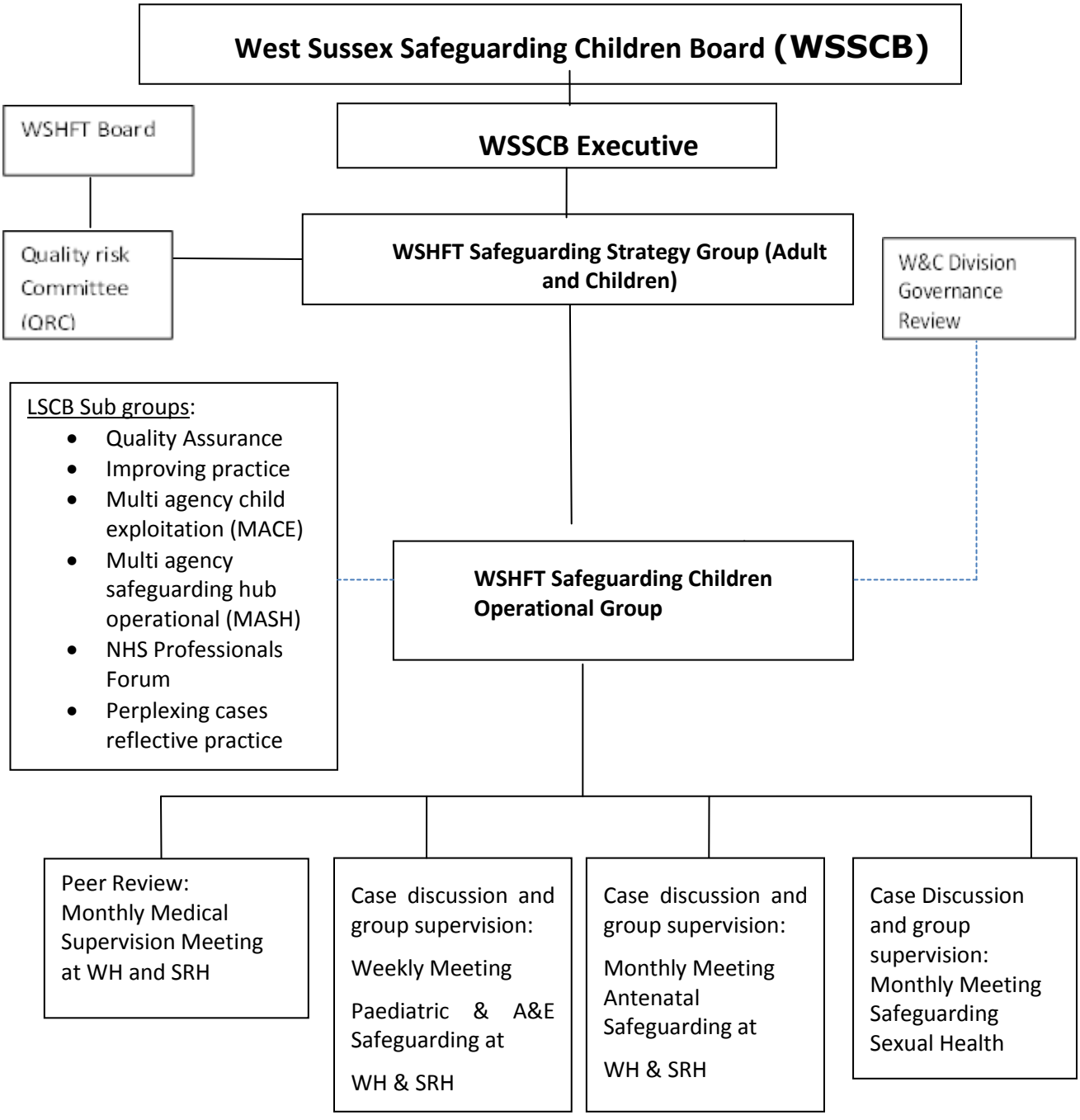
The Children's Act 2004 placed 'a requirement on each acute trust to appoint named professionals to take the professional lead for safeguarding children within the Trust and to advise all staff employed by the Trust on awareness and processes related to child protection and safeguarding children.'

Nicola Ranger	Chief Nurse & Executive Lead and (*Prevent Lead*)
Maggie Davies	Nurse Director
Catherine Coppard	Named nurse
Rowena Remorino (SRH) & Pauline Shute (WH):	Named Doctors
Gail Addison	Named Midwife and (*FGM lead*)
Joan Davidson	Safeguarding Nurse
Clare Hosking & Sarah Barwick	Safeguarding Midwives
Kathy Walker, Susannah Hutchby & Julie-Ann Harper	Safeguarding and liaison nurses
Helen McCutchan	Sexual Health Matron & (*CSE Lead*)
Rachel Lee	Sexual Health Lead Safeguarding Doctor
Helen Milne	ED Consultant (WH)
Katie Manning	ED Consultant (SRH)

Designated Doctor and Nurse

NHS West Sussex Designated Nurse:	Sarah Smith / Rachael Redwood
NHS Sussex Designated Doctor:	Dr Jamie Carter

2.2 WSHFT Safeguarding Children Governance Structure



2.3 **Role and Responsibility of the West Sussex Safeguarding Children's Board (WSSCB)**

WSSCB is a partnership of all the different organisations working to protect children and young people across the county and is governed by the statutory guidance in Working Together to Safeguard Children, which sets out how organisations and individuals should work together to safeguard and promote the welfare of children, and the Local Safeguarding Children Board Regulations 2006 which sets out the functions of Local Safeguarding Children Boards.

WSSCB Business Plan Priorities for 2017/19 are:

- Child Sexual Abuse and Children Missing,
- Neglect
- Emotional Wellbeing and Mental Health

In addition to the work of the sub groups, outlined in this report, the WSSCB also continues to monitor, contribute and learn from national and regional serious case reviews and other Local Safeguarding Children Boards' strategic priorities. The named nurse for safeguarding children attends the WSSCB board meetings.

2.4 **WSSCB Sub groups**

The following subgroups are attended by WSHFT safeguarding team;

2.4.1 **Quality Assurance and Improving Practice Groups**

The purpose of the Improving Practice Group is to;

- Coordinate partner agencies improvements and ensure their effectiveness within statutory obligations
- Explore and respond to areas of practice change
- Disseminate learning and best practice
- Strategic oversight of training, including monitoring and evaluation

2.4.2 **NHS Professionals Forum**

This quarterly forum is open to all safeguarding children professionals working within the NHS in West Sussex. Meetings are informal in nature enabling safeguarding professionals to discuss cases, issues and share experience. Its key terms of references are:

- To coordinate child protection and safeguarding developments for NHS staff within West Sussex.
- To provide professional advice and support to the WSSCB.
- To develop a safeguarding clinical network across West Sussex that supports senior practitioners in undertaking their role.
- To consider and review the findings and recommendations from Serious Case Reviews in respect to practice and training implications.
- To share learning and promote and support audit.

2.4.3 **Multi agency Child Exploitation (MACE)**

Safeguarding children's team and sexual health, contribute relevant information. The CCG Child Sexual Exploitation (CSE) nurse attends these meetings and has been invaluable in supporting and coordinating the sharing of relevant health information. For a 4 month period, with the absence of this role, WSHFT sexual health matron has worked with other health partners to ensure the relevant aspects of this role were covered.

2.4.4 **Multi agency safeguarding hub (MASH) Operational and Strategic Groups**

The MASH is a single point of contact for all safeguarding concerns regarding children and young people in West Sussex and includes Early Help and brings together expert professionals, from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge and resources to keep children safe from harm and promote these and their families wellbeing.

The function of the MASH is to:

- Act as a front door to manage all safeguarding concerns
- Research information held on professional databases to inform decisions
- Continue to provide support to professionals working in Early Help. Especially identifying families who need Think Family Keyworker Services and other key working services, and family network responses
- Provide a secure and confidential environment for professionals to share information
- Identify low –level repeat referrals which taken in isolation may not appear concerning, but do when the child's journey is reviewed
- Effectively work with the MASH professionals (social workers, police and health) and holding strategy discussions centrally.

There have operationally been ongoing challenges for all agencies due to the absence of health practitioners in MASH, however following funding provision through the sustainable transformation plan (STP), it is envisaged that once health practitioners are in post, partnership working will be more effective.

2.4.5 **Perplexing cases reflective practice group**

The aim of this group is to facilitate a multi-agency consultation forum to discuss perplexing cases of abnormal illness behaviour which may not strictly meet the definition of FII but which is nevertheless a cause of professional concern. Consultation with peers named or designated Professionals and colleagues in other agencies form an important part of the process of making sense of the underlying reasons for the signs of abnormal illness behaviour.

The reflective practice group will aim to provide a safe space to explore cases, with an acknowledgment of the emotional toll in working with complex FII and perplexing cases, with multi-agency colleagues, and to collaborate in developing strategies for appropriate management and response. The forum will facilitate the identification of areas of good practice and learning for dissemination to the wider workforce.

2.5 **WSHFT Safeguarding Children Meetings**

2.5.1 **Safeguarding children case discussion meetings;**

- Weekly Meeting Paediatric & A&E Safeguarding at WH & SRH
- Monthly maternity meeting
- Monthly sexual health meeting

These well attended weekly multi-disciplinary meetings provide an invaluable forum for case discussion, information sharing, decision making, resolution, group supervision and learning. Furthermore, partnership working and relationships are positively developed through the attendance of CAMHS A&E liaison, CSE nurse and Healthy child programme practitioners. Attendance and multiagency working would however be increased and strengthened through an increase in availability of video conferencing.

Areas for development are for perinatal mental health service partnership with maternity services and for attendance at the antenatal meeting.

2.5.2 **Peer Review: Monthly Medical Supervision Meeting at WH &SRH**

Chaired by the named doctor on each site, these are well attended by consultant pediatricians and named nurse. The purpose of these meetings, are to;

1. Promote a culture of learning and professional support, drawing on the existing evidence base relevant to child abuse.
2. Provide assurance that practitioners meet a measure of standard and are therefore more reliable in their practice.
3. To reduce professional isolation and improve sharing of best practice with discussion of complex patients in a challenging but supportive way.
4. To provide a regular documented review of practice as expected by the judiciary, GMC and RCPCH; evidence of involvement should be provided for consultant appraisal and revalidation.

2.5.3 **Safeguarding Children's Operational Group**

The Group meet quarterly and are responsible for the effective operational implementation and performance of the safeguarding children framework within the Trust. More specifically the group;

- Ensure there are mechanisms in place to alert staff to safeguarding policies and procedures.
- Ensure there is sufficient safeguarding training to enable staff to carry out their duties to safeguard children.
- Communicate and disseminate WSSCB and sub group information and guidance, including relevant serious case reviews through existing divisional structures.
- Ensure dissemination of relevant national information and guidance
- Monitor and identify when guidelines require updating, making recommendations on changes aligned to national best practice. These will then be deemed ready for divisional ratification at the divisional governance meeting and onward cascade through divisions and the WSHFT safeguarding strategic group

- To consider the annual audit plan and recommendations, taking forward any actions through relevant forums.
- Track progress on any serious case reviews or action plans.
- Monitor additional actions and learning needs identifying learning events as required.

2.5.4 **Safeguarding Strategic Group**

This integrated adults and children's safeguarding group meet quarterly and is responsible for assuring the effective implementation and performance monitoring of the safeguarding framework within the Trust, adhering to statutory requirements; Section 11 of the Children Act 2004 and 2010 and The Care Act 2014 and national frameworks ; Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England, July 2015) **NHS England safeguarding-accountability-assurance-framework.July 2015**

More specifically the purpose is to;

- Report mechanisms are in place and to provide assurance to the CCG through the annual assurance and quarterly exception reports.
- Ensure there are mechanisms in place to alert staff to Safeguarding policies and local procedures.
- Monitor training compliance, ensuring relevant staff have appropriate training in accordance with the Intercollegiate guidance (RCPCH 2014)
- Monitor the quality of training and safeguarding practice
- Scrutiny of safeguarding processes; including training and information sharing
- Oversee the provision and development of the annual safeguarding report.
- Monitor the dissemination of information from the WSSCB and subgroups, including relevant serious case reviews.
- Review any new guidance and set the direction for the safeguarding strategy.
- Identify, monitor and ratify safeguarding policy, making recommendations on changes aligned to national best practice. These will then be deemed ready for ratification at the Quality and Risk Committee, and onward cascade into the organisation.
- To consider audit recommendations, taking forward any actions through relevant forum e.g. Patient Safety.
- To receive the minutes from the Dementia strategy group and Learning Disability group and review
- Review of safeguarding team structures and ability to discharge statutory responsibilities

3 REVIEW OF THE YEAR:

3.1 **Evaluation of progress against priorities set in the annual report 2017;**

3.1.1 Training rates for medical staff are now above 90% with level 3 training currently at 90.7% and for level 2 at 86.6%. For, those staff, who do not receive face to face training, they are directed to the NHS England e-learning for health modules for training.

3.1.2 The work to ensure children and young people and families who use our services are offered relevant information on prevention and are signposted to support services or are appropriately referred to early help, remains ongoing and is becoming embedded in practice.

3.1.3 Commissioners are alerted to ongoing concerns related to the safeguarding of young people who attend with eating disorders; self-harm, mental health issues or brought to hospital as a safe place with behavioural issues. These concerns are being shared with the trust mental health board, commissioners, NHS England and the WSSCB. We continue to work with our partner agencies to ensure, risks are managed and shared and in the development of new pathways and additional training related to the care, assessments and management of mental health are being provided for staff caring for these young people, attending hospital with these issues. However, many of the problems are related to the wider system problems.

3.1.4 The NHS Digital Child Protection Information System (CP-IS) was introduced in maternity services to alert the local authority an unborn baby who has a child protection plan, is born. Maternity services also alert the local authority of the NHS number at birth which has made an improvement to the safeguarding of this vulnerable group.

3.1.5 Domestic abuse; the process for alerting staff of MARAC (multi agency risk assessment conference) notifications on the patient administrative system (semahelix) unfortunately has not progressed. Work therefore is urgently needed to ensure this improvement to sharing information for this vulnerable group, is developed. Routine enquiry, however, is being embedded into practice for those specialities where those experiencing domestic abuse are more likely to attend; gynaecology, maternity, A&E and sexual health services.

3.1.6 The WSSCB Neglect strategy best practice principles and Howe's Neglect are included in all levels of training and its use in practice continuously reviewed

3.1.7 A process is in place for monitoring the quality of safeguarding training. The training is reviewed on an annual basis. Following feedback, the volunteers training and induction training is now delivered alongside adult safeguarding training and following this change, feedback has been positive.

3.1.8 The learning from the published SCR's Key and O and ongoing serious case reviews, continues to be shared through training and a learning event was also held in July

2017. Practice is also monitored through safeguarding meetings and governance structures.

As part of the recommendations from SCR N, which is awaiting publication, maternity have developed their antenatal safeguarding assessment to include more safeguarding enquiry about the partner and other people living in the household. Maternity safeguarding information now includes questions about the partner's or other household member's, mental health and drug and alcohol use and what their relationship is to the unborn baby. Enquiry about other children the partner may have, where these children live, the primary caregiver and whether the mother or father of the unborn baby have ever been a "looked after child" in particular if they are under 25 years old, is also obtained.

3.1.9 In partnership with IT applications it was identified solutions for SemaHelix, and electronic patient record (Evolve) systems need to be found to support the safeguarding of children. Improvements to the electronic patient records Evolve has been found and continues to improve to relevant safeguarding information is available within safeguarding folder. This does however rely on a manual upload of current information. Unfortunately there have not been developments with SemaHelix interface and CP-IS. This therefore creates a risk and is on the risk register and also results in quality issues which the safeguarding team have to manage.

3.1.10 Work with the multi-agency safeguarding hub MASH and other partner organisations to improve the partnership working and process for feedback following referrals and communication around strategy meetings and attendance, is ongoing. Lack of feedback from MASH is currently on the WSHFT risk register. Funding for the health resource in MASH has now been agreed in West Sussex. Improvement to the Pre- birth assessments pathway following a referral to MASH is also being led by the local authority maternity consultant in West Sussex in partnership with WSHFT maternity safeguarding team.

3.2 **National and Local guidance, Reviews and Policy changes.**

3.2.1 **The National Context**

Local safeguarding needs to be seen in the context of national reports, serious case reviews and the political arena. The danger of online sexual abuse needs to be recognised and understood as social media and the internet are an everyday factor in the lives of children and young people. Furthermore, the complexity of safeguarding; FGM, modern slavery and Exploitation; including Child sexual exploitation and county lines drugs networks are increasingly recruiting children in provincial towns to sell drugs rather than trafficking children and young people from London and other major cities. More children are

How safe are our children? (NSPCC, 2018) report increases in police-recorded child sexual offences across the UK and increases in child cruelty and neglect offences in all UK nations except Scotland.

- The last decade has also seen increased numbers of children on child protection plans and registers.

- Almost a quarter of young people were contacted online by an adult they did not know.
- Since the offence of communicating indecently with a child was introduced in England and Wales in April 2017, over 3,000 crimes have been recorded by the police.
- Following the Government's commitment to bring in laws to protect children online in 2018, the NSPCC is calling for the legislation to: commit social media firms to follow a consistent set of minimum safeguarding standards, make platforms report on how they keep children safe, carry consequences for platforms that don't follow safeguarding rules, make platforms take proactive steps to prevent exposure to illegal content and behaviour. NSPCC 2018

3.2.2 **PREVENT** is part of the Government counter-terrorism strategy CONTEST and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. NHS Trusts are now obliged to 'have due regard to the need to prevent people from being drawn into terrorism', in accordance with the 'Prevent duty' outlined in Section 26 of the Act. The NHS England (2017) Prevent training and competencies framework; provides guidance.
The recent serious case review W&X in Brighton &Hove indicates the need to be vigilant and assess children who may be traumatised as well as abused. WRAP (Workshop to Raise Awareness of Prevent) training has been provided to some staff groups who require level 3 safeguarding training and staff are also directed to the e-lfh online module 'Preventing radicalisation- level 3'. Basic awareness of PREVENT is incorporated in the safeguarding training sessions at level 1 and 2 and delivered as part of the Health &Safety day.

3.2.3 **The Independent inquiry into sexual abuse (IICSA)** is investigating how institutions in England and Wales may have failed to protect children from sexual abuse (previously the Goddard inquiry). Various aspects are being pursued including the '*Truth Project'* which affords any qualifying victim and survivor an opportunity to tell a representative of the IICSA anything that they wish.

- WSHFT continues to store safeguarding notes which may be required by the IICSA and this will have a financial impact.
- WSHFT safeguarding training continues to include how to recognise and respond the concerns relating to sexual abuse & exploitation & various newsletter items have concentrated on CSE.
- There are close links with the sexual abuse referral centres (SARC)
- WSHFT have participated in a multi-agency audit relating to CSE.

3.2.4 New Guidance:

- **National Institute for Health and Care Excellence (NICE):** NICE guideline (NG 76) Child abuse and neglect. This guideline provides recommendations based on evidence on how to recognise and respond to child abuse and neglect and offers practitioners a clear guide to the interventions and approaches that are most appropriate and is available via StaffNet.

- **Safeguarding in emergency care**: New standards were recently published; 'Facing the future: standard for children in emergency care settings'. (RCPCH, 2018) and updated standards for safeguarding children and young people in emergency care settings in the UK. These standards which WSHFT will be benchmarked against include; identifying and reporting concerns, sharing information, and staffing and training.

- **The Radiological investigations of suspected physical abuse in children** (Royal college of radiologists, 2017) Recommendations are made which include; what imaging is required, referral to children's social care and safeguarding team, requesting imaging, skeletal surveys, reporting, additional alternative imaging, follow up, neurological imaging, and the deceased child. A taskforce group is currently benchmarking WSHFT against these standards.

3.2.5 Local Serious Case Reviews

When a child dies or is seriously harmed, including death by suspected suicide, and abuse or neglect is known or suspected to be a factor in the death, the LSCB is required to conduct a Serious Case Review into the involvement of organisations and professionals in the lives of the child and the family. The purpose of a Serious Case Review is to establish whether there are lessons to be learned from the case about the way in which local professionals and organisations work together to safeguard children, identify what needs to be changed and, as a consequence, improve multi-agency working to better safeguard and promote the welfare of children.

Table 1. Local Serious Case reviews (SCR) & Learning Reviews www.westsussexscb.org.uk/reviews/west-sussex/

Child	Date TOR agreed	Review Type	Status
Child Z	2017	Health Learning review	WSHFT Involvement and contribution
SCR O	2016	Serious case review	WSHFT Involvement and contribution. Published November 2017
SCR V	07.03.18	SILP (serious incident learning review)	WSHFT Involvement and contribution
SCR U	20.04.18	SILP	WSHFT Involvement and contribution
SCR T	17.10.17	Learning review type SCR	WSHFT Involvement and contribution
SCR N	07.09.16	SILP	WSHFT Involvement and contribution Publication awaited
SCR S	02.03.17	SILP	Publication awaited
SCR Q	10.04.17	Learning review type SCR	Published May 2018
SCR Key	2015	Serious case review overview	WSHFT Involvement and contribution Published June 2017

WSHFT have contributed and participated in the above reviews, as indicated in table 1 and Improvement plans are in progress. Some of these reviews are still ongoing or are awaiting publication.

3.2.6 **Joint targeted area inspections (JTAI):**

JTAIs are an evaluation of the multi-agency 'front door' for child protection, when children at risk of harm first become known to local services. They also include a 'deep dive' investigation and evaluation of the experiences of children and young people at risk of a specific type (or types) of harm, or the support and care of children looked after and/or care leavers. The theme of a JTAI will periodically change and over the past year WSHFT have participated in preparing for an inspection for the following JTAI's;

- children living with neglect
- exploitation
- domestic abuse
- child sexual abuse (forthcoming September 2018)

3.3 **Safeguarding Children Activity:**

3.3.1 The following data details safeguarding activity captured by the children's safeguarding throughout WSHFT based on the number of safeguarding concerns (part A) and referrals (part B) during 2017-2018. Activity is either logged as a concern or a referral but not both.

Table 2

St Richards Hospital (SRH) Children's Social Care Referral: 2017/18						
Department	**Total Referrals 2016/17**	**Q1 Apr - Jun**	**Q2 Jul - Sept**	**Q3 Oct - Dec**	**Q4 Jan - Mar**	**Total Referrals 2017/18**
Maternity	128	20	34	38	37	129
Paediatrics	23	14	9	6	7	36
A & E	99	14	21	20	24	79
Sexual Health	6	1	2	5	4	12
Other	7	2	3	2	7	14
	263				**TOTAL Referrals**	**270**

St Richards Hospital (SRH) Safeguarding Concern: 2017/18						
Department	**Total Concerns**	**Q1Apr - Jun**	**Q2 Jul - Sept**	**Q3 Oct - Dec**	**Q4 Jan -**	**Total**

	2016/17				Mar	Concerns 2017/18
Maternity	68	21	17	14	14	66
Paediatrics	103	24	42	48	35	149
A & E	466	111	98	111	91	411
Sexual Health	14	0	3	2	1	6
Other	20	1	4	10	15	30
	671				**TOTAL Concerns**	**635**

SRH Total Safeguarding Activity: 905

Worthing Hospital (WH) Social Services Referral: 2017/ 18

Department	Total Referrals 2016/17	Q1Apr - Jun	Q2 Jul - Sept	Q3 Oct - Dec	Q4 Jan - Mar	Total Referrals 2017/18
Maternity	152	32	36	38	46	152
Paediatrics	61	26	22	22	20	90
A & E	166	66	48	49	44	207
Sexual Health	35	9	8	9	12	38
Other	21	18	1	8	9	36
	435				**TOTAL Referrals**	**523**

Worthing Hospital (WH) Safeguarding Concern: 2017 /18

Department	Total Concern 2016 / 2017	Q1 Apr - Jun	Q2 Jul - Sept	Q3 Oct - Dec	Q4 Jan - Mar	Total Concerns 2017/18
Maternity	265	79	71	55	75	280
Paediatrics	339	144	84	112	128	468
A & E	513	141	150	146	134	571
Sexual Health	68	28	32	29	21	110
Other	66	16	21	16	13	66
	1,251				**TOTAL Concerns**	**1495**

WH Total Safeguarding Activity: 2, 018

Crawley Safeguarding Forms Completed: 2017/ 18						
Dept. Crawley Sexual Health	**Total 2016/17**	**Q1Apr - Jun**	**Q2 Jul - Sept**	**Q3 Oct - Dec**	**Q4 Jan - Mar**	**Total 2017/18**
Referrals	5	1	2	2	3	8
Concerns	26	7	5	8	7	27
Crawley Total safeguarding activity: 35						

Table 3 **Summary of WSHT Safeguarding Yearly Activity 2012-2018**

Referral	Maternity		Paediatrics		A&E		Sexual health			Other		Total
	SRH	WH	SRH	WH	SRH	WH	SRH	WH	Crawley	SRH	WH	
2012/13	96	78	25	216	59	328	0	2	0			804
2013/14	101	73	36	198	51	297	1	17	2			776
2014/15	98	123	33	69	93	123	5	25	2			571
2015/16	85	84	35	75	60	167	8	31	5	3	6	559
2016/17	128	152	23	61	99	166	6	35	5	7	21	703
2017/18	129	152	36	90	79	207	12	38	8	14	36	801
Concern	Maternity		Paediatrics		A&E		Sexual health			Other		
	SRH	WH	SRH	WH	SRH	WH	SRH	WH	Crawley	SRH	WH	
2012/13	134	298	37	185	80	403	0	0	0			1137
2013/14	147	175	73	302	89	437	6	26	11			1266
2014/15	114	287	89	304	271	364	5	38	5			1477
2015/16	106	358	204	218	393	486	42	83	37	8	29	1964
2016/17	68	265	101	339	466	513	14	68	26	0	66	1926
2017/18	66	280	149	468	411	571	6	110	27	30	66	2184

Table 4 **Safeguarding Activity by year 2012 to 2018**

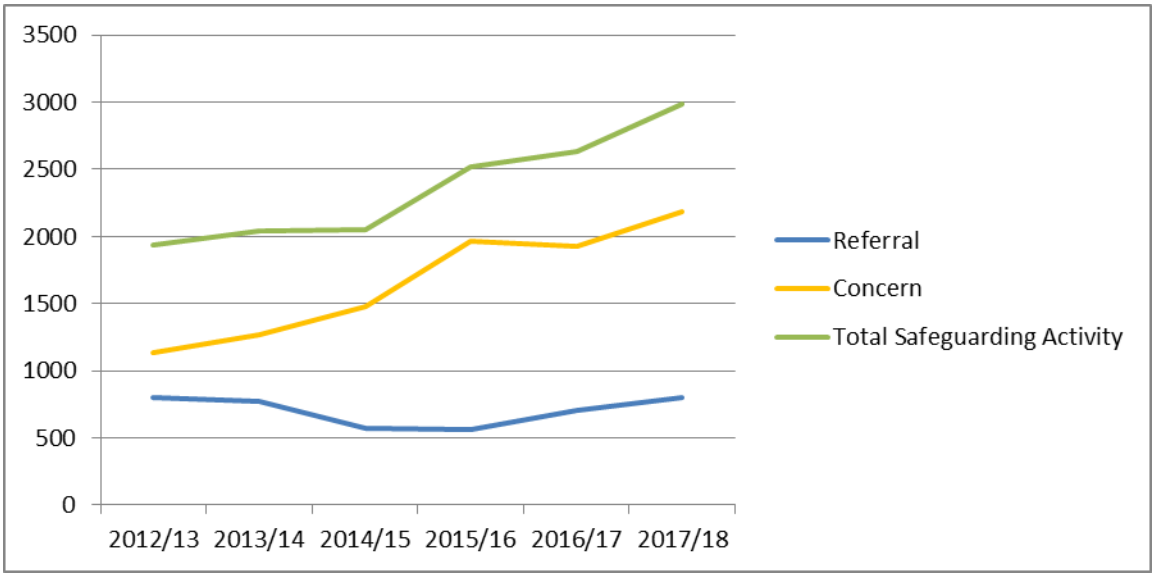


Table 5 **Summary of safeguarding activity by principle concern (Apr '17 to Mar '18)**

(NB: this does not include maternity safeguarding data)

Principal Concern	SRH	WH	Crawley (sexual health data only)
Adult drug/alcohol misuse	24	78	
Adult mental health	75	179	
Assault	33	70	
Behavioural Issues includes anger management problems	19	83	
Bullying	8	6	
Child death	1	9	
Child Protection medical	28	104	
Concealed Pregnancy	1	1	
CSE	5	19	6
DNA hospital appointment	16	42	
Dog bite	31	29	
Domestic abuse	29	31	
Drug/alcohol problems	32	75	1
Failure to thrive	1	1	
FGM (includes adults and children)	2	7	1
FII (factitious/ fabricated induced illness)	2	2	
Frequent attender	41	45	
Housing/financial issues	6	7	
Mental health issues (incl. anxiety)	57	149	1
Neglect	7	8	

Obesity	3	7	
Poor parenting/lack of supervision/	93	150	
Pregnancy (<18yrs)	3	17	
Preventable accident	79	103	
Self-harm	86	221	
School Absenteeism	2	2	
Unexplained bruise/mark/injury	11	25	
Vulnerable young person	66	259	26
Young Carer	1	1	

The number of safeguarding concerns and referrals, raised in maternity services have remained consistently high, over the last couple of years, especially on the Worthing site. There is an increase in the numbers of complex safeguarding cases. Caring for these mothers and babies requires additional care and support and places additional challenges for maternity and paediatric services. Furthermore, additional challenges are placed on WSHFT as a result of delayed social care pre-assessments, delayed court hearings, level of supervision requirements expected by children's social care and subsequent delays in decision making with regards to a baby's place of discharge. In these situations, communication between children's social care and maternity services is crucial but can often be challenging. In view of this activity and complexity, it is planned to review the resourcing of safeguarding children in maternity services, especially on the Worthing site.

Child Protection medicals at WH are undertaken by the community paediatricians based in the Child Development Centre and out of hours by the acute paediatricians. It is noted that there are increasing numbers of children being referred for child protection medicals out of hours, which is not ideal for children or medical staff, therefore is being further explored in collaboration with children's social care. There are a significant number of child protection medicals being undertaken by acute paediatrics as a result of an on-going vacancy in community paediatrics at Chichester. The number of child protection medicals undertaken is also likely to increase, as the new agreed best practice which requires under 1 year olds to be seen in an acute facility with access to the investigations, including imaging, is implemented.

There remain a considerable number of children who attend hospital with mental health issues, including eating disorders and self-harm. Children's safeguarding team continue to develop partnership working with our mental health liaison teams in the hospital for this vulnerable group of children. A significant number of children also attend in crisis to hospital with challenging behaviour; safeguarding team have raised concerns with the local authority and CCG regarding the need for robust pathways in order to avoid hospital attendance for this group of children when they are in crises, as in these situations their needs often would be best met away from an acute hospital.

Concerning adult attendances remain a concern and safeguarding children team continue to work with adult services to ensure information is shared and the welfare of their children remains paramount. It is noted numbers of concerns remain significantly higher on the Worthing hospital site.

Table 6 Female **Genital Mutilation (FGM)**

		Type 1	Type 2	Type 3	Type 4	
St Richards	Obstetrics	1			1	2
Worthing	Obstetrics	1			6	7
Crawley	Sexual Health		1			1
Total		2	1	0	7	10

FGM activity is reported to the trust through informatics and shared with the Department of Health. There were 10 cases reported for this year compared to; 18 cases 2016/17, 7 cases reported 2015/16 and 5 reported cases 2014/15.

3.4 **Unexpected Child Death 2017/2018**

There were regrettably 9 unexpected child deaths over the year and WSHFT were involved in the rapid response process. This compares to previous years;

2014-2015: 3 deaths (2 baby deaths and 1 child death due to epilepsy)
2015-2016: 8 deaths (medical cause found in 5 and 2 inconclusive)
2016-2017: 2 deaths (one went to SCT 0)

Some of these recent child deaths have children's social care and police involvement and two are subject to wider learning (SCR U and SCR T) as part of a serious case review process. In the meantime, in order to support and share learning, a multi-agency event, organised by WSHFT safeguarding team, has been planned for September 2018. Multi- professionals from partner agencies have been invited and it expected that learning related to practice following these recent unexpected child deaths, will be shared.

3.5 **Staff Training**

Table 7 **Child Protection Training Figures as at 08/05/2018 by division**

Division	ALL WSHT STAFF (Excluding Bank)			MEDICS ONLY			NON MEDICS		
	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date
Core Services	1524	1512	99.2%	54	45	83.3%	1470	1467	99.8%
Corporate	761	751	98.7%	67	58	86.6%	694	693	99.9%
Facilities & Estates	539	538	99.8%	0	0	-	539	538	99.8%

Medicine	1995	1938	97.1%	269	217	80.7%	1726	1721	99.7%
Surgery	1372	1351	98.5%	267	249	93.3%	1105	1102	99.7%
Women & Children	795	777	97.7%	125	113	90.4%	670	664	99.1%
Total	6986	6867	98.3%	782	682	87.2%	6204	6185	99.7%

Table 8 **Child Protection Training Figures as at 08/05/2018 by level required**

Level Required	ALL WSHT STAFF (Excluding Bank)			MEDICS ONLY			NON MEDICS		
	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date
Level 1	1937	1930	99.6%	0	0	-	1937	1930	99.6%
Level 2	4420	4321	97.8%	674	584	86.6%	3746	3737	99.8%
Level 3	629	616	97.9%	108	98	90.7%	521	518	99.4%
Total	6986	6867	98.3%	782	682	87.2%	6204	6185	99.7%

Safeguarding training is defined in accordance with the Intercollegiate Guidance (RCPCH 2014). A summary of the notable changes outlined in this guidance is as follows;

- Annual appraisal is crucial in determining an individual's attainment and maintenance of required knowledge, skills and competence. (Currently compliance assurance is provided by training figures through L&D)
- Employers need to be assured that appraisers have the necessary knowledge, skills and competence to undertake appraisals and for medical and nursing staff to oversee revalidation. (RCPCH 2014) pg. 11
- The guidance emphasises a blended approach to learning which maximises learning opportunities and includes multiagency training for staff requiring level 3 training
- All levels have explicit learning outcomes and a recommended length of time
- Safeguarding specialist staff, excluding named professionals, require a more detailed specialist level 3 training programme.
- Named professionals require level 4 training and are currently compliant against standards.

The Performance for safeguarding training compliance for medical staff remains below the WSHFT target of 90% and is significantly below target for staff requiring level 3 training. Discussions have been held with learning and development (L&D), medical education and previously with the Head of IT for a workable solution to be agreed. In the meantime medical staff, who do not attend face to face training sessions, are advised to undertake the www.e-lfh.org.uk safeguarding training level 2 and 3 modules. These validated modules replace the previous non- validated premier e-learning level 2 programme, which were used for e-learning within WSHFT. It is envisaged this change will improve the quality of e-learning training for medical staff and new starters but also enable staff, if required, to complete their level 3 training at induction. This will be supplemented with a face to face local safeguarding briefing. The Foundation Trainees (F1s and F2s) have access to a range of e-lfh modules through their Horus e-portfolios which is monitored through post graduate medical education. All other training is monitored through WSHFT Learning and development.

3.4.1 **Evaluation and Audit of training**

Improvements have been made to integrate adult and children's safeguarding at level 1 trust induction and for the volunteers training. Work is currently underway with L&D to review level 2 training delivery in order to ensure it meets service need and is continues to remain compliant with the intercollegiate national standards. (RCPCH 2014)

Overall evaluation of the level 3 training is reported as good - excellent and well regarded by our internal and external stakeholders and staff report that they have a good understanding of their role and responsibilities. Audit of feedback of level 3 training delivered at WSHFT, outlined in appendix 2, is being further explored and forms part of our continuous improvement plan.

3.6 **Supervision**

Supervision is provided in accordance with the framework outlined in the Safeguarding policy. Group supervision is available for practitioners at the safeguarding case discussion meetings or peer review. Supervision is also available on a 1:1 basis. Named professionals receive supervision quarterly by designated safeguarding professionals.

3.7 **Information Sharing and Communication**

The **Child Protection Information Sharing** (CP-IS) Project sponsored by NHS Digital supports the sharing of information between health and social care for children that are subject to Child Protection Plan (CPP) and for Looked after Children (LAC). It makes available, to health professionals working in unscheduled healthcare, CPP/ LAC information, held in social care systems in order to support child protection decision making and support more collaborative working.

WSHFT went live in both A&E departments in May 2016 as phase 1 using a manual process via the Summary Care Record Application (SCRa). Unfortunately the manual process has generated problems as it is open to user error and is subject to risk when not used for every child's attendance. It is hoped there will be a phase 2 i.e an integrated IT solution for CP-IS and SemaHelix soon. In the meantime ongoing work continues in partnership with WSHFT IT applications lead and NHS digital in order to find a workable solution to the problems we are currently experiencing with this process. This problem currently sits on the WSFHT risk register.

Progress is being made with the sharing of safeguarding information via the electronic patient records (EVOLVE) safeguarding folder thus ensuring relevant information is available to support health professionals' decision making. Further workable solutions are still required to ensure relevant email correspondence and information from other sources is easily electronically transferred into the child's safeguarding folder.

Workable solutions for sharing information with partner agencies are being developed in order to safeguard children, continues to develop. This includes, information sharing directly with school safeguarding leads due to the limited capacity of the Healthy child programme and the absence

of health partners in MASH. Furthermore, maternity are now using Read only care information (ROCI) to access relevant health information from GP records, for their clients.

A Monthly newsletter developed and issued by the safeguarding children's team, includes partnership news, guidance, learning from serious case reviews and training opportunities and is shared with safeguarding leads, Heads of Nursing, A&E, sexual health, paediatric staff, and is also available on StaffNet.

3.8 **Audit**

Safeguarding training feedback is audited and themes are outlined in 3.4.1. The quality of referrals and record keeping and completed safeguarding flow charts in A&E are continuously monitored and audited across site. All are included in our quality improvement plan. The safeguarding children's team have also participated in WSSCB multi-agency safeguarding audits for child sexual exploitation and self-harm over the year.

4. CONCLUSIONS AND PRIORITIES FOR THE FORTHCOMING YEAR

Safeguarding practice at WSHFT continues to be challenged due to the increasing safeguarding activity, each year. The resourcing of this activity, particularly in relation to maternity services and child protection medicals, needs to be closely monitored and reviewed.

Other areas of challenge and concern highlighted in the report include; meeting the needs of the increasing numbers of children and young people frequently attending hospital seeking help and support, in particular for those who attend with mental health issues and self-harm. Also, maintaining effective communication and information sharing across the safeguarding system when there are multiple agencies and IT systems involved, in an environment which is complex and dynamic, remains challenging. Effective partnership working with children, families and partner agencies in addition to prevention and early help support are essential and continue to be the focus of improvement.

Overall, improving processes, effective partnership working and a supportive culture, with staff clear of their safeguarding responsibilities, supports the safeguarding of children. Progress continues in the development of training, communication and information sharing processes within WSHFT and between partner agencies. Furthermore, the safeguarding team continue to share learning and endeavour to embed effective safeguarding practice throughout the whole Trust. The team also actively contributes and participates to the collaborative work of the WSSCB in order to find new ways of working and continually improve the quality of the safeguarding service.

4.1 **Priorities**

The child safeguarding priorities for Western Sussex Hospitals NHS Foundation Trust for the following year are shown as follows;

4.1.1 Safeguarding notifications on the patient administrative system (SemaHelix) needs to be improved by including MARAC (multi agency risk assessment conference) domestic abuse alerts on the system and for children on a child protection plan, an integrated system with SemaHelix and the CP-IS needs to be introduced in WSHFT.

4.1.2 The quality of Information sharing processes, related to safeguarding children within WSHFT and with partner agencies.

4.1.3 Section 11 audit improvement plan actions outlined in Appendix 1 to be completed

4.1.4 Safeguarding children training rates for medical staff to be greater than 90%

4.1.5 Serious case reviews; Improvement plans completed and learning from serious case shared.

4.1.6 The resources of safeguarding children within maternity services.

5. GLOSSARY OF TERMS

CCG	Clinical Commissioning Group
CP-IS	Child Protection information sharing system
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DFE	Department for Education
EPR	Electronic Patient Records
FGM	Female Genital Mutilation
JTAI	Joint targeted area inspection
LSCB	Local Safeguarding Children's Board
MACSE	Multi agency Child sexual exploitation
MARAC	Multi-agency risk assessment conference
NAHI	Non-accidental head injury
NICE	National institute of clinical effectiveness
ROCI	Read only care information
SCR	Serious case review
STP	Sustainable transformation plan
WSHFT	Western Sussex Hospitals NHS Foundation Trust
WSSCB	West Sussex Safeguarding Children Board

Appendix 1

Section 11 Audit: Improvement Plan

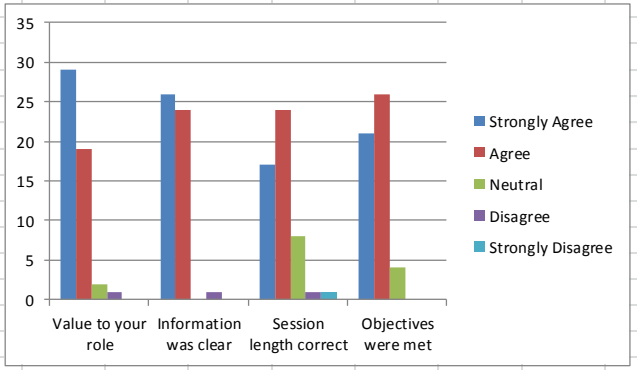
Name of agency		Western Sussex Hospital NHS Foundation Trust			
Reference No	**Standard Number**	**RAG rating**	**Action needed**	**Timescale**	**Lead officer**
1	1.3	Amber	Arrangements for safeguarding in maternity need to be strengthened. Named midwife role requires a job description and supervision arrangements with the designated nurse to be organised.	July- 18	LM/GA/CC
2	6.2	Amber	Process for ensuring compliance with recruitment policy- ensuring one member of the panel has undertaken the safer recruitment training. Audit to be conducted by July 2018 and expectations of requirement to comply with the policy communicated.	July-18	JF/SR
3	8.8	Amber	Patient related information needs to be kept in one central location; this includes emails related to patient care.	Dec 18	VT

Appendix 2

CHILD PROTECTION TRAINING LEVEL 3 TRAINING NOVEMBER 2017 - JANUARY 2018

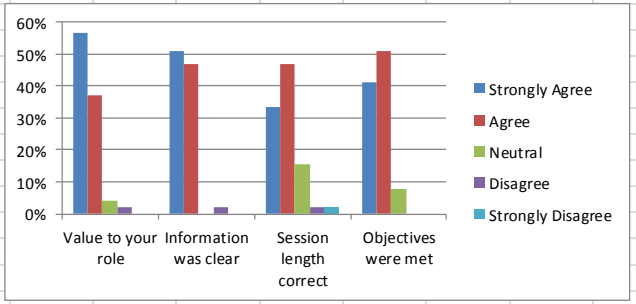
51 FORMS COMPLETED

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Value to your role	29	19	2	1	0	51
Information was clear	26	24	0	1	0	51
Session length correct	17	24	8	1	1	51
Objectives were met	21	26	4	0	0	51
TOTAL	93	93	14	3	1	204
	45.59%	45.59%	6.86%	1.47%	0.49%	100.00%



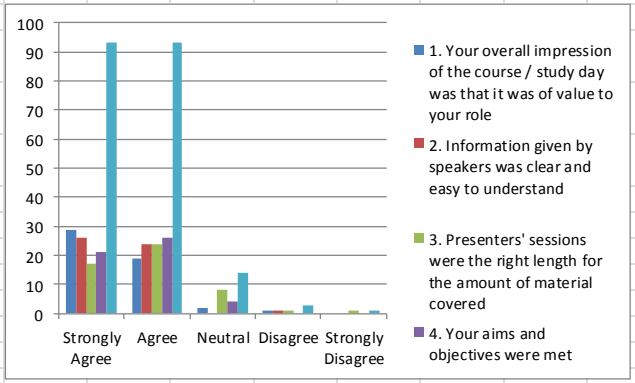
51 FORMS COMPLETED

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Value to your role	56.9%	37.3%	3.9%	2.0%	0.0%
Information was clear	51.0%	47.1%	0.0%	2.0%	0.0%
Session length correct	33.3%	47.1%	15.7%	2.0%	2.0%
Objectives were met	41.2%	51.0%	7.8%	0.0%	0.0%
TOTAL	45.6%	45.6%	6.9%	1.5%	0.5%



51 FORMS COMPLETED

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1. Your overall impression of the course / study day was that it was of value to your role	29	19	2	1	0	51
2. Information given by speakers was clear and easy to understand	26	24	0	1	0	51
3. Presenters' sessions were the right length for the amount of material covered	17	24	8	1	1	51
4. Your aims and objectives were met	21	26	4	0	0	51
TOTAL	93	93	14	3	1	204
	45.59%	45.59%	6.86%	1.47%	0.49%	100.00%



Western Sussex Hospitals NHS Foundation Trust

To: Trust Board

Date of Meeting: 25/10/2018 Agenda Item: 13

Title
Learning from Deaths
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.
Recommendation
The Board is asked to: Receive and discuss the progress toward implementation of the 'Learning from Deaths' 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 updates on 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 four 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.

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. A new national process for perinatal deaths has now been commenced and local processes changed to reflect the new central reporting process. An update will be provided to a future Trust Board as part of this report.

2.5. Maternal deaths will also follow an existing mandated process until further central guidance is received.

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 is also used to prioritise cases for SJR and all screening is reviewed to identify learning independent of the SJR process

Reviewers

3.4. Four 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. Further recruitment of an additional 2 reviewers is underway and will be complete by the end of October.

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.
The 4 reviewers have reached a level of practice where they are undertaking reviews independently and discuss cases with peers as necessary. The number of SJR's has therefore increased but is not yet at a level as stated in the Learning from Deaths policy.

3.6. Training has also been undertaken for relevant groups of nursing staff e.g. outreach teams in order for them to participate in the review process.

Involving Families and Carers

3.7. Central guidance was published in July 2018 and an action plan will be developed in response and reported with this paper to a subsequent Trust Board

3.8. 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. Number of Deaths Quarters 1-4

4.1 Table 1 shows the number of deaths across all specialities during 2017-18

Deaths Q2 2017 to Q1 2018					
	Deaths Q2 2017	Deaths Q3	Deaths Q4	Deaths Q1	Total deaths by category Q2 2017 TO Q1 2018
Adults (inpatient)	453	562	696	476	2187
Adults (A&E)	14	22	20	12	68
Adults (maternal)	0	0	1	0	1
Paediatrics (inpatient)	0	1	0	0	1
Paediatrics (A&E)	0	1	3	0	4
Total deaths by quarter 2017/18	467	586	720	488	2261

Other deaths in 2017/18					
	Deaths Jul-Sep 2017	Deaths Oct-Dec 2017	Deaths Jan-Mar 2018	Deaths April-Jun 2018	Total deaths 2017/18
Neonatal	3	0	3	0	6
Stillbirths	6	6	2	2	16

5. Screening and Structured Judgement Reviews

Table 2 provides the number of inpatient deaths, number of deaths screened and number of SJR's completed for quarters one to four.

Table 2: Screening and SJR reviews 12 months to

	Quarter 2 2017	Quarter 3 2017	Quarter 4 2017	Quarter 1 2018
Total number of deaths (adult inpatients only)	453	562	696*	476
Total number of deaths screened	397 (87.6%)	492 (87.5%)	525 (75.4%)	331 (69.5%)
Learning disabilities deaths**	4	2	7	1
Referred forSJR's NB: Referred by screening consultant or automatically if high risk category ticked on screening form	88 (19.4%)	118 (20.9%)	105 (15.1%)	64 (13.4%)
Total number of SJR's	25(5.5%)	44(7.8%)	101 (14.5%)	48 (10.1%)
Total number of cases requiring a second review	5	10	13	8
Number of deaths where the quality of care was judged more likely than not to have led to harm***	0	1	2	2

***The higher number of deaths and lower screening compliance is a likely result of the unprecedented winter pressures during Q4

******Only 2 of these cases have been subject to external LeDeR review at the time of this report. This is due to capacity issues within the external LeDeR programme. Of the 8 deaths reported in Q4 and Q1, all have had SJR's completed.

*******Deaths in this category are referred to the Serious Incident (SI) process for investigation. The NHSE states in the SI 'frequently asked questions: *'The fact that a death was due to a number of omissions and delays for example, rather than a single catastrophic error does not mean it does not count as a 'Serious Incident'. Deaths that were probably avoidable on the basis of retrospective case record review almost certainly meet Serious Incident criteria. It is acknowledged that typically, deaths of this kind will be reported at the point the avoidable death was identified rather than at the point where individual incident contributing to the death occurred'*

5.2 Structured Judgement Review – Q1 2018

Overall Care Score		**Learning Themes**	**Actions**
Excellent Care	12	Well documented early end of life decision making and ceiling of treatment discussions with families. Prompt recognition of and response to deteriorating patients	Feedback to relevant clinical teams
Good Care	21	Good management of delirium Multiple examples of good, well documented end of life decision making in collaboration with families	Feedback to relevant clinical teams

Adequate Care	7	Delay in detecting deteriorating kidney function over a weekend although this did not affect the patient wellbeing and outcome Delays to surgery that did not affect patient wellbeing or outcome Prolonged resuscitation at end of life Multiple admissions of a frail elderly patient from a nursing home at end of life	Raise at deteriorating patient group Feedback to end of life board and deteriorating patient group Raise at joint working group with CCG
Poor Care	6	Lack of, or late assessment of capacity Late recognition of AKI Lack of timely senior review Late recognition of end of life	Ensure the provision and uptake of mental capacity training for medical staff Refresh the AKI improvement work through the deteriorating patient group Feed into 7 day service work stream with reference to the implementation of standards 2: (14h consultant review following admission and standard 8: daily or twice daily consultant review for inpatients) Ongoing collaborative working with the End of Life Board with planned increase in palliative care consultant time on the Worthing site

Very Poor Care	*2	Late recognition of AKI. Prescription and administration of nephrotoxic medication in a patient with AKI Issues related to inter-specialty communication and handover between teams	Refresh of AKI improvement work through the deteriorating patient group. Further investigation in progress

*It was judged by reviewers that the quality of care was judged more likely than not to have led to harm.

5.3 **Capacity and Risk**

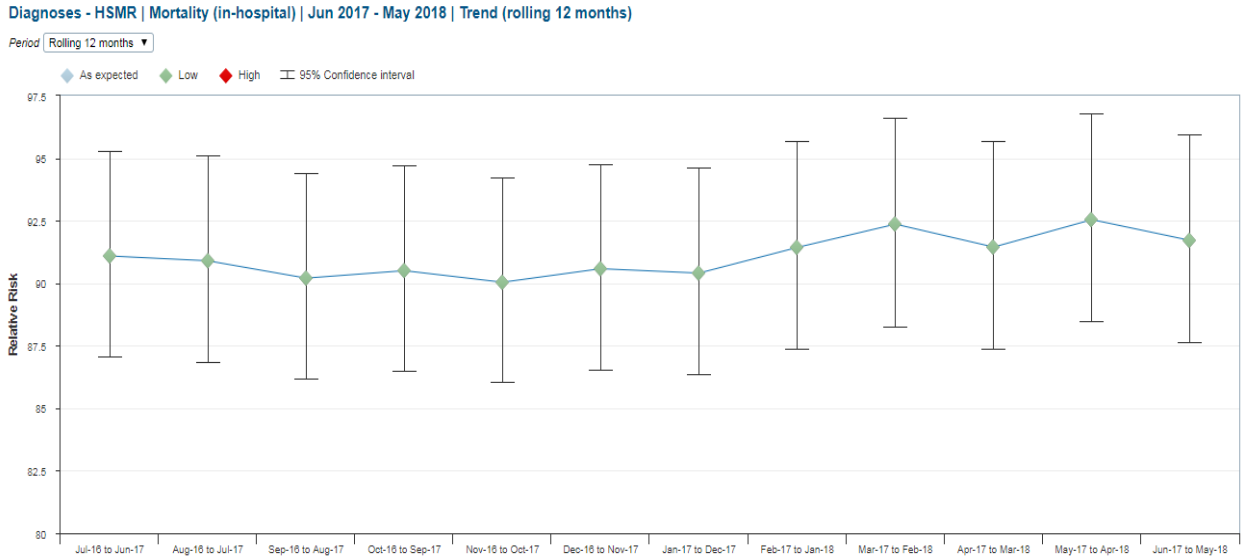
Current capacity to undertake SJR is not sufficient to meet targets described in policy. For Q4 a significant number of SJR's are outstanding at the time of this report. In the majority of cases it is not possible to assess the level of risk this may represent until the reviews are completed. This also results in delayed referral to the 'Serious Incident' process complicating investigation and more importantly impacting on families and carers if candour is triggered some time after death.

A business case for resources to support the process has now been agreed and a review of current methodology is underway. This will be influenced by the national introduction of the medical examiner role in 2019

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

6.1 The latest SHMI data made available by the Health and Social Care Information Centre is for the period to May 2017. The Trust value is 0.96% (where 1.00 is the national average), with the Trust banded as 'as expected'.

6.2 For the twelve months to May 2018 performance using HSMR is 91.7 (with 100 being the expected). There have been no mortality outliers reported for WSHFT from the CQC or the Dr Foster Unit at Imperial College



7.0 Summary

In accordance with 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 summarizes the learning identified to date.

7.1 Progress

7.1.1 A business case to increase capacity to undertake SJR's and improve the timeliness of reviews has been agreed. This includes administrative resources that will be used to performance manage the volume and timeliness of reviews. This will provide a trajectory for full and prompt A review of methodology is currently underway which includes the screening process, links to the serious incident process and future developments with the Medical Examiner role.

7.1.2 Full implementation of the updated NEWS2 early warning score to strengthen escalation processes in line with National guidance.

7.1.3 Guidance on working with bereaved families and carers has been reviewed and the approach and documentation for bereaved families adopted

7.1.5 Implementation of the electronic recording of SJR activity using 'Datix' is currently on hold pending system changes.

7.1.6 Continuation of the close working relationship with the End of Life Board to support strategy development. The learning from mortality reviews also feeds into joint priority programs with the clinical commissioning group and local GP's

7.1.7 Shared learning from the mortality review process is being shared through forums including governance meetings as well as The Curious Clinician and GP lunch Club. A joint

meeting with the CCG and other providers on the Learning from Deaths and managing the End of Life needs of patients in care and nursing homes is planned for early 2019

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.