

EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING IN PUBLIC

A meeting of East Sussex Healthcare NHS Trust Board will be held on
Tuesday, 4th February 2020 commencing at 09:30 in
Oak Room, Hastings Centre

AGENDA

AGENDA				Lead:	Time:
1.	1.1 Chair's opening remarks 1.2 Apologies for absence 1.3 Monthly award winners	A	Chair	0930 - 1025	
2.	Declarations of interests		Chair		
3.	Minutes of the Trust Board Meeting in public held on 3 rd December 2019	B			
4.	Matters Arising	C			
5.	Speak Up Guardian's Report	D	Ruth Agg		
6.	Board Committee Chair's Feedback		Committee Chairs		
7.	Board Assurance Framework	E	DCA		
8.	Chief Executive's Report	F	CEO		

QUALITY, SAFETY AND PERFORMANCE

					Time:
9.	Integrated Performance Report Month 9 (December) 1. Quality and Safety 2. Access, Delivery & Activity 3. Leadership and Culture 4. Finance	Assurance	G	DDN MD COO HRD DF	1025 - 1115

BREAK

STRATEGY

					Time:
10.	Annual plan and budget 2020/21	Assurance	H	DF	1130 - 1210
11.	Healthcare Infrastructure Programme 2	Information	I	DF	
12.	Acute Collaborative Network	Information	J	DS	

GOVERNANCE AND ASSURANCE

					Time:
13.	Quality Walks	Assurance	K	Chair	1210 -
14.	Board Sub Committee Minutes	Assurance	L	Chair	1215

ITEMS FOR INFORMATION

					Time:
15.	Use of Trust Seal		M	Chair	1215 -
16.	Questions from members of the public (15 minutes maximum)			Chair	1230
17.	Date of Next Meeting: Tuesday 7 th April, St Marks Church Hall, Green Lane, Bexhill-on-Sea, TN39 4BZ			Chair	

Chairman

Steve Phoenix

Key:	
Chair	Trust Chairman
CEO	Chief Executive
COO	Chief Operating Officer
DCA	Director of Corporate Affairs
DS	Director of Strategy
DF	Director of Finance
DDN	Deputy Director of Nursing
HRD	Director of Human Resources
MD	Medical Director

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Monthly Award Winners

Meeting information:			
Date of Meeting:	4 th February 2020	Agenda Item:	1.3
Meeting:	Trust Board	Reporting Officer:	Steve Phoenix

Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>

Has this paper considered: (Please tick)			
Key stakeholders:		Compliance with:	
Patients	<input type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

Summary:

NOVEMBER

November's winner was **Helen Peregrine**, Head Optometrist. Her nomination read:

When Helen was appointed Head Optometrist she had a mountain to climb. Staff shortages, demands for clinics where we had no clinicians had led to the general morale of the Optometry department being low.

Helen has managed (still without full staff levels) to increase clinic capacity across all sites, has successfully put a job plan in place to enable us to have a greater appeal for Pre-Reg Optometrists to be part of our team during their training.

She has also boosted morale within the department. I have worked here for over 23 years and I have to say that this is the happiest I have been at work for a number of those years, and it is all down to Helen's caring, diligent, commitment to the department and Trust.

Helen rarely has any administration time to achieve all this (due to her commitment to keeping clinics covered), so works into the evenings on many days to achieve the service that we as a department and Trust are proud of. We know that we have not reached the top of that 'Mountain', but myself and the Optometry team know that with Helen we have every chance of achieving the summit. We very proud of our 'Head' and wish her hard work and dedication to be acknowledged and recognised by the Trust.

DECEMBER

October's winner was **Simeon Beaumont**, EME Services Manager. His nomination read:

Sim does a lot of work for the Trust which goes under the radar and is unrecognised but not this time as he's just secured and collected from Maidstone Hospital 28 volumetric infusion pumps. 11 x 3 channel devices are destined for oncology (£4.5K each) and 17 x single channel devices (£2.7K each).

I can hear "how much has this cost the Trust", the answer is ABSOLUTELY NOTHING but if we had purchased this equipment the cost would be in the region of £110K.

I'm sure there are many staff in departments / wards across the Trust who are very grateful for this equipment so they, in turn, can look after and care for our patients.

Thank You Sim!

TRUST BOARD MEETING**Minutes of a meeting of the Trust Board held in public on
Tuesday, 3rd December 2019 at 09:30am
in the St Mary's Boardroom, EDGH.**

Present: Mr Steve Phoenix, Chairman
 Mr Barry Nealon, Vice Chairman
 Mrs Jackie Churchward-Cardiff, Non-Executive Director
 Mrs Miranda Kavanagh, Non-Executive Director
 Mrs Karen Manson, Non-Executive Director
 Mrs Nicola Webber, Non-Executive Director
 Mr Paresh Patel, Associate Non-Executive Director
 Ms Carys Williams, Associate Non-Executive Director
 Dr Adrian Bull, Chief Executive
 Mrs Joe Chadwick-Bell, Deputy Chief Executive
 Mrs Catherine Ashton, Director of Strategy, Improvement & Planning
 Ms Vikki Carruth, Director of Nursing
 Ms Monica Green, Director of Human Resources
 Mr Jonathan Reid, Director of Finance
 Dr David Walker, Medical Director
 Mrs Lynette Wells, Director of Corporate Affairs

In attendance:
 Angela Ambler, Next NED Programme
 Mr Peter Palmer, Assistant Company Secretary (minutes)

097/2019 **Welcome**

1. Chair's Opening Remarks
 Mr Phoenix welcomed everyone to the meeting of the Trust Board held in public. He noted that the organisation was operating under purdah.
2. Apologies for Absence
 Mr Phoenix advised that apologies for absence had been received from:

 Miss Janice Humber, Staff Side Chair
3. Monthly Award Winners
 Mr Phoenix reported that the monthly award winner for September's had been Teresa Dann, Matron of the Irvine Unit in Bexhill. October's winner was Elizabeth Jorden, Assistant Quality Manager in the Hospital Sterilisation and Disinfection Unit (HSDU) at Eastbourne.

098/2019 **Declarations of Interest**

In accordance with the Trust's Standing Orders that directors should formally disclose any interests in items of business at the meeting, the Chairman noted that no potential conflicts of interest had been declared.

099/2019 **Minutes**

The minutes of the Trust Board meeting held on 1st October 2019 were considered and three minor amendments were noted. They were otherwise agreed as an accurate record. The minutes were signed by the Chairman and would be lodged in the Register of Minutes.

100/2019 **Matters Arising**

No matters arising were noted.

101/2019 **Board Committees' Feedback**

1. Audit Committee

Mrs Webber reported that the Audit Committee had met on 28th November 2019. The Board Assurance Framework (BAF) had been discussed with increased assurance received about follow up appointments and the accountability framework. A review of Trust corporate governance documents had been undertaken and recommended minor updates would be presented to the Board later in the meeting.

A paper on cybersecurity within the Trust had been received, with the main risk identified as maintaining patches on computers throughout the Trust. Two additional members of staff had been recruited to the cybersecurity team to help address this. Mrs Webber noted that Damian Paton had left his role as lead for cybersecurity for the Trust, and thanked him for his hard work. A new member of staff had been recruited and assurance had been received about plans to manage the changeover period.

The Trust had achieved full compliance with NHSE/I core Emergency Preparedness, Resilience and Response (EPRR) standards, an excellent achievement. Business continuity plans had been discussed with assurance received from A&E consultants about how gaps in plans were being addressed.

Three national audits had been discussed in detail, with assurance received about how these would be completed. The National Diabetes Audit had been discussed by the Quality and Safety (Q&S) Committee and would be monitored through this forum.

Internal audit had presented a final report on the Trust's Cost Improvement Programmes (CIPs), giving reasonable assurance. An audit of business cases had given limited assurance, and the main issue identified concerned the documentation of the business case process rather than the process itself.

2. Finance and Investment Committee

Mr Nealon reported that the Finance and Investment (F&I) Committee had met on 28th November 2019. He reported that the Trust remained on target at the end of month seven to meet its target of a £34m deficit for the year. If the Trust continued to meet financial targets then it would accrue additional STF funding amounting to £24m for 2018/19, leaving a final deficit of £10m for the year. £17m worth of CIPs had been identified with a further £3m being identified prior to the end of the financial year. The Committee had discussed concerns about non-recurrent CIPs, along with concerns about ensuring that cost pressures

caused by increasing patient numbers did not affect the quality of care given.

A number of successful bids for additional capital for the Trust had recently been made, which would help to address issues of aging estate and the equipment backlog.

The system-wide budget remained on plan and the Committee was reasonably assured that both Trust and system financial targets would be met. Mr Nealon explained that discussions about the financial performance of the Trust in 2020/21 had been discussed, with an ambition of breaking even once STF funding had been allocated. This would be an extraordinary achievement for the organisation.

Mr Phoenix noted that he had recently attended a meeting for regional chairs and that the Trust and system had been praised for the progress that was being made.

3. People and Organisational Development Committee

Mrs Kavanagh reported that the People and Organisational Development (POD) Committee had met on 21st November 2019. Reports presented to the Committee included an employee relations report, detailing disciplinary proceedings during the previous six months within the organisation. Recast figures from the recent WRES report had indicated that BAME staff were 1.06 times more likely to be subject to disciplinary proceedings, and POD had requested more detailed information.

Mr Phoenix asked about the reason for the change in WRES data and Mrs Kavanagh explained that the data had been recast in order to bring the Trust in line with other organisations. Dr Bull explained that even though the figure had reduced following recasting, it remained of concern. Analysis of all disciplinary cases in Trust would be presented to Executives in a quarterly basis to ensure that it was monitored. Miss Green noted that the figure reflected a very small number of annual cases, at around 15.

The implementation of the Agenda for Change pay structure was discussed. The main change was that staff would remain on a pay point for a number of years rather than receiving annual increments. The Committee felt that it was important that this change was appropriately communicated to staff.

Mrs Kavanagh reported that an update on the GMC survey action plan had been received. The recent survey of junior doctors had seen 40 red flags and a lot of work was being undertaken to address the issues raised. She noted that a new director of medical education would be starting shortly who would be leading the Trust's response.

Other matters discussed included behaviour and accountability frameworks and the Guardian of Safe Working Hours report. Mrs Kavanagh reported that the Trust had been invited by NHSI to participate in a cultural audit focussing on three key areas of change, behaviour and concerns. This would take over two years to complete.

Mrs Chadwick-Bell asked what the cultural review would entail. Miss Green explained that it would look at recent interventions taken by the Trust to improve culture, the impact they had had and how they could be measured. The Trust was one of very few with recent improvements in staff survey results, so being asked to participate by NHSI was a positive step for the organisation.

4. Quality and Safety Committee

Mrs Manson reported that the Quality and Safety (Q&S) Committee had met on 21st November 2019. The Excellence in Care Programme had been reviewed and was found to be progressing extremely well. As this was introduced throughout the Trust it would allow staff on wards to review information electronically. Initial feedback from users had been good and Mrs Manson commended the digital team for the significant work they had undertaken on the project.

Duty of Candour had been discussed, with clinical staff giving strong assurance about the conversations that were taking place. Gaps in documentation of these conversations remained and the importance of recording conversations, both in notes and on Datix, was emphasised. A number of medical colleagues were found not to have Datix access, or were unsure how to use it, and this would be addressed to ensure that the process was both easy and accessible for all clinical staff.

Mrs Manson reported that the Committee had received an interim report on the investigation into the recent cluster of Never Events from the Clinical Practice Review Group. The group had a membership of about 20, with broad representation from the Trust and independent representation from CCG. The Committee had been encouraged to hear how open and responsive those involved in the Never Events had been, and a final report was due to be produced in the new year. Dr Walker noted that no harm had come to patients in any of the Never Events.

A brief update on the Trust's winter plan had been presented, highlighting the risk of winter pressures to bed capacity. The Trust was working closely with colleagues across the system to mitigate this issue. The Committee was assured about the plans being made by the Trust to manage winter pressures.

The Board noted the Committee Reports.

102/2019 **Board Assurance Framework**

Mrs Wells presented the BAF, advising that it had been reviewed by the Q&S and Audit Committees, along with the high level risk register. She reported that there were two areas where assurance had increased:

- 2.1.3 – Follow Up Appointments. Controls continued to be strengthened. There was no software available to manage this process, but there was confidence that the process now in place was effective. Internal audit had been asked to review the process to ensure that this was the case and it was agreed that this remain on the BAF until this assurance had been received.
- 2.2.1 - Accountability Framework. Actions continued to be progressed and would be monitored by the POD Committee. Mrs Wells recommended that this item be removed from the BAF as excellent progress had been made, with all aspects rated either green or amber.

Mrs Wells also recommended that the rating for these two areas be changed to green. She noted that one area of the BAF, relating to capital constraints, continued to be rated red.

The Board agreed to the proposed changes.

103/2019

Chief Executive's Report

Dr Bull reported that the Trust had completed a refresh of medical leadership with some leads being reappointed alongside some new leaders. Mark Whitehead would be starting as Director of Medical Education on 1st January.

Bed state management systems were being introduced into the Trust along with an Integrated Discharge Team comprising staff from both social services and healthcare. New working practices, including reorganised teams and referrals for packages of care were being embedded and would enable integrated teams to effectively manage the discharge of patients.

Dr Bull explained that following a Health and Safety Executive (HSE) inspection of the Trust, concerns were flagged about definitions and reporting of violence and aggression because the Trust's policies did not consider unintentional violence and aggression from patients. The health and safety team had worked hard to address this and had received notification that the HSE were satisfied with the Trust response. Listening into Action groups had been held with frontline staff and had revealed that staff in some areas expected to be abused on a daily basis. The Trust would work hard to address the issue.

The Trust's vacancy rate remained below national NHS vacancy rates, aided by recruitment of staff from abroad. 40 nursing staff from India had started working for the Trust, with a small cohort of radiographers from the Philippines due to start shortly. Staffing continued to be one of the biggest challenges for the organisation.

Dr Bull reported that the Trust was part way through an inspection by the CQC. They had visited a number of areas and services in October and would return to review how well led the organisation was in December. A report containing interim feedback from the October visit was included in the Board papers and the final report was expected in draft form at the end of January, with final publication anticipated in February 2020.

Three bids had been approved for additional capital for emergency backlog equipment and some improvements to the Trust's estate. Bids would continue to be submitted for additional funding from the healthcare investment programme as opportunities arose. The additional funding received included capital to be spent on digital initiatives, including a full assessment of digital requirements in emergency departments, with the ambition of introducing a single package of software for A&E.

Dr Bull reported that the first cohort of staff undertaking the Trust's Quality Service Improvement and Redesign Programme had graduated. The Quality Improvement work being undertaken within the Trust, alongside training offered to all staff, would change the way that continuous improvement was approached within the organisation.

Mrs Churchward-Cardiff asked about the cluster of Never Events, querying whether the balance of productivity and safety had been considered. Dr Walker explained that safety was always prioritised, and productivity hadn't been a factor in any of the Never Events. Distractions had been a contributory factor.

Mrs Churchward-Cardiff asked whether it was anticipated that the Urgent Treatment Centre (UTC) would have a positive effect on A&E performance when it opened. Mrs Chadwick-Bell explained that improvements were

expected but would take time to be realised. Dedicated UTC staff were being recruited, an IT system was being introduced and inclusion criteria for the UTC were being updated which would all have a positive impact on performance.

Mrs Kavanagh asked whether more could be done to improve staff retention. Miss Green explained that the Trust undertook a number of activities to improve retention, including carrying out stay interviews with staff, discussing career progression at appraisals, running development programmes for staff, and talent management, succession planning and high potential programmes. Dr Bull noted that a large proportion of staff leaving the Trust did so for understandable reasons such as retirement. Work was being undertaken to identify whether increasing flexible working, and bringing staff back on a part time basis after retirement could help with retention. Mrs Carruth noted the importance that the Trust placed on the wellbeing of staff.

Mrs Churchward-Cardiff asked whether Health Roster could help to offer staff more flexible working. Mrs Carruth explained that the Trust had recently offered staff more options for flexible working, including a mixture of long and short days, but that the uptake for this had not been as high as expected. Dr Bull noted that staff could book their own shifts using Health Roster, and the Trust would continue to look at opportunities to improve both rostering and the work-life balance for staff.

104/2019 **QUALITY, SAFETY AND PERFORMANCE**

Integrated Performance Report Month 7 (October)

1. Quality & Safety

Mrs Carruth reported that the rate of falls within the Trust had remained relatively stable. Two falls resulting in fracture had occurred in October, and these were subject to Root Cause Analysis. A recent slight increased trend in Serious Incidents (SIs) was being closely monitored. Numbers of incidents being reported had also increased; this was being monitored but also demonstrated the positive reporting culture within the organisation. An increase in category two damage from pressure ulcers was being investigated, and a deep dive had found no specific themes or trends. Plans had been instigated to reduce pressure ulcer rates and the Trust would benchmark against other organisations to identify how the issue was being managed elsewhere in the NHS.

Responses to Friends and Family Tests (FFT) had remained steady. Changes were planned to how FFT responses were collected, and progress would be reported to the Q&S Committee. A slight rise in the rate of complaints had been seen since April, although this had reduced in October, with no specific trends identified.

Overall workforce fill rates remained relatively static at 85% of registered staff, supported by an over-establishment of unregistered staff. Escalation capacity remained open, causing pressure on the workforce and this was likely to be exacerbated as winter pressures increased. Mrs Carruth thanked staff for their hard work, as hospitals had recently been incredibly busy. Senior staff were working hard to support clinical staff, but this was an area of significant pressure for the organisation.

Dr Walker noted that the submission of mortality data for the Summary Hospital-level Mortality Indicator (SHMI) had been discussed at the previous

meeting. The SHMI remained inaccurate, and it was anticipated that a complete refresh of data would take place in January, leading to accurate reporting. Internal estimates of the Trust's SHMI was that it was 0.95. A slight increase had been seen since the Sepsis Group had been stood down; this would be monitored closely.

Mrs Kavanagh asked about the 5% difference between reported near misses and no harm patient safety incidents between the Trust and national average. Mrs Carruth explained that reports of near misses and no harm incidents indicated a positive reporting culture, demonstrating that staff were confident in reporting these incidents.

Mrs Kavanagh asked about the increased rates of SIs being reported and Mrs Carruth explained that rates of SIs tended to fluctuate over time, but had increased in recent months and were being closely monitored. She explained that not all incidents were reported in the month that they occurred, but that reporting meant that trends and patterns could be identified. Mrs Kavanagh asked whether it was thought that there was any underreporting of SIs and Dr Walker noted that it was very rare that an incident was found to have occurred that had not been reported. The reporting culture in the Trust had changed over the last three years with issues discussed in a transparent manner when they occurred.

Mrs Churchward-Cardiff asked about why Venous Thromboembolism (VTE) compliance was reducing. Dr Walker explained that this was a result of pressure on the medical division; ward clerks entered compliance data and sickness and job vacancies had contributed to the reduction. Plans for addressing the issue were being made.

Mrs Churchward-Cardiff noted that two of the seven SIs reported in October related to caesarean sections and asked whether this was being investigated. Mrs Carruth explained that if a possible trend was identified, it would be investigated and reported to the Patient Safety Group.

Mrs Webber asked whether a holistic review of the cluster of Never Events and increase in SIs had been undertaken, explaining the importance of considering these as a whole as well as individual events. Mrs Carruth explained that these were not considered in isolation and a number of measures were used to analyse data to ensure that issues were identified as early as possible, noting that this was reported to the Q&S Committee. Excellence in Care ensured that quality data was considered alongside other pertinent information, including workforce data.

Dr Walker explained that it was clear that the Trust was busier than ever before, with no quiet period during the summer. Quality metrics were being closely monitored to identify whether this prolonged pressure was having an effect, but at present no overarching issues had been identified. Mrs Webber explained that the responses provided by Executives had provided assurance about the review process.

Mrs Churchward-Cardiff noted that the Trust's performance had greatly improved in recent years, asking if there was concern that increased activity levels would make sustaining this performance challenging. Dr Bull explained that staffing would be key to maintaining performance, noting that staffing expenditure had been maintained in recent years. Quality issues were triangulated with staffing levels and support had been received from the CCG in

order to meet increased demand in A&E. Further investment in staffing levels in community services and in urgent care was being considered, as it was crucial to have registered, properly trained, permanent staff in sufficient numbers to ensure patient safety.

Ms Ashton explained that quality and safety was a standing item on the agenda of every Executive team meeting. Quality, Safety and Improvement (QSI) methodologies were used to ensure that issues in the organisation were identified and addressed as early as possible.

Mrs Manson noted the challenge of maintaining sight of the bigger picture while focussing on specific data. She explained that a recent presentation on Excellence in Care, which used real time data, to the Q&S Committee had been very interesting and would offer opportunities to analyse information more quickly.

2. Access and Delivery

Mrs Chadwick-Bell reported that there had been a recent suspected Ebola case at the Conquest. This had been well managed and had transpired to not be Ebola. The response to the incident had been undertaken in an interagency manner, with no impact on the wider organisation and a good outcome for the patient. The Trust had also been put on major incident standby as a result of a serious fire in Eastbourne. She advised that the Trust's Emergency Response team had just won an award for interagency working, and thanked them for their fantastic work over the last couple of years in ensuring the Trust was prepared for incidents.

Urgent care performance had recently declined, but performance continued to be better than many other Trusts. The key reason for the reduced performance was increased demand, up by 12.8% in October against an anticipated increase of 6%. This was causing issues with staffing levels in A&E departments, exacerbated by seven members of staff at Conquest being on maternity leave. Four new A&E doctors had started at Conquest and two middle grades were due to start at Eastbourne, but vacancies remained.

Mrs Chadwick-Bell explained that both A&E departments were working at capacity, and were not designed for the numbers of patients who were attending. Ambulance conveyances had increased by 9.5% in the year to date compared to the previous year, and by 14% in October. A number of System transformation plans were in place, including the Ambulatory Care Unit which was opening at the Conquest in December and would increase patient flow. Further analysis of capacity and demand would be undertaken assuming further growth in 2020, allowing the Trust to plan appropriately for further growth in demand.

All acute hospital capacity remained open and community capacity would be fully opened during the winter months. Targets for same day community care and long length of stay were being exceeded and patient length of stay continued to reduce and remained below target. This was still insufficient to manage the number of patients attending hospital, and a three year bed plan was being developed looking at how this could be addressed in the medium term.

Referral to Treatment (RTT) performance was being maintained. Cancer performance was being prioritised, but diagnostic performance was a limiting factor and was very reliant on locum doctors. The cancer team was being

restructured to make roles and responsibilities within it clearer. The access policy was being updated and agreed with the CCG and it was hoped that making small changes in a number of areas would allow marginal improvements to be realised.

62 day cancer performance in October was around 78%, representing a 12% improvement from the same period in 2018. A refreshed recovery plan had been produced and governance arrangements had been updated with the CCG to provide a system wide response to cancer performance. The quality of referrals being received was crucial in allowing appropriate fast tracking of patients.

Mr Phoenix explained that the issue of 62 day cancer performance was one of the first that had been discussed by the Board after he joined the Trust ten months before. The Trust's performance, even when not meeting targets, was generally excellent but he was frustrated that the 62 day target had not been met. He noted that patients would continue to attend hospital and plans needed to be made to meet this demand, ensuring that the correct capacity was in place now and planned for in the future.

Dr Bull agreed, explaining that improvements did continue to be made. The trajectory for the 62 day target was much improved from two years before and the reorganisation that would be taking place should see further improvement.

Mrs Churchward-Cardiff noted that some aspects of cancer performance were limited by services working at capacity. She asked what step change was required, and what resources would be needed, in order for targets to be met. Dr Walker explained that resources, particularly consultants, were not always available. The Trust was trying to appoint to vacancies, but there was a national shortage. All patients who breached the 62 day target were assessed; no harm had been found for any patient as a result of a breach.

Mrs Webber noted that there was a degree of volatility to the cancer data that was being presented to the Board and Mrs Chadwick-Bell explained that this was a result of the very small number of patients seen for screening. There tended to be an increase in demand following holiday periods, and having a limited number of consultants did not allow the service to flex in order to meet demand. Mrs Webber asked whether year-on-year trends and long term trends could be presented to the Board to highlight issues that sat behind the data being presented and Mrs Chadwick-Bell agreed to present a separate paper to the Board in the future, highlighting these issues.

JCB

Mrs Kavanagh asked how other Trusts were meeting the cancer targets and Mrs Chadwick-Bell explained that a number of factors, including staffing levels, agreements with local authorities and access policies would all impact on performance. The Trust was agreeing an access policy with the CCG, had enhanced medical leadership and maintained oversight of individual patients. Aspects from other organisations that would most benefit the Trust would be utilised, but every system and local population was different so pathways could not just be copied from one Trust to another.

Mrs Manson noted that demand was likely to grow in the future due to local patient demographics. She asked whether systemwide discussions were taking place about how to meet this demand. Mrs Chadwick-Bell reported that the system had acute provider networks, where Sussex-wide responses to issues were developed. Dr Bull explained that the Trust was also looking to strengthen

the support that was received from the Cancer Alliance which encompassed both Surrey and Sussex.

Ms Williams asked whether a documented recovery plan for meeting the 62 day target had been developed. Mrs Chadwick-Bell confirmed that this had been completed, and Mrs Wells noted that it was reviewed by the Q&S Committee. Ms Williams asked whether there were any significant decisions that needed to be made in order to realise improvements. Mrs Chadwick-Bell explained that key decisions would need to be made about patient engagement, but that the biggest issue was workforce capacity.

Ms Ashton reported that conversations were taking place both locally and nationally about how patients could be triaged for cancer prior to coming to hospital. This would ensure that only patients with cancer attended hospital. Methods of improving patient pathways and reducing demand were being developed by using innovative methods and technology.

Mr Phoenix thanked Mrs Chadwick-Bell for her leadership in trying to improve performance and meet the 62 day target.

3. Leadership and Culture

Miss Green reported that workforce spending had reduced during the year; the workforce was under establishment, but costs had increased due to spending on temporary workforce. Overall spending on temporary workforce had reduced during the year and accounted for around 10% of the total workforce spend. The Trust was increasingly using bank staff rather than agency staff which improved patient safety and reduced costs.

The Trust's vacancy rate had increased to 10.5%, partially as a result in an increased establishment. Turnover for October was 10.4%, with the highest rate found amongst Allied Health Professionals, in line with national trends. Monthly sickness within the Trust remained fairly static, in line with the previous year. Sickness relating to anxiety and stress had improved following targeted work. Appraisal rates remained below plan, and actions were being developed to improve this. A new system of pay progression related to the completion of appraisals was being introduced, which expected to increase appraisal rates.

Mrs Kavanagh noted that a fifth of staff sickness was due to anxiety or stress and asked if there was concern about this. Miss Green confirmed that there was concern; the issue had been targeted by increasing stress awareness, staff resilience and using stress impact assessments in areas of concern. A mental health nurse had been employed within the occupational health team who would help staff with both in and out of work issues. A helpline for staff had been introduced, which had received good feedback. Dr Bull noted that a review of staff stress data had shown that a large proportion was due to out of work factors. It nonetheless remained a key area of concern for the organisation.

4. Finance

Mr Reid reported that the Trust had built up financial reserves during the first half of 2019/20 which would be deployed as required during the second part of the year. There had been system recognition that the level of activity seen by the Trust was significantly above agreed levels and additional funding of £2.5m had been agreed with the CCG as a result.

The Trust was aiming to end the year with a monthly deficit of £2m. Mr Reid

reported that good progress was being made towards this target, with the monthly deficit in October at £2.2m. Agency spending in the Trust was under plan, with income slightly ahead of plan. Operating costs were behind plan, driven by increased workforce costs. Workforce plans would be rebalanced for 2020/21 to ensure that they were achievable.

CIPs remained on target for the year, although a number of the identified savings were non-recurrent. Work was taking place to ensure that all of the Trust's allotted capital would be appropriately spent by the end of the financial year, with additional capital funding having been received due to recent successful bids. An identified residual risk to the annual financial plans of between £3.5m and £4m was being reviewed by the F&I Committee. Plans for delivering this in a sustainable manner were being developed.

Mr Nealon asked whether the Trust would lose any capital not spent in the financial year. Mr Reid explained that the Trust had to meet a capital resource limit, so spending all of the allotted capital was important. Most of the planned high value purchases for the year had been completed, and a focus would now be on smaller value items. He explained that no items were due to be purchased that would require Board approval prior to the end of the financial year, noting that an accelerated process of Board approval would be enacted if required.

The Board noted the IPR Report for Month 7

105/2019

Learning from Deaths Quarter 1

Dr Walker reported that the learning from deaths review group comprised both nursing and medical staff who reviewed all deaths in the organisation.

Dr Walker noted that there were often a number of factors that might contribute to a death and as a result the absolute numbers where avoidability could be assigned were relatively low. He explained that he was assured about the process of assessment within the organisation.

Mr Nealon asked about sepsis performance and Dr Walker reported that this had declined slightly over the previous two months since the Sepsis Group had been stood down. This was being closely monitored, and the Trust's performance remained better than the national average.

STRATEGY

106/2019

East Sussex Place Based Response to the Long Term Plan

Ms Ashton reported that an early version of the report had already been discussed by the Board, as well as by the F&I Committee. The Trust had been closely involved in shaping the high level Sussex system plan, which had been submitted to NHSE for approval. Mr Phoenix noted that the plan would continue to evolve as conversations with NHSI and NHSE progressed. Ms Ashton added that it was important that the system and Trust plans were closely aligned.

Mrs Churchward-Cardiff explained that primary care networks would play a pivotal role in the system and noted concern about the difficulty of recruiting GPs in the region. She noted that the plan did not contain a lot of detail about how this issue would be addressed. Ms Ashton advised that she had met with primary care directors in the last week who had been very keen to align primary care and the Trust's strategies. A plan would be developed based on this.

GOVERNANCE AND ASSURANCE

107/2019 **CQC Inspection**

Mrs Wells presented an overview and summary of the recent inspection and of the informal feedback received by the Trust from the CQC. She explained that the CQC had encouraged the Trust to discuss this in public. She advised that inspectors had not visited all areas of the organisation, as they now had smaller inspection teams, and had therefore taken a focussed approach to inspection. The areas that had been inspected had not been subject to inspection for some time.

The Trust would undergo a well-led inspection the following week, which was conducted largely through interviews with senior leaders. A draft report was expected at the end of January which would be reviewed by the Trust for accuracy. The final report was expected to be published by the end of February. Initial feedback from the CQC had been very positive. Concerns had been raised by the CQC about aspects of care for children and young people and additional information had been provided to the CQC.

The Board noted the feedback from the CQC's inspection.

108/2019 **Winter Flu Self-Assessment**

Miss Green updated the Board on the Trust's winter flu campaign. She explained that a target had been set of vaccinating 80% of front line staff. There had been problems with supplies of the vaccine which may have resulted in staff getting jabs elsewhere. Trust initiatives included peer flu vaccinations, vaccines in the workplace and an active campaign to encourage staff to have the vaccination. By Mid-November, 59% of frontline staff had been vaccinated which was comparable to the same time in 2018. The programme would continue until February 2020.

109/2019 **Equality Delivery System 2**

Mrs Wells presented the paper, explaining that the Equality Delivery System 2 (EDS2) supported the organisation in meeting its equality obligations. EDS2 had four goals, with a mix of staff and patient focussed areas. 18 objectives sat underneath the four main goals.

Four of the 18 requirements were being fully delivered by the Trust, 13 partially delivered and one, concerning the gender pay gap, was not being delivered. This was subject to annual review. The gender pay gap was a result of senior clinicians and their variation in pay relating to clinical excellence awards. Dr Walker explained that the variation existed because historically there had been more male than female consultants. The gap was reducing as clinicians got older and retired. Excluding consultants, the Trust's gender pay gap favoured women. Mr Phoenix noted that all NHS organisations had the same issue.

The report was endorsed by the Board.

110/2019 **Review of Corporate Documents**

Mrs Wells report that the corporate documents had been reviewed the previous week by the Audit Committee who had recommended a number of minor changes.

The Board ratified the proposed changes to the Trust's Corporate Documents.

111/2019 **Quality Walks**
The Board noted the quality walks that had been undertaken between September and October 2019. Mr Phoenix reported that work was being undertaken to change the format of quality walks.

112/2019 **Board Subcommittee Minutes**
The following sub-committee minutes were reviewed and noted:

- Audit Committee, 1st August 2019

The Minutes were received by the Board

113/2019 **Trust Board Meetings Dates 2020**
The Board noted the meeting dates for 2020.

114/2019 **Use of Trust Seal**
There was one use of the Trust Seal was reported on 21st November 2019 for an agreement for the provision of homecare medicine services with Alcura UK Limited for a period of two years.

115/2019 **Questions from Members of the Public**

Public Transport

Mr Hardwick asked if there was any update on a possible direct transport link between Eastbourne DGH and the Conquest. Dr Bull reported that discussions with Stagecoach had taken place; Stagecoach had proposed that a new bus route could run from Hastings town centre to the Eastbourne DGH, and from Eastbourne town centre to the Conquest. They had requested that the Trust underwrite this new route for three years but the Trust was unable to underwrite a private company. Dr Bull noted that there was support for a new route from both the public and members of staff and hoped that a resolution could be found.

Abbreviations

Mr Hardwick asked whether it would be possible to produce a glossary of abbreviations used within Board papers. Mr Phoenix commented that he had worked within healthcare for 41 year and still didn't understand all the abbreviations that were used. A glossary would be developed.

PP

Eastbourne Fire

Mrs Walke noted that she had been pleased to hear about the Trust's response to the major fire in Eastbourne which had demonstrated the Trust's preparedness for emergencies. She suggested that a story could be put into a local paper to highlight this.

Near Misses

Mrs Walke explained that she was concerned about the number of near misses being reported. She took assurance from the transparency of the Board in talking about them in public.

Maternity Protocols

Mrs Walke asked if she could meet with Mrs Carruth to discuss protocols for women being transferred from the Maternity Led Unit (MLU) in Eastbourne to the Conquest Hospital, and then returning. She explained that women had reported that they had found returning to the MLU difficult. Mrs Carruth

explained that she was not aware of any issues concerning the ability of women accessing the MLU and would be happy to meet to discuss the matter.

Car Park Charges

Mrs Walke noted that the hospital's car park charges were more expensive than those on Eastbourne sea front, and asked that this was addressed. Dr Bull explained that charges were required on both sites in order to manage the car parks; if the charges were reduced, the public would be more likely to drive, exacerbating the congestion in car parks. He noted that the fees had last been increased 15 months before, and that there was no current intention of increasing fees. He explained that the first half hour of parking was free, to allow for dropping off and picking up, and noted that those who needed to attend the hospital regularly could get concessionary rates for parking. These were detailed on the Trust's website.

Maternity Services

Mrs Walke asked whether the Trust's long term plan might see the return of consultant led maternity services to Eastbourne DGH, reiterating her previous offer of raising capital to build an MLU on the edge of Eastbourne. She explained that she would like to see other services return to Eastbourne as well, noting that elderly patients from Eastbourne could feel isolated when they were treated as inpatients in Hastings as they were less likely to be visited.

Discharge Plans

Mr Campbell asked whether discharge plans provided by the Trust gave sufficient guidance to carers and relatives who may be involved in the discharge. Mrs Chadwick-Bell explained that she would expect clear plans for advice and guidance on discharge. The type of information provided would depend on the type of discharge.

Mrs Carruth noted that discharge was discussed at regular focus groups held with patients. Issues raised included not expecting to be discharged and lack of clarity in discharge documentation and both discharge planning and the information provided to patients on discharge were being reviewed. Patient information booklets had recently been discharged to provide more detailed information on discharge.

Dr Bull reported that the Trust had recently launched My Health Record, as web-based facility for patients that would, in due course, include all relevant information for patients including discharge plans. Several thousand patients had already registered for the service.

Accounts

Mr Campbell asked for greater detail about some of the financial matters reported in the Board papers. Mr Reid explained some aspects, noting that the Trust's full accounts provided greater detail, and were subject to annual external audit. Mr Campbell suggested that notes could be added to the Board papers in the future to provide greater clarity.

UTC

Mr Campbell asked whether the opening of the UTC had the potential to increase the number of patients attending the Trust. Mrs Chadwick-Bell agreed that it was possible, although not expected to happen during 2019/20. She explained that from April 2020 the larger urgent care system would begin to change, including bookable appointments via 111 instead of GP out of hours services. The Trust would plan for these changes, ensuring that the appropriate

workforce was in place to meet increased demand. If walk in centres closed then this could also see an increase in patients.

116/2019 **Date of Next Public Meeting**
Tuesday 3rd December, St Mary’s Boardroom, EDGH

Signed

Position

Date

Questions from the public

1. Page 96 of 242, Expenditure and Workforce Summary – Month 7 under the heading Other for the year to date there is an expenditure of £941K versus a budget of £ (5,859)K. The Forecast outturn for the Year End is £13, 494)K. What is the source of this significant FOT Credit and has it been verified?

The Trust has maintained the forecast at plan for each of the individual lines on the Board report, and is anticipating updating the forecast lines after Month 9. The full year forecast is for delivery of the Trust plan, but with a significant pay overspend against budget, mitigated by an increase in income, the carry-forward of planned prior year reserves, and an underspend in non-pay. This forecast is reviewed in the Trust Finance and Investment Committee, and was formally evaluated in month 6.

2. Page 100 of 242 Statement of Financial Position – Period 7 contains headings that are relative to those that appear on a Balance Sheet but the presentation of information on the page does not clearly define the two sides of a balance sheet. If the page is not intended to represent a Balance Sheet then what is the information supposed to tell the reader?

The Trust has been reviewing different methods of providing summarised information about the financial position of the organisation as at the monthly balance sheet date. This remains under review, and this feedback is helpful. We anticipate replacing our statement with the additional lines from the traditional IFRS-compliant, Statement of Financial Position at Month 9 in line with the broader refresh of the report.

3. Page 100 of 242 Statement of Financial Position – Period 7 contains no explanation for the following year to date variances:
 - 3.1 Property, Plant and Equipment what assets, value £5k, are to be acquired before the financial year end?
 - 3.2 Trade and Other Payable are significantly in excess of plan yet will be reduced by £25.4K by the year end. How will the reduction be financed?

As with Question 1, we are continuing to reflect the plan as forecast for the Trust Statement of Financial Position at Period 7, with a view to the full refresh of the Board report, including forecast, at Month 9. The Finance Committee has reviewed the variance between trade and other payable against plan, and continues to monitor this closely – noting that the Trust continues to have a significant cash values on a monthly basis.

4. It is my understanding that the Integrated Care Systems that are to be derived from the Response to the Long Term Plan will be rolled out from the centre by NHSE/I and that this means that local variation in population demographic and healthcare needs may suffer as a result of this centralised planning exercise. Is this correct?

No. Indeed an explicit feature of the five year plan that our Sussex Integrated Care System has published is to recognise the importance of local health variations and areas of significant need.

5. In preparing the Response to the Long Term Plan have any exercises been undertaken to establish if there is a significant gap between current resources e.g. GP's, doctors, nurses and other medical staff, providers of home care and hospital beds and those that would be required to meet the wish list requirements of the Response to the Long Term Plan?

Yes. The Sussex ICS plan has been published.

6. Does any Board director have a responsibility or interest in the welfare of all the volunteers who work in the hospital and if so how is this responsibility exercised?

Yes. Vikki Carruth. There is a management structure with responsibility for our 700+ volunteers, with three members of staff fully dedicated to supporting our volunteers.

7. Given the amount of electronic data that is gathered on patients and hospital activities does anyone undertake any analysis of this data to identify opportunities for intervention and/or prevention to achieve better healthcare outcomes?

Such analysis is a regular feature of our planning processes.

8. Is there any economic/financial barrier to the Board reducing car parking charges on Trust sites by 25%? Or alternatively amending the charging to 15 minute slots with no free parking for the first 30 minutes?

Parking charges remain under regular review. There are no proposals to change the charging structure at present.

C. Campbell 1st December 2019
ESHT Responses 2nd December 2019

East Sussex Healthcare NHS Trust

Progress against Action Items from East Sussex Healthcare NHS Trust 3rd December 2019 Trust Board Meeting

Agenda item	Action	Lead	Progress
104/2019 – <i>Integrated Performance Report Month 7</i>	Detailed cancer data, showing year-on-years and long term trends to be presented to the Board in the future.	JCB	Added to Board planner.
115/2019 – <i>Questions from Members of the Public</i>	Glossary of commonly used NHS terms to be developed, for circulation with Board papers.	PP	Work underway with communications team to develop glossary.

Freedom to Speak Up Guardian's Report

Meeting information:			
Date of Meeting:	4 th February 2020	Agenda Item:	5
Meeting:	Trust Board	Reporting Officer:	Ruth Agg

Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>

Has this paper considered: (Please tick)			
Key stakeholders:		Compliance with:	
Patients	<input type="checkbox"/>	Equality, diversity and human rights	<input checked="" type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input checked="" type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input checked="" type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The National Freedom to Speak Up review by Sir Robert Francis, following the Mid-Staffordshire enquiry, provided independent advice on creating a more open and honest reporting culture in the NHS with the aim of making it a better place to work and a safer place for patients. The report concluded that there was a culture within many parts of the NHS which deterred staff from raising concerns, as there were often negative consequences for those who raise them. The experiences of patients and workers in Mid-Staffordshire and recently in Gosport highlight the potential consequences of getting this wrong.

The review recommended the appointment of a Freedom to Speak Up (FTSU) Guardian in all Trusts, advising that they should be independent and impartial; have the authority to speak to anyone within or outside the organisation; be an expert in all aspects of raising and handling concerns and have the tenacity to ensure safety issues are addressed. It is now a requirement that all NHS Trusts have a FTSU Guardian and it forms part of the NHS contract. The FTSU Guardian complements other avenues available to staff to raise concerns. Staff are encouraged to raise concerns through line Managers, Leads, Supervisors, Clinical leads in the first instance. Staff can also access the HR department for confidential advice and Unions also support staff with concerns. ESHT appointed a Freedom to Speak up Guardian in December 2016. There is always somewhere to raise genuine concerns and seek support at ESHT for all staff.

Monthly contacts with the FTSU Guardian have decreased in quarters two and three of 2019/20 in comparison to 2018/19 to around 16 a month. When the FTSU Guardian was appointed, the Trust initially saw a much larger number of contacts from staff than other NHS organisations. Recent national figures have shown a increases in contacts in many other organisations; this upward trend is not repeated at ESHT, indicating that the Trust's culture of being open has been embedded and working effectively for some time.

The three areas which have led to the largest numbers of contacts with the FTSU Guardian have continued to be about been behavioural/relationship issues, bullying and harassment and system/process issues. The number of contacts relating to bullying and harassment has seen a continued reduction since 2017/18 following focussed work by the organisation but needs ongoing monitoring and review with other data.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

None.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is asked to continue to support the promotion of speaking up as everyday business and to ensure that staff will not face detriment for raising genuine concerns. All staff at ESHT should feel safe to speak up, including Bank and Agency staff, temporary workers and volunteers.

The Board is asked to receive assurance that effective speaking up arrangements are in place to ensure learning and continual improvement which will protect patients and improve the experiences of NHS workers. Managers and Senior Leaders at ESHT continue to act as role models to support Speaking Up within the Trust. When concerns are raised staff are thanked and feedback is given to enable learning and improvement.

FREEDOM TO SPEAK UP GUARDIAN'S REPORT FEBRUARY 2020**Background to Freedom to Speak Up**

Sir Robert Francis, in his Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry (2013), described the experiences of nurses and doctors who raised whistleblowing concerns about the poor care of some patients at Stafford Hospital. As a result, he was asked to conduct a further review into whistleblowing in the NHS. 'Freedom to Speak Up – an independent review into creating an open and honest reporting culture in the NHS' was published in 2015. The report identified a need for culture change, improved handling of cases, measures to support good practice, particular measures for vulnerable groups, and extending the legal protection. Sir Robert Francis identified 20 principles that addressed these themes. In particular, he recommended that all trusts should have a Freedom to Speak Up Guardian to 'act in a genuinely independent capacity' and support staff to raise concerns.

In 2016-17 it became a contractual requirement for all NHS provider trusts to have a FTSU Guardian. By the end of the financial year, all trusts in England had made appointments although not all Guardians were in post. Trusts were also expected to adopt a model NHS whistleblowing/raising concerns policy.

The Role of the Freedom to Speak Up Guardian

The FTSU Guardian is not part of the management structure of the Trust and is able to act independently in response to the concerns being raised with her. The FTSU Guardian reports directly to the Chief Executive, and this gives her access to the executive directors of the Trust. The role of the FTSU Guardian is to:

- Protect patient safety and the quality of care
- Improve the experience of workers
- Promote learning and improvement

By ensuring that:

- Workers are supported in speaking up
- Barriers to speaking up are addressed
- A positive culture of speaking up is fostered
- Issues raised are used as opportunities for learning and improvement

Staff should not suffer any detriment for raising genuine concerns

Designated Freedom to Speak Up Leads

Ruth Agg is the FTSU Guardian and has been in post since December 2016. She acts as a point of contact for staff wishing to raise a concern who feel unable to raise concerns with their line manager or who feel a concern has not been addressed at the local level. She ensures that concerns are dealt with appropriately and confidentially, with regular communication and feedback to staff. She seeks feedback to ensure staff do not face any reprisal or detriment. The Guardian reports to Dr Adrian Bull and regularly meets with members of the Executive team.

Dr Adrian Bull is the Executive Lead for FTSU, supported by the Senior Independent Director. He regularly meets with the FTSU Guardian to oversee and review internal processes for raising concerns, ensuring staff feel empowered to raise concerns.

Barry Nealon is the Senior Independent Director, a designated Non-Executive Director who is an independent voice and champion for those who raise concerns. He acts as a conduit through which information is shared with the Board and provides challenge to the executive team on areas specific to raising concerns and the culture in the organisation.

Freedom to Speak Up contacts

Category	2018/19		2019/20	
	Q2	Q3	Q2	Q3
Behavioural / Relationship	20	21	18	18
Bullying / Harassment	17	12	7	8
Cultural	0	0	3	0
Leadership	0	4	0	1
Not Known	1	5	2	1
Patient Safety / Quality	7	6	2	3
Racial discrimination	3	2	0	1
Sexual Discrimination	2	1	1	0
Staff Safety	0	2	1	0
System / Process	27	20	15	14
Quarter Totals	75	71	49	46

The three areas which have led to the largest numbers of contacts with the FTSU Guardian have continued to be about been behavioural/relationship issues, bullying and harassment and system/process issues. There has been a decrease in the overall number of contacts, which could be due to a combination of factors including:

- Speaking up is becoming part of everyday business and staff are raising concerns directly with their line managers and supervisors.
- Staff have growing confidence that they will be supported and not face detriment when speaking up.
- Organisational leaders have been given increased training, including Courageous Conversations and how to support staff in sharing concerns.
- The support of the Executive team for Speaking Up, and of the Chief Executive for the FTSU Guardian has been helpful in increasing staff confidence.

The key themes seen in the Trust are the same as those being reported nationally. Issues of system and process are those in relation to Trust policies and processes, such as sickness, flexible working requests, annual leave requests and formal consultations which staff perceive do not always feel fair and equitable or in line with Trust values. Work will be undertaken in partnership with HR and leadership teams to review and address any themes which emerge from staff contacts with the FTSU Guardian.

Feedback is sought from staff who make contact with the FTSU Guardian once their cases have been closed to ask in line with National reporting if they would speak up again. An anonymous additional survey is also sent which seeks additional feedback asking if the concerns have been resolved and what may have prevented resolution. Comments have included lack of timeliness and response to concerns, staff perceiving criticism in response to raising concerns. This confidential data is shared with Dr Bull and Monica Green. Any staff who advise they have faced detriment are met with and supported to raise this matter.

The National Freedom to Speak Up Picture

Nationally, in Quarter 2 2019/20:

- **3,486** cases were raised to FTSU Guardians / ambassadors / champions
- **846** of these cases included an element of patient safety / quality of care
- **1,246** included elements of bullying and harassment
- **127** related to incidents where the person speaking up may have suffered some form of detriment
- **455** anonymous cases were received
- **2** organisations did not receive any cases through their FTSU Guardian

During 2018/19, in NHS Trusts in England:

- **12,244** cases were raised with FTSU Guardians
- The percentage of anonymous cases had reduced to **12%** compared to **18%** in 2017/18.

The FTSU Index helps trusts to understand how their staff perceive the speaking up culture in the organisation. Trusts can compare their scores to others, buddy up with those that have received higher index scores and promote learning and good practice. The index rating is derived from questions in the National NHS Staff Survey.

Evidence consistently shows that a positive speaking up culture leads to better CQC ratings, and ultimately better care for our patients. And this is what drives over a million people to go to work for the NHS every day.

The FTSU 2019 index is provided as an appendix to this paper, and provides assurance about FTSU practices in the Trust. ESHT achieved the fourth highest improvement in the FTSU Index between 2015-18.

Trusts with greatest overall increase in FTSU index

Trust	2015	2018	2015 - 18
London Ambulance Service NHS Trust	57	75	18
Isle of Wight NHS Trust (ambulance sector)	62	79	17
North East Ambulance Service NHS Foundation Trust	64	76	12
East Sussex Healthcare NHS Trust	66	78	12
South East Coast Ambulance Service NHS Foundation Trust	64	74	10
The Royal Orthopaedic Hospital NHS Foundation Trust	73	82	9
Sherwood Forest Hospitals NHS Foundation Trust	70	79	9
Isle of Wight NHS Trust (mental health sector)	69	77	8
Gloucestershire Care Services NHS Trust	74	82	8
Lincolnshire Partnership NHS Foundation Trust	72	80	8

The National Guardian's Office (NGO) is an independent, non-statutory body with a remit to lead culture change in the NHS so that speaking up becomes business as usual. The office is not a regulator, but is sponsored by the CQC, NHS England and NHS Improvement.

- In 2019, the NGO published national guidelines for FTSU training in the health sector in England, which would improve the quality, clarity and consistency of training on speaking up across the health sector to support those commissioning and delivering training
- Dr Henrietta Hughes, the National Guardian for the NHS, was awarded OBE in New Year Honours List.

Actions taken to support Freedom to Speak Up Culture at ESHT by FTSU Guardian

- Attendance at BAME and Disability Network groups
- Attendance at staff, including doctors, inductions.
- Attendance at student nurse training events with Brighton University
- Supporting team meetings; adding Raising Concerns as an agenda item for teams
- Freedom to Speak Up newsletter
- Face to face support of a wide range of staff across the organisation.
- Supporting the ESHT Ambassadors roll out and training
- 100% compliance with data returns to the FTSU National Office;
- Staff survey data supports if staff feel able to share concerns and are supported.
- Bullying and Harassment figures reducing from staff survey awaiting 2019 results.

- A reduction in monthly contacts with the FTSU Guardian reflects increased staff confidence that concerns can be shared through the leadership route when appropriate;
- No complaints about the FTSU Guardian were received in 2018-19
- FTSU Guardian has become a Trained Trainer for FTSU, with the National Office supporting partnership working with other Trusts and provided a study day in December for Ambassadors and Advocates from other Trusts including staff from South East Coast Ambulance Service, Surrey and Sussex Healthcare NHS Trust, Brighton and Sussex University Hospitals and Medway NHS Foundation Trust with good evaluation.
- Buddying for new FTSU Guardians in the South East
- Supporting staff with Exit interviews; feedback received enables greater understanding about why staff leave, and can lead to improved processes in the future.
- Plaudits received are shared with Chief Executive.
- Any cases where staff say that they have faced detriment are reviewed in a timely and appropriate way with the Senior Manager/lead.

Next Steps

- NHS Improvement and the National Guardian's Office have recently updated a [guide](#) setting out expectations of boards in relation to Freedom to Speak Up (FTSU) to help boards create a culture that is responsive to feedback and focused on learning and continual improvement. This is provided as an appendix to this paper.
- Completion of the FTSU Assessment tool, in conjunction with Trust Executives planned for the End of April 2020
- Sourcing and development of FTSU training via E-learning for staff in the organisation, in conjunction with the Education Team following National Guardian Office recommendations
- Continued sharing of FTSU learning through regular newsletter.
- Provision of further training for Trust Ambassadors FTSU Advocates hosted at ESHT for the South East Region.
- Continued review of information from DATIX in conjunction with HR colleagues.
- Review of latest staff survey data and triangulation with FTSU in the Trust.
- Continued support of programmes for reducing bullying and harassment within the organisation.
- Continue to promote Speaking Up at all levels of the organisation.
- Work to reduce the number of staff who have previously raised concerns with senior staff or line managers prior to speaking to the FTSU Guardian. Staff often cite frustration with lack of action or communication as the reason for approaching the FTSU Guardian. This will be supported by ongoing leadership development within the organisation.
- A new message on e-searcher will be introduced highlighting GDPR regulations to reduce breaches, reduce investigations required and embed learning within the Trust.
- A one page FTSU strategy to support ESHT 2020
- Succession planning

Ruth Agg
Freedom to Speak Up Guardian
20th January 2020

Board Assurance Framework

Meeting information:			
Date of Meeting:	4 th February 2020	Agenda Item:	7
Meeting:	Trust Board	Reporting Officer:	Lynette Wells, Director of Corporate Affairs

Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>

Has this paper considered: (Please tick)			
Key stakeholders:		Compliance with:	
Patients	<input checked="" type="checkbox"/>	Equality, diversity and human rights	<input checked="" type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input checked="" type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input checked="" type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

There are no new additions, items for removal or RAG changes proposed for this reporting period.

There is one area that remains red, 4.2.1, due to capital constraints.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Senior Leaders Forum 16th January 2020
Quality and Safety Committee 23rd January 2020
Audit Committee 30th January 2020

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Trust Board is asked to review and note the revised Board Assurance Framework and consider whether the main inherent/residual risks have been identified and that actions are appropriate to manage the risks.

Board Assurance Framework - January 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
Strategic Objective 1: Safe patient care is our highest priority. We will provide high quality clinical services that achieve and demonstrate optimum clinical outcomes and provide an excellent care experience for patients									
1	We are unable to demonstrate continuous and sustained improvement in patient safety and the quality of care we provide which could impact on our registration and compliance with regulatory bodies	Revised Mar-18 1.1 Quality improvement programme required to ensure compliance with CQC fundamental standards and for Trust to improve "Requires Improvement" rating	Low	<p>ESHT 2020 framework in place to support ambition of "Outstanding and always improving"</p> <p>Robust governance process, to support quality improvement and risk management.</p> <p>Quality Improvement strategy in place and improvement hub established QSIR improvement utilised and training programme in place</p> <p>Audits and reviews taking place to test robustness of controls and assurance</p> <p>'Excellence in Care' audit and reporting programme rolled out to in-patient areas to facilitate clinical areas in assessing themselves against Trust wide standards of care</p>	<p>Significant number of services rated Good by CQC in March 18 inspection.</p> <p>Improved quality in a number of areas for example sepsis and reduced mortality</p> <p>Progress reported to Q&S and action plan reviewed and on track.</p> <p>Positive feedback from internal reviews undertaken of acute and community services involving external as well as Trust staff.</p> <p>Evidence base available - Health Assure being utilised as depository for CQC evidence</p>		<p>Use of Resources review took place October 2019 led by NHSI. CQC inspection took place 5-6 November followed by Well Led Review on 10th and 11th December. Anticipate report will be finalised by end of February 2020</p> <p>Clinically led panel in place undertaking review of recent never events; outline report and initial recommendations developed and presented to Quality and Safety Committee work ongoing.</p>	<p>Feb 20</p> <p>Jan 20</p>	DoCA/DN Q&S

Board Assurance Framework - January 2020

Strategic Objective 2: We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.									
2.1	We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.	<u>Added May-17</u> 2.1.1 Effective controls required to support the delivery of 62 day cancer metric and ability to respond to demand and patient choice.	Low	Cancer recovery plan has been refreshed and is in place and progress monitored. Number of controls in place: - Patient Pathway Coordinators track every 62 day pathway patient. Route-cause analysis of each 62 day breach - Weekly Patient Tracking List (PTL) meetings - Shared PTL's with Tertiary centres - Monthly Cancer meeting with Divisional managers chaired by COO - Daily review of PTL by Cancer Management team - Weekly monitoring/ reporting of 104 day patients on the PTL - Tumour Site Recovery Action Plans- reduction of median waits for first appointments to 7 days, optimal timed pathways, reduction of histology reporting times.	There were positive signs of progress in 62 day Cancer performance in the early half of the year, however performance has not met trajectory through the summer and has only now started to show positive signs of recovery again.– The Trust is continuing to work to the actions in Cancer Recovery . Key recovery actions including: • Recruitment of sonographers • Address inconsistent reporting times in Radiology • Implementation of Breast Triple Assessment clinics • Revision of space to support faster delivery times for chemotherapy • Campaign to support seeing all referred patients by day 7 • Address Endoscopy waits / capacity		Increase in the referral trends for suspected cancers and cancer treatments continues to impact on performance. 9.1% increase (an extra 1,367) in referrals in 2018/19 compared to 2017/18 (July-March) and a 8.8% increase year to date. Recovery plan and workforce plan has been refreshed to reflect new demand In order to support recovery, the Trust, in partnership with the Cancer Alliance and the CCGs, have now signed off the new Cancer Access policy. The updates to the policy focus on ensuring compliance with national standards regarding patient unavailability / engagement and GP referral information.	COO Dec 19	COO Q&S

Board Assurance Framework - January 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
2.1	We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.	<u>Revised Jan-18</u> 2.1.2 Effective controls are required to ensure increasing numbers of young people being admitted to acute medical wards, with mental health and deliberate self harm diagnoses, are assessed and treated appropriately.	Low	CAMHS transformation plan in place. Working party, including CAMHS and ESHT established to review /monitor existing services Escalation process in place - inappropriate ward admissions recorded and assessment delays tracked and logged as incidents. escalated for COO/ COO discussion. Themes and trends identified by reviewing previous 12 months data with escalation to CAMHS.	Independent review taking place pan Sussex into mental health provision. New model of care being introduced from next year that will make the provision of CAMHS beds more flexible and support young people requiring NG feed tubes.		Developed an escalation process with SPFT for management of children and young people under ESHT care but with a mental health need. Covers escalation when child/ young person has been admitted, with timescales for engagement with CAMHS/FEDS once admitted and also when medically fit for discharge. Continual monitoring and liaison with health partners.	Mar-20	COO Q&S

Board Assurance Framework - January 2020

		<p><u>Added May-19</u></p> <p>2.1.3 Following implementation of follow-up appointment database, risks have been highlighted due to insufficient clinical capacity and limitation in the functionality of the database. Effective controls required to ensure treatment is not delayed as a result of overdue follow up appointments</p>	Low	<p>Follow up database is reviewed at specialty PTLs</p> <p>Training, competency assessment and guidance for booking and reception teams.</p> <p>Extensive validation and local procedures for patient on cancer pathways & urgent ophthalmology follow up appointment</p> <p>Failsafe Officer in post for Ophthalmology and additional activity to reduce follow ups particularly in Ophthalmology</p>	<p>Audit of 600 patients on the FU database has given a high level of confidence regarding data accuracy and therefore risk is reducing teams.</p> <p>Reporting of follow up through Div IPRs who are responsible for action and registering risk if indicated.</p>	◀▶	<p>Risk reducing as greater levels of confidence in the quality of data on the FU list.</p> <p>Digital team exploring an alternative approach to allow 'time critical' follow up patients to be highlighted. However, options available to date are not functional. Risk is however lowered as Trust controls strengthened</p> <p>Commissioning audit to validate strengthened position</p>	Mar-20	COO Q&S
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Board Assurance Framework - January 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
3.1	<i>We are unable to:</i> maintain collaborative relationships with partner organisations based on shared aims objectives and timescales resulting in an impact on our ability to operate efficiently and effectively within the local health economy.	Revised May-19 3.1.1 Assurance is required that there will be continued delivery of the system-wide aligned plan	Moderate	<p>Aligned plan developed with wider health economy and submitted to NHS/E</p> <p>Three integrated transformation programmes in place - Urgent Care, Planned Care and Community, each have an identified SRO who report progress to the East Sussex Health and Social Care Executive.</p> <p>Establishing governance structures to commence development of the integrated East Sussex Place.</p>	<p>Trust fully engaged with STP and Alliance programmes</p> <p>At month 5 the system remains on plan for delivery of 19/20 financial plan.</p> <p>Implementation of the East Sussex system wide integrated plan is in progress.</p>	◀▶	STP wide (Sussex) response to the long term plan submitted. Includes a subset of placed based plans including the East Sussex Plan. Trust priorities incorporated in the plan and we continue to work closely with commissioners on how we ensure delivery of key objectives. Key programmes of work are focused on Acute Care, Planned Care and community based services	Mar-20	DS East Sussex Health and Social Care Executive/ Trust Board

Board Assurance Framework - January 2020

Strategic Objective 3: We will work closely with local with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services									
Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
3.3	We are unable to demonstrate that we are improving outcomes and experience for our patients and as a result we may not be the provider of choice for our local population or commissioners.	<u>Added Sept-17</u> 3.3.1 Effective controls are required to ensure the Trust achieves compliance with the four core 7 day service standards by 2020.	Moderate	<p>7 Day Service Steering Group established.</p> <p>PMO project support with dedicated project lead assigned. PID in place with monitoring of progress.</p> <p>Rollout of Nerve Centre will support documentation of consultant-led review and delegation processes for inpatients.</p> <p>Increased the number of Acute Medicine consultants to provide better support on AMU/AAU, particularly at weekends.</p> <p>Educational work has been undertaken across all specialities to improve documentation of daily review and review delegation.</p>	<p>Self-Assessment approved by Board (Oct-19) submitted to NHS Improvement and 7DS progress reported and discussed with CCGs at CQRG.</p> <p>Standard 2 Routine Monitoring of via "Excellence in Care" programme audits indicates sustained compliance overall. Can now evidence >90% of patients seen by consultants within 14 hours of admission both on weekdays and at weekends</p> <p>Standard 2/5/6 both now compliant overall. Standard 8 partially compliant - not fully met at weekends.</p>		<p>Not fully compliant with Standard 8 at weekends in a number of specialities where the formalised arrangement for consultant cover at weekends does not include a consultant-led ward round.</p> <p>Number of actions in place - recruitment, audit and improvement of Board Rounds Use of nerve centre to document consultant led review.</p>	Mar-20	MD Q&S

Board Assurance Framework - January 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
Strategic Objective 4: We will use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally, and financially sustainable.									
4.1	We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.	<u>Revised Jan-20</u> 4.1.1 Controls for financial delivery are established and robust, but the CIP challenge and financial plan for 2019/20 need continual monitoring and support.	Moderate	<p>New leadership has been put in place for the CIP programme, and a stronger link to Model Hospital and GIRFT has been established.</p> <p>Risk adjusted CIP programme in place and PID produced for each scheme.</p> <p>On plan at Month 9, but delivering CIP non-recurrently. Workstream leads have been asked for a resources review to ensure delivery. Full Divisional forecasts are complete and being reviewed for Month 9.</p> <p>Confirm and Challenge refreshed to support delivery of the CIP target.</p> <p>Developed financial 'solution' for the non-recurrent component of CIP delivery driven by delayed investment and is included in the draft plan for</p>	<p>Activity and delivery of CIPs regularly managed and monitored through accountability reviews, FISC and F&I.</p> <p>At Month 9, CIP has been fully delivered, and the Trust is delivering on the M5 financial plan – this includes set aside of planned contingency to mitigate non-delivery of CIP.</p> <p>However, work continues through Divisional meetings to both maintain contingency and to strengthen recurrent delivery of the programme.</p>		CIP delivery to Q3 has a number of non-recurrent elements and full year programme was delayed in approval. Approval has now reached £18m of the £20m target, with a pipeline emerging to mitigate the remaining shortfall. Director of Finance regularly reviewing position with Programme Director and Deputy Director of Finance.	On-going review and monitoring to end of Mar 20	DoF F&I

Board Assurance Framework - January 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
4.2	In running a significant deficit budget we may be unable to invest in delivering and improving quality of care and patient outcomes. It could also compromise our ability to make investment in infrastructure and service improvement	<u>Revised Jan-20</u> 4.2.1 The Trust is refreshing its five year plan, which makes a number of assumptions around external as well as internal funding. Assurance is required that the Trust has the necessary investment required for estate infrastructure, IT and medical equipment over and above that included in the Clinical Strategy FBC. Available capital resource is limited to that internally generated through depreciation which is not currently adequate for need. As a result there is a significant overplanning margin over the 5 year planning period and a risk that essential works may not be affordable.	Moderate	Capital plan for 2019/20 in place, following a robust prioritisation process, aligned with the Capital Resource Limit of £13.6m, and updated to £21.6m revised Capital Resource Limit. Essential work prioritised with estates, IT and medical equipment	Regular review by F&I and FISC committees A £13.8m fire costs bid has been approved by DHSC in September 2019, and will support delivery of key infrastructure investment and repairs over the next three years – but this represents only a component of the £95m estimated backlog maintenance cost. A further £3.9m of backlog maintenance and equipment was approved in December 2019. The Trust has been named as part of the HIP Programme (Phase 2) and has commenced dialogue with NHSI/E colleagues on next steps to secure significant funding over the next 3-5 years.		Delivering against the agreed capital plan remains challenging within a robust control framework. Capital Resource Group are holding spend within the current budget through monthly review of spend and forecast and careful prioritisation of the programme. Developing 10 year capital programme covering key areas of pressure and investment, aimed at supporting the Trust in delivery of the strategic plan. Will be considered by F&I.	On-going review and monitoring to end Mar-20	DoF F&I
4.3	We are unable to effectively align our finance, estate and IM&T infrastructure to effectively support our mission and strategic plan.								

Board Assurance Framework - January 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Timescale	Lead and Monitoring Committee
4.3	In running a significant deficit budget we may be unable to invest in delivering and improving quality of care and patient outcomes. It could also compromise our ability to make investment in infrastructure and service improvement	<u>Added Sept-17</u> 4.3.1 Adequate controls are required to ensure that the Trust is compliant with Fire Safety Legislation. There are a number of defective buildings across the estate and systems which may lead to failure of statutory duty inspections. This includes inadequate Fire Compartmentation at EDGH	Low	<p>Initial works completed as planned including remedial works to existing compartment walls completed in Seaford and Hailsham Wards at DGH.</p> <p>Fire Safety Team in place and Trust has a Fire Strategy, Policy and Fire Risk Assessments undertaken.</p> <p>Fire Training and evacuation drills in place</p> <p>Fire Warden's in place and undertake Weekly Checks.</p> <p>Maintenance of active fire precautions eg automatic fire detection. emergency lighting and fire fighting equipment.</p>	<p>Regular communication and meeting with ESFRS to update on progress/provide assurance.</p> <p>Simulated patient safety exercise undertaken on Seaford ward in June 2019 - will support refinement of evacuation plans</p>		<p>NHSI funding confirmed Sept-19 in order to facilitate additional fire compartmentation works. This will improve infrastructure and ensure compliance with ESFRS requirements.</p> <p>Programme of works has commenced and strategy for the decant facility at EDGH agreed. Works to enable this will commence Feb 2020.</p>	end Sep-20	COO F&I

Board Assurance Framework - January 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
4.4	We are unable to respond to external factors and influences and still meet our organisational goals and deliver sustainability.	<u>Added Nov-17</u> Adequate controls are required to minimise the risks of a cyberattack to the Trust's IT systems. Global malware attacks can infect computers and server operating systems and if successful impact on the provision of services and business continuity.	Low	Anti-virus and Anti-malware software Client and server patching Threat Protection (ATP) solution implemented ATP Vulnerability scanning NHS Digital CareCert notifications Data Security and Protection Toolkit (DSPT) Technical solutions in place and on-going regular staff awareness training Cyber security awareness campaign commenced October 2019 Strengthened cyber security with two additional roles	Information sharing and development with SESCSG Sussex and East Surrey Cyber Security Group Assessment against Cyber Essential Plus Framework Regular quarterly security status report to IG Steering Group and Audit Committee Trust was resilient to WannaCry ransomware attack (May 2017) Senior Leaders participated in IT / Cyber exercise delivered by Police South-East Regional Police Organised Crime Unit (Nov-19)		Pursuing ISO27001 certification and engaging with national funded resources to assess and report on our current position against the Cyber Essential Plus framework. Need further investment in monitoring solutions and to increase compliance with server patching.	end Jun-20	DF Audit Committee

Board Assurance Framework - January 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
Strategic Objective 5: All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.									
5.1	We are unable to effectively recruit our workforce and to positively engage with staff at all levels.	<u>Added 2015</u> 5.1.1 Assurance required that the Trust is able to appoint to "hard to recruit specialties" and effectively manage vacancies. There are future staff shortages in some areas due to an ageing workforce and changes in education provision and national shortages in some specialties	High	<p>Workforce strategy aligned with workforce plans, strategic direction and other delivery plans</p> <p>Ongoing monitoring of Recruitment and Retention Strategy Workforce metrics</p> <p>Quarterly CU Reviews to determine workforce planning requirements. Review of nursing establishment quarterly</p> <p>Medacs supporting recruitment</p> <p>In house Temporary Workforce Service to facilitate bank and agency requirement</p> <p>Full participation in HEKSS Education commissioning process</p>	<p>Success with some hard to recruit areas e.g. A&E, Histopathology, Stroke and Acute Medicine.</p> <p>Trust overall Time to hire holding at 72 days. (inc advertising/notice period)</p> <p>Labour turnover (10.1% November 2019 vs 11.3% November 2018).</p> <p>Trust net vacancy trending at 9.5% in November 2019 an increase of .3% since year start. Predicted year end finish 9.5%.</p>		<p>Medical recruitment, hard to fill posts - 11 candidates in place sourced via Medacs, a further 6 posts at offer</p> <p>Since May 2019 95 Band 5 Indian nurses arrived at Trust, with a further 25 due to arrive before March 2020.</p> <p>Continued International sourcing of Medical candidates, including Radiographers and Sonographers. A further 2 International Radiographers due to start with Trust in February 2020. External Agency engaged to source UK Sonographers.</p>	ongoing to end Mar-20	DHR POD

Chief Executive Report

Meeting information:

Date of Meeting:	4 th February 2020	Agenda Item:	8
Meeting:	Trust Board	Reporting Officer:	Dr Adrian Bull

Purpose of paper: (Please tick)

Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>
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Has this paper considered: (Please tick)

Key stakeholders:		Compliance with:	
Patients	<input type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

Summary:

1. Introduction

This report is written following a period of sustained operational pressure through December into January. Numbers of presentations and admissions were both at a high level, despite no significant spikes of incidence in infectious disease such as Norovirus or Flu. Staffing levels were compromised by short term and unexpected illness. This compromised performance against some key standards. The operational and site management teams provided excellent standards of professional leadership and management to maintain safe if stretched staffing provision and patient care. Credit is due to members of staff across the organisation for their hard work and commitment to patient care through this difficult period.

The collaboration across the Trust and with social services and CCG remained strong. The Trust's performance against the four hour standard did reduce to below 80%, but the Trust's position remained in the top third of Trusts nationally. Performance on the 18 week standard for elective care remains strong. The performance against cancer targets continues to achieve the two week standards and is improving slowly against the 62 day standard.

2. Quality and Safety

Excellence in Care

All in-patient areas are now auditing against the new Essential Standards and revised metrics in order to identify areas for improvement. Other teams such as Paediatrics and Critical Care are now creating their own bespoke Essential Standards and their EIC data will be integrated into the main EIC dashboard by the end of March 2020. The Out of Hospital Division are developing their own Quality EIC dashboard beginning with District Nursing. The dashboard will then pass to the Information Management team for further development.

Same Sex Accommodation

The Department of Health 2010 guidance on Mixed Sex Accommodation has been revised and updated by NHSI/E in September. The publication is called *Delivering Same Sex Accommodation* (SSA). The new reporting processes were to be implemented by January 2020. This has been achieved, with the anticipated significant reduction of nationally reported same sex accommodation breaches from 126 in November to 25 in December.

ESHT continue to collect a local dataset which gives a realistic position on the number of unjustified same sex accommodation breaches. This can then be available to our commissioners and regulators on request. There is a risk that 'mixing' may occur in some areas where there is now a 4 hour window of opportunity to 'unmix'. ESHT will maintain a focus on privacy and dignity, to mitigate against this risk.

Changes to Friends and Family Testing (FFT)

NHS England have made revisions to the FFT guidance which is effective from the 1st April 2020. The changes result result from a review which was completed during 2018/19. What will change:

- The FFT question has been revised to "overall, how was your experience of our service?" (very good, good, neither good nor poor, poor, very poor, don't know).
- Providers are still required to include at least one free text question alongside the standard fixed question and can choose locally what question or questions to ask.
- Changes to timing requirements. In all settings, patients should be able to use the FFT to give feedback when they want to rather than the current timescale of within 48 hours.
- In maternity services there is a change to the requirement of when to collect feedback. Patients should be able to give feedback at any time during their pregnancy rather than waiting until the 36th week. It is recommended that providers wait until two weeks after childbirth before collecting feedback about childbirth itself.
- Response rates – due to changes to when patients can complete a FFT the response rate cannot be calculated or published. The focus will be on the score and any other feedback.

An implementation plan has already been commenced to introduce these changes from 1st April.

FFT for December remains consistent with previous month's with the achievement of an inpatient response rate of 40% or greater, maintaining ESHT as one of the top 12 Trusts in the country. A&E response rates remain challenging and maternity has recently decreased to 13%, predominantly due to staffing issues. Satisfaction scores are on average 98% for Inpatients and Maternity with A&E achieving 90 – 95%. The Patient Experience Team continues to support these areas.

Trust Summary Hospital-level Mortality Indicator (SHMI)

NHS Digital have now resolved the issue affecting the Trust SHMI and this has fed through to CHKS. The three missing SHMI readings are all excellent, April 2018 to March 2019 showing an index of 0.93, July 2018 to June 2019 showing 0.94 and August 2018 to July 2019 showing the Trust at 0.95 - all within the expected range. The slight increase reflected over these readings is not reflected in the RAMI data which is fairly constant for the last few months, but we will monitor the situation going forwards.

3. People, Leadership and Culture

Leadership & Culture

- A number of opportunities for colleagues involved in working across the system are available which include specific leadership development programmes for Bands 8a, team coaching for integrated teams and the further development of an OD practitioner programme for leaders/HR workforce
- An increasing number of medical staff are participating in Leadership Development opportunities e.g. Leading Excellence, Coaching, High Potential Programme
- The Trust has been successful in securing a trainee as part of the national general management training scheme. It is anticipated the trainee will work in one of the divisional teams.

Education - GMC Survey Junior Doctors (2019)

Joint Trainee Forums facilitated in collaboration with the Staff Engagement and Wellbeing Team, Service Improvement and Integrated Education remain on-going. The on-call rota for junior doctors in medicine has been revised in collaboration with Head of School, College Tutor, Educational and Clinical Supervisors, Trainee Representatives and Educational Fellows.

Recruitment

The vacancy rate has seen another month on month reduction and is now 9.5%. There is a continued increase in the number of applications to the Trust for all roles including Medics.

Key and ongoing actions also being undertaken include:

- Following a visit to India in April 2019, to date 95 International nurses have started with the Trust and a further 25 are planned to start by March 2020.
- There are currently targeted recruitment campaigns to support radiology and urgent care departments. Agencies are engaged to assist with both radiographers and sonographers vacancies for these departments. 4 International radiographers are due to join the Trust by March.
- From the engagement with our main agency supplier, 11 medical staff have been recruited to date and a further 8 offers of appointment are in the pipeline.

Workforce Systems, Analytics & Planning

- Workforce Planning is currently in the process of triangulation with Finance, Activity & Income for both annual NHSI planning submission and the ongoing 5 year plan.
- The newly appointed members of the workforce team have now joined the Trust and should drive the e-job planning transformation programme and continue to strengthen the focus on the delivery of NHSi Job Planning productivity for medics, nursing and AHP.

4. Communication and engagement

To coincide with the CQC well led inspection, we produced a [video-short](#) outlining the work of the organisation to support leadership, well-being, our values, recruitment, improvement and development. This, alongside the [ESHT well led presentation](#), formed part of the presentation we gave to the CQC during the inspection. Inspectors were also given an information pack containing examples of the many improvements that we have made over the last few years.

In the run up to Christmas, to highlight the work of the organisation, we created an ESHT Advent Calendar. Every day we promoted a short video that highlighted one area of work at ESHT. The Chairman also wrote to local stakeholders highlighting some of the work of ESHT teams over the year, the improvements we have made together and thanking them for their ongoing support. Following the December election, the Chairman and I wrote to all five new and re-elected Members

of Parliament for East Sussex to congratulate them on their election/re-election and inviting them in for a joint meeting.

As part of the Violence and Aggression Working Group we have produced a series of posters of A&E members of staff, which highlight the number of incidents of physical abuse that members of staff encountered last year, along with a message that we will not tolerate abuse of our staff and that we will take action against perpetrators.

Our public engagement work continues, we are sending out a monthly e-newsletter to our ESHT supporters and the numbers of those signed up to receive it are slowly growing. We have our next supporters forum in February, at which we will be discussing outpatients transformation. We are also planning public open days in Cardiology at Conquest, the UIS in Eastbourne and Ophthalmology at Bexhill. These will take place throughout 2020. We have also produced a number of accessible British Sign Language videos for our website to support communication with those from the d/Deaf community.

Our media coverage continues to be broadly positive. Over 2019, 93% of the coverage we received was assessed as positive or neutral. As part of our winter comms campaign, throughout January we are producing three full page advertorials in local newspaper offering advice about flu, urgent care service, norovirus and broader public health messages.

5. Finance

At Month 9, the Trust is forecasting full delivery of its financial plan for the year, as does the wider East Sussex Health system. This would result in the Trust receiving transformation funding of £24m, leaving a closing deficit of £10m for 2019/20 – a very significant achievement compared to previous years. In delivering this, our aim in 2019/20 is to reduce our monthly operational deficit from £3m to £2m by the end of the financial year (i.e. our monthly position excluding transformation funding) – and this operational run rate is on plan (£2.3m deficit) at month 9. Given our consistent delivery of plan this year, our cash position remains stable, given the aligned incentive contract with Sussex CCGs, and our continued delivery of plan.

Our Cost Improvement Programme also continues to deliver as planned at Month 9 – and teams across the Trust are looking at next year's plans. Our initial financial plans for 2020/21 show a Cost Improvement Programme (CIP) target of £15m, reduced from £20m in 2019/20, and this is aimed at moving the Trust to financial breakeven as well as investing in some key service areas such as frailty and seven-day working. There is much to do on the CIP programme, but the teams are engaged and support is being provided by Dr Simon Dowse, our Programme Director – the Trust is committed to starting 2020/21 with a strong programme, and clear plans for delivery.

The East Sussex CCGs also met their financial plans at Month 9, and the whole system remains on track to deliver the 2019/20 financial plan. The East System has submitted a 'plan for the East' to meet the requirements of the NHS Long-Term Plan – and this indicates that the financial position for the system is likely to be more balanced in future years, but that 2020/21 will still contain some significant challenges. The 2020/21 plan is being co-ordinated through the East Sussex CFO group. An initial shortfall of circa £10.8m across the whole system plans has been identified at this early stage, and the East Sussex CFOs are supporting colleagues across the system in identifying and developing opportunities for managing our system resources jointly and within the available funding.

Capital spending for the year remains on track. The Trust initial capital budget was £13m across all of our services and sites, and this has now increased to £23m as a result of additional funding allocations, loans and charitable donations. There are significant pressures on this budget, which is carefully managed by our multi-disciplinary Capital Review Group – but the increase in funding provides for significant upgrading and improvement across our estate in 2019/20, paving the way for further work in 2020/21.

Integrated Quality & Performance Report

**Prepared for East Sussex Healthcare NHS Trust Board
For the Period December 2019 (Month 9)**

Content

1.	About our Integrated Performance Report (IPR)	
2.	Performance at a Glance	
3.	Quality and Safety <ul style="list-style-type: none"> - Delivering safe care for our patients - What our patients are telling us? - Delivering effective care for our patients 	
4.	Our People – Our Staff <ul style="list-style-type: none"> - Recruitment and retention - Staff turnover/sickness - Our quality workforce - Job Planning 	
5.	Access and Responsiveness <ul style="list-style-type: none"> - Delivering the NHS Constitutional Standards - Urgent Care - Front Door - Urgent Care – Flow - Planned Care - Our Cancer services 	
6.	Financial Control and Capital Development <ul style="list-style-type: none"> - Our Income and Expenditure - Our Income and Activity - Our Expenditure and Workforce, including temporary workforce - Cost Improvement Plans - Divisional Summaries 	

About our IPR

- Our IPR reflects how the Trust is currently working and how the on-going journey of improvement and excellence, reflected within our Strategy and Operational Plan (2019/20), is being delivered.
- Throughout our work we remain committed to delivering and improving on:
 - Care Quality Commission Standards
 - Are we safe?
 - Are we effective?
 - Are we caring?
 - Are we responsive?
 - Are we well-led?
 - Constitutional Standards
 - Financial Sustainability in the long term plan
- Our IPR, therefore, aims to narrate the story of how we are doing and more importantly how we will be doing as we look towards the future.
- Detailed data can be found within the IPR Data Detail (appendix A).

Our AMBITION is to be an outstanding organisation that is always improving
Our VISION is to combine community and hospital services to provide safe, compassionate and high quality care to improve the health and well-being of the people of East Sussex



Performance Summary

Safe	Target	Nov-19	Dec-19	Variation	Assurance
Serious Incidents	<>	4	5		
Never Events	0	0	0		
Falls, per 1000 Beddays	< 5.5	5.6	5.2		
Pressure Ulcers, grade 3 to 4	0	0	1		
Emergency Re-Admissions within 30 days	10%	13.1%			

Infection Control	Target	Nov-19	Dec-19	Variation	Assurance
MRSA Cases	0	0	0		
Cdiff cases	< 5	2	4		
MSSA cases	<>	3	1		

Mortality	Target	Prev	Latest	Variation	Assurance
RAMI	<>	76	77		
SHMI (NHS Digital)	<>	0.94	0.95		

Caring	Target	Nov-19	Dec-19	Variation	Assurance
Complaints received	<>	55	42		
FFT Score, Inpatient	> 96%	97.1%	97.9%		
FFT response rate, Inpatient	> 45%	41.5%	40.0%		
FFT Score, OOH	> 96%	98.0%	97.5%		
Same sex accomodation breaches	0	126	25		

Operational Performance (Responsive)	Target	Nov-19	Dec-19	Variation	Assurance
A&E 4 hour target	> 95%	79.6%	78.1%		
12 Hour DTAs	0	0	0		
Acute Non Elective LoS	3.9	3.8	4.0		
Community LoS	25	27.4	24.7		
RTT under 18 weeks	> 92%	91.1%	91.1%		
RTT 52 week wait	0	0	0		
Out of Hospital within target wait time		80.8%	89.9%		
Diagnostic under 6 week	< 1%	0.5%	0.6%		
Cancer 2 week wait	> 93%	96.8%	0.0%		
Cancer 62 day	> 85%	80.3%	0.0%		

Organisational Health	Target	Nov-19	Dec-19	Variation	Assurance
Trust Level Sickness Rate	<>	4.4%	4.5%		
Trust Turnover Rate	10.4%	10.1%	9.9%		
Vacancy Rate	9.3%	9.5%	9.8%		
Mandatory Training	90%	89.1%	88.8%		
Appraisal Rate (%) 12 months	85%	79.3%	79.8%		

Exceptions in month	Target	Nov-19	Dec-19	Variation	Assurance
VTE Assessment compliance	95%	93.8%	92.2%		

Variation			Assurance		
Common Cause - No Significant change	Special Cause of concerning nature or higher pressure	Special Cause of improving nature or lower pressure	Variation indicates continued inconsistency in meeting target	Variation indicates consistently falling short of Target	Variation indicates consistently meeting or exceeding Target

28/01/2020

4



Quality and Safety

Delivering safe care for our patients
What patients are telling us?
Delivering effective care for our patients
Challenges and risks

**Safe patient care is
our highest priority**

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

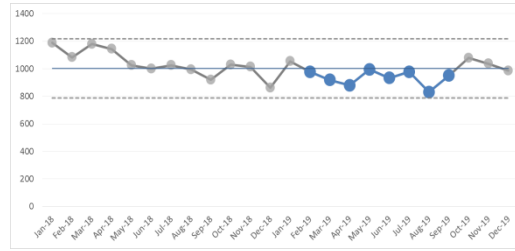
Summary

	Positives	Challenges & Risks	Author
<p>Quality and Safety</p> <p>Dec 2019 Data</p>	<p>Nursing Establishments As a result of the successful recruitment campaigns in 2019 ESHT are expecting an increase in the fill rate of substantive registered nurses during Quarter 4 and beyond.</p> <p>Friends and Family Test Increases in scores for Inpatients, ED and Maternity with Outpatients relatively stable. Increases in response rates for ED's (albeit still low) but 3rd consecutive dip for inpatient areas to 40%.</p> <p>Infection Control Critical incident - patient admitted with history of fever/unwell, returned from Uganda. Assessed at risk of Viral Haemorrhagic Fever (VHF). IC precautions taken until VHF excluded from diagnosis. Internal debrief has occurred with lessons learned & multi-agency debrief took place 16th January. C Diff cases remain under limit with 4 cases in Dec. Staff vaccination for seasonal influenza - Trust achieved CQUIN expectation vaccinating over 84% of frontline trust staff.</p> <p>Mortality NHS Digital have corrected the data error and our current SHMI is now at 95. The last two published SHMI were 93 and 94 respectively. These three readings are the best the Trust has ever achieved since the measure was first reported.</p>	<p>Infection Control Seasonal Influenza and Norovirus are circulating resulting in closure of bays and wards at times. IPCT are working closely with the clinical & operational teams to minimise impact on patients.</p> <p>Pressure Ulcers There has been a slight increase in reported pressure ulcers for the month with improved compliance for pressure ulcer risk assessment.</p> <p>Falls Total falls have shown normal variation since December 2017. In Dec there were a total of 119 falls with 2 x severity 4 falls. Overall incidents for falls with harm have shown normal variation since August 2018 against activity.</p> <p>Staffing All escalation areas remain open since before Christmas and many areas are still experiencing considerable pressure. This month the DoN has included a more detailed deep dive report on staffing in light of recent challenges and new reports/data being made available. Further analysis is required with plans for more detailed reporting to POD.</p>	<div>  <p>Vikki Carruth Director of Nursing</p> </div> <div>  <p>David Walker Medical Director</p> </div>
<p>Actions:</p> <p>28/01/2020</p>	<p>A review of the ESHT Same Sex Accommodation policy is occurring in line with National policy changes.</p>		

Safe Care – Incidents

Patient Safety Incidents (Total Incidents)

Target: monitor
Variation status: Shift
Current Month: 986



Top 3 categories over 6 months are:

- Surgical/Invasive procedure meeting SI criteria
- Slips, Trips and Falls
- Sub-optimal care meeting SI criteria

Following a peak in Sept 19, there appears to be a decreasing trend in the number of incidents.

The top category for all **medication incidents** is Incorrect administration of medication. There were 19 incidents in Dec which is a slight decrease from Nov. All reviewed at Medicines Safety Group and trends examined and actions monitored.

There were 5 **serious incidents** reported on STEIS during December 2019:

- 3 x Possible missed diagnoses
- 2 x Falls with fracture

Serious and Amber (Moderate) Incident Management and Duty of Candour

At the end of Dec there were 39 Serious Incidents open in the system; 21 under investigation and within timescales, 10 kept open by the CCG, 3 with CCG for closure and 2 being considered for downgrade. There are 3 incidents with the HSIB.

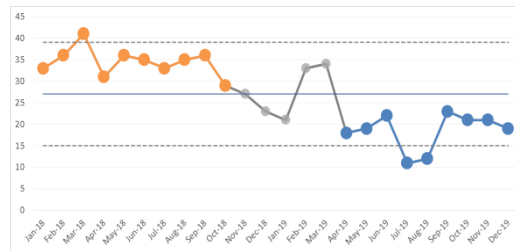
For Dec, the verbal DoC was 64% and written was 80%. This is a rolling 12 month figure which was affected by an issue with reporting template that became apparent last year. A risk register entry has been raised until there is confidence in the process. All incidents are scrutinised at the Weekly Patient Safety Summit and the Patient Safety & Quality Group.

Never Events

The Clinical Practice Review Group continues to meet and will provide an update to the Quality & Safety Committee soon.

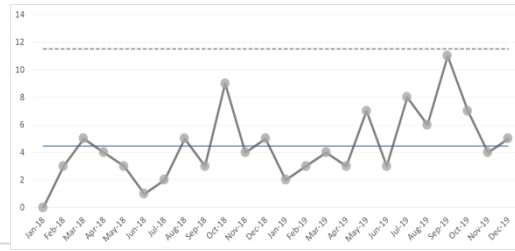
Medication Administration Incidents (Total Incidents)

Target: monitor
Variation status: Shift
Current Month: 19



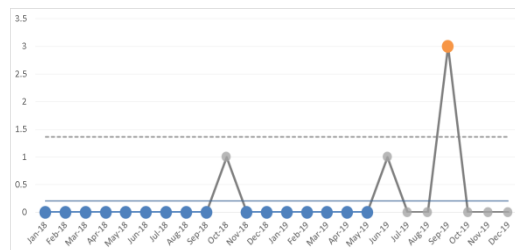
Serious Incidents (Incidents recorded on Datix)

Target: monitor
Variation status: Normal variation
Current Month: 5



Never Events (Incidents recorded on Datix)

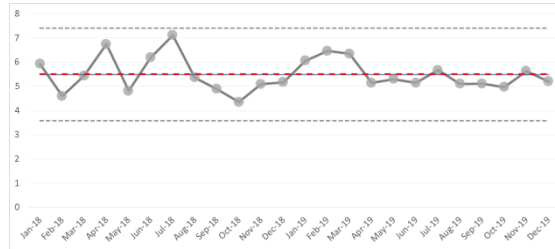
Target: 0
Variation status: Extreme value
Current Month: 0



Safe Care - Falls

Total Falls Per 1000 beddays

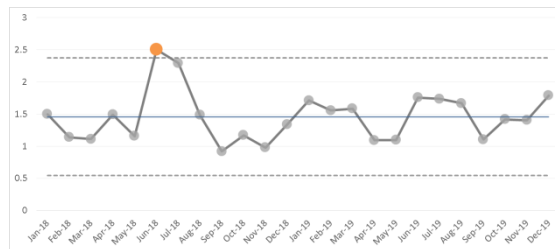
Target: 5.5
Variation status: Normal variation
Current Month: 5.2



The rate of falls per 1,000 bed days has shown common cause variation since December 2017. The rate per 1,000 bed days was 5.1 in Dec which is positive and below the internal target. Work by the Falls group and with the NHSI National Collaborative continues.

Falls with Harm Per 1000 beddays

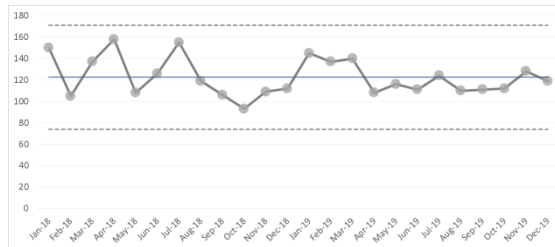
Target: monitor
Variation status: Normal variation
Current Month: 1.8



Falls with harm have shown common cause variation since August 2018. Any falls with harm needing intervention are investigated as Serious Incidents. In Dec there were 2 x severity 4 falls and full RCAs are underway. The peak in June 2018 was attributed to the introduction of a new combined assessment & care plan with a likely increase in awareness and reporting.

Total Falls

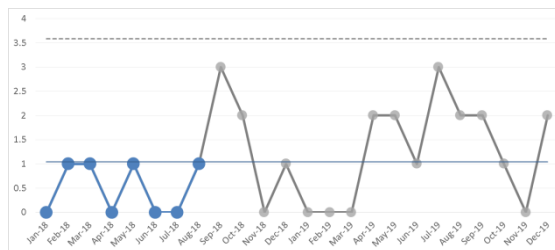
Target: monitor
Variation status: Normal variation
Current Month: 119



Total falls have shown common cause variation since December 2017.

Major Falls

Target: monitor
Variation status: Normal variation
Current Month: 2



December saw 2 falls with fracture, one on AMU and one on AAU. Full RCAs are underway and will have DoN oversight and sign off.

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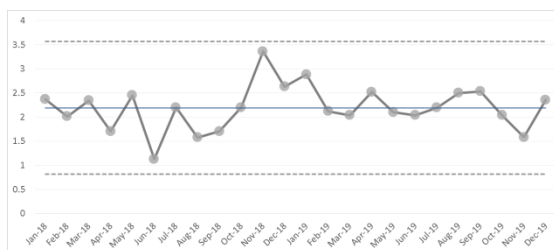
Safe Care - Pressure Ulcers

Pressure Ulcers Per 1000 bed days (Grade 2,3,4)

Target: monitor

Variation status: Normal variation

Current Month: 2.4

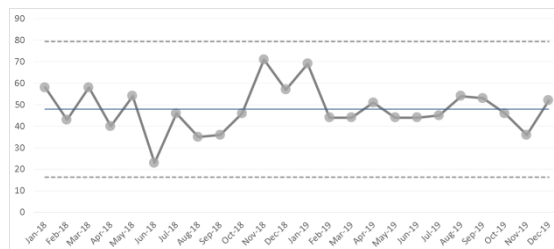


Pressure Ulcers Grade 2 (inpatient and community)

Target: monitor

Variation status: Normal variation

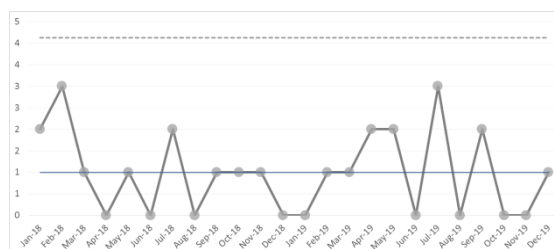
Current Month: 52



Pressure Ulcers Grade 3&4

Target: zero

Current Month: 1

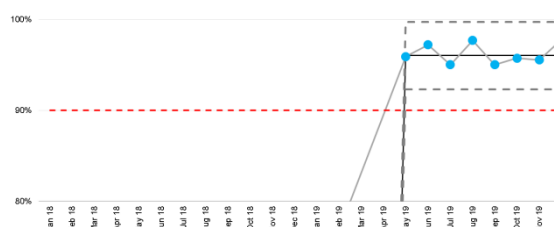


Pressure Ulcers Assessment Compliance

Target: 90%

Variation status: Shift

Current Month: 95.6%



Dec saw Quarterly deep dives continue for category 2 ulcers and unstageable damage which are presented at the Patient Quality and Safety Group to review any lapses in care and share/embed learning. The learning from these will inform the Training Plan for 2020 which is currently being developed.

In December 2019 there were 21 category 2 ulcers declared in the acute hospitals, 28 in the community and 3 in our community hospitals.

There were no category 3 reported and 1 category 4 pressure ulcer reported in December 2019. This occurred in the acute setting and a full RCA investigation has commenced and will have DoN oversight.

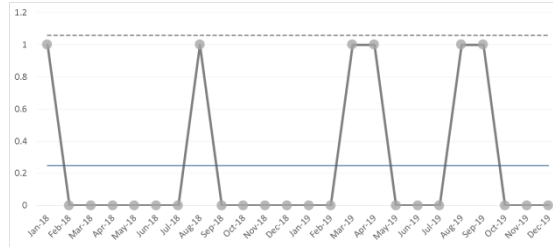
The target for pressure ulcer assessment compliance is 90% and this has been achieved since May 2019.

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Safe Care - Infection Control

MRSA cases

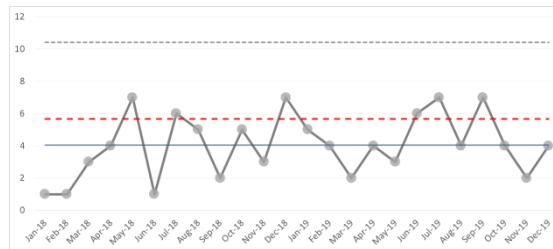
Target: zero
Variation status: Normal variation
Current Month: 0



MRSA bacteraemia – There have been 3 Hospital Associated Infections (HAI) cases reported year to date for 2019/20. No cases for December 2019. One probable contaminant and two possibly avoidable relating to record keeping of line care. All are subject to full investigation with oversight by the Infection Control Committee and DIPC.

CDIFF cases

Target: 5.66
Variation status: Normal variation
Current Month: 4

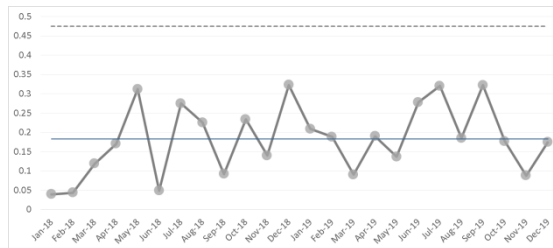


Clostridium difficile - The limit for ESHT 2019/20 is 68 cases; to include patients with prior healthcare exposure within 4 weeks of a positive sample. 42 cases have been attributed to ESHT by the end of December 2019.

4 cases of hospital onset infection were reported in December, against a monthly limit ----- of 6. Post Infection Reviews (PIR) are underway.

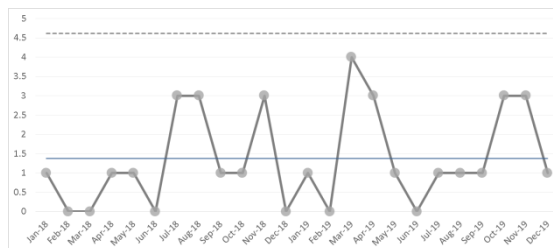
CDIFF per 1000 bed days

Target: monitor
Variation status: Normal variation
Current Month: 0.17



MSSA

Target: monitor
Variation status: Normal variation
Current Month: 1



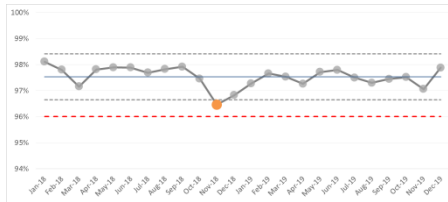
MSSA bacteraemia – One HAI MSSA bacteraemia to report in December 2019. Related to a frail patient being treated for community acquired pneumonia and possible septic arthritis. The bacteraemia was assessed as unavoidable.

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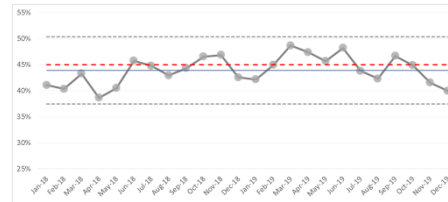
10

What patients are telling us? (1)

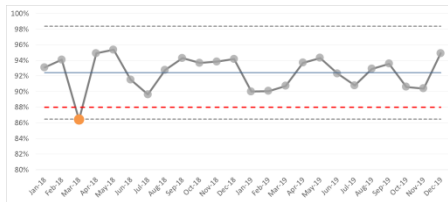
Inpatient FFT Score



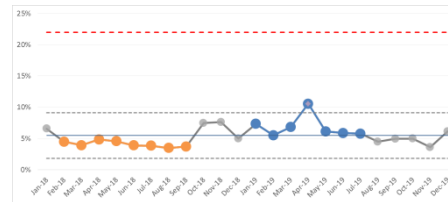
Inpatient Response Rate



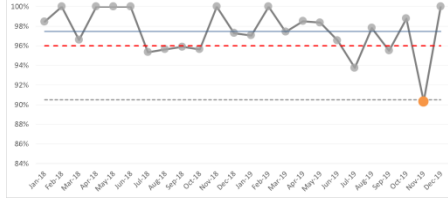
A&E FFT Score



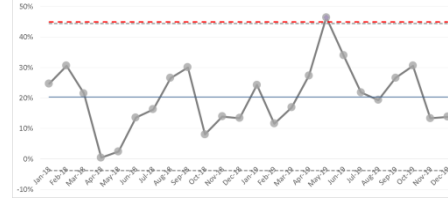
A&E Response Rate



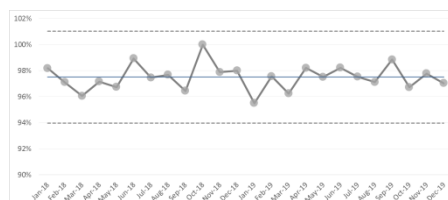
Maternity FFT Score



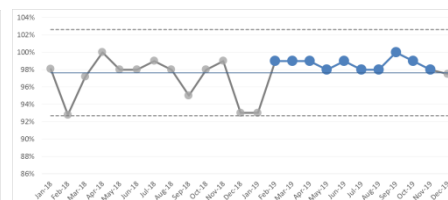
Maternity Response Rate



Outpatient FFT Score



Community FFT Score



The FFT response rate for inpatients dipped slightly again to 40% in December 2019 albeit with a 98% score. Causes for lower response rates in ED and Maternity continues to be due to staffing pressures. Ongoing support is being provided by the Pt Exp team. The dip for inpatients in Nov 2018 was due to three areas scoring 88% with no specific themes and similarly no specific themes for the dip in Mar 2018 for ED. The dip in maternity score in Nov 2019 was due to an issue with 2 different surveys on a tablet device which was rectified.

Some positive comments

- "Very, very kind. I was treated with respect and care. Always asked if I was ok and noticed the nurses be kind to everyone on the same ward as me. Thank you very much."
- "I cannot fault my treatment from the top to the bottom; thank you for looking after me so well."
- "Staying in here has been a real eye opener for me. I have seen some pretty amazing things and as I write I can hear a patient laugh who was crying out in pain yesterday. Thank you so much for all of your dedicated hard work. You really do make a major difference. Kind, hard-working and welcoming."

Some negative comments

- "Come a little quicker when call buzzer used."
- "All staff to have name badges."
- "Reduce delays in discharge procedure."

Lowest scoring questions :

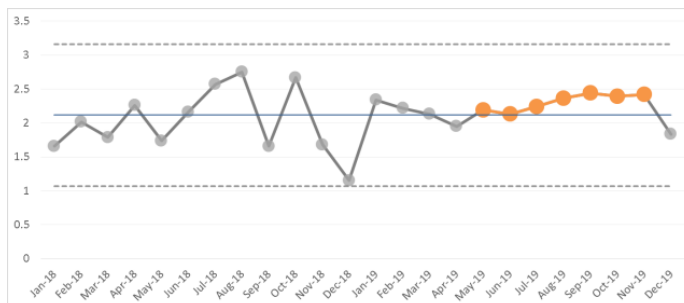
- Did you feel involved in decisions about your discharge?
- Did you receive written information about your condition?
- Were you informed as to why you had to repeat clinical information when asked by a nurse or doctor?

28/01/2020

What patients are telling us? (2)

Complaints Received per 1000 bed days

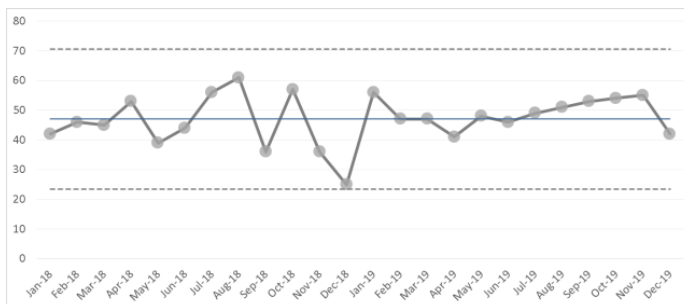
Target: Monitor
Variation status: Shift
Current Month: 1.8



43 new complaints were received in December 2019 with a rate of 1.9 complaints/1000 bed days. Previously, there was an upward shift in the rate/number of complaints received since May 2019 albeit the rate is still within expected limits. The reduction in December may be seasonal. There are no obvious/apparent themes or trends in terms of the upward shift.

Complaints Received

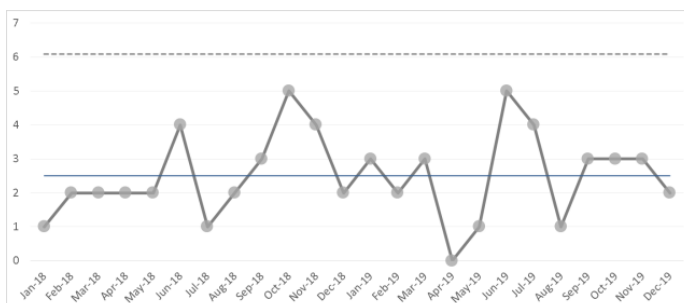
Target: Monitor
Variation status: Normal variation
Current Month: 42



Women's and Children's Division has the highest rate of complaints per 1,000 bed days at 2.5 and a total of *5 complaints. Of the complaints received, 2 related to Communication category and 1 each for Standard of Care, Provision of Service and Patient Pathway. The sub category for Communication had 1 complaint for confidentiality issues and 1 for written information to other healthcare provider. *At time of writing 1 has subsequently been reassigned to clinical admin with no specific themes for other 4.

PHSO contacts

Target: Monitor
Variation status: Normal variation
Current Month: 2



In December 2019, there were two contacts from the Parliamentary and Health Service Ombudsman (PHSO). One contact was to make enquiries about a case that ESHT had responded to that the PHSO were now considering for further investigation, and one contact to provide an outcome on a case they had been investigating but have now discontinued the investigation.

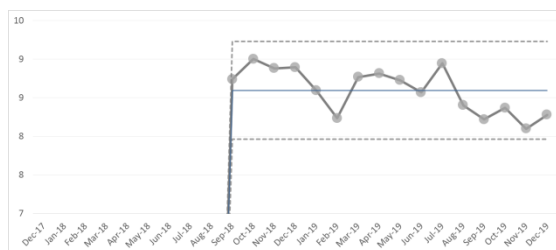
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Effective Care – Nursing & Midwifery Workforce

CHPPD (Trust)

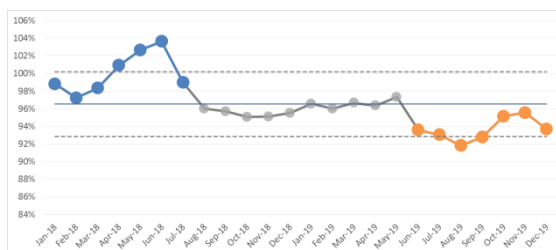
Target: monitor
Variation status: Normal variation
Current Month: 8.28



Care Hours Per Patient Day (CHPPD): The overall CHPPD for the trust was 8.28 for Dec 2019 which remains within expected parameters and is closer to the most recent national rate. The latest available rates reported in Model Hospital for comparison are for October 2019; ESHT 8.4, National 8.0 & Peer Providers 7.9. It should be noted that Women & Children's (W&C) division have the highest CHPPD (high acuity areas) which affects the trust overall figure. An increase in W&Cs CHPPD in July 2019 was investigated and errors in reporting of staffing and patient data were detected and rectified.

Staff Fill Rate (total)

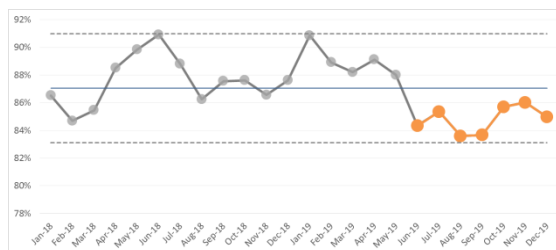
Target: 100%
Variation status: Shift
Current Month: 93.7%



Staff fill rate – planned vs actual : The reduction in fill rate in July 2018 is likely to be related to new processes and greater grip and control on use of additional unregistered staff for 1:1 ("specialling") with considerable work with the divisional teams. There was also an agreed increase in establishments creating new vacancies. Careful monitoring will be reported to POD going forward. The subsequent slight dip since June 2019 is being analysed but may be due to changes in bed capacity. Recent recruitment should start to significantly improve this as RNs complete required study and obtain NMC registration.

Staff Fill Rate (Registered)

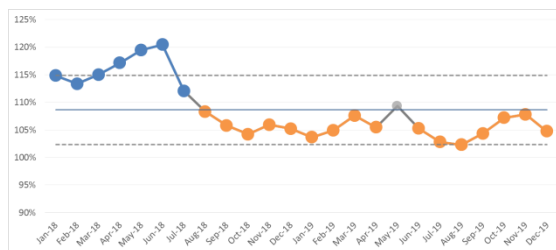
Target: 100%
Variation status: Shift
Current Month: 85%



It is important to note that these fill rates relate to inpatient areas. If/when CDUs or EDs need support and when additional escalation areas are open staff are redeployed from substantive areas to support safety/continuity so this does have an impact on the fill rate overall.

Staff Fill Rate (Unregistered)

Target: 100%
Variation status: Shift
Current Month: 105%



Safety remains a top priority and clinical and operational staff work closely every day to ensure best and safest care for patients in all areas.

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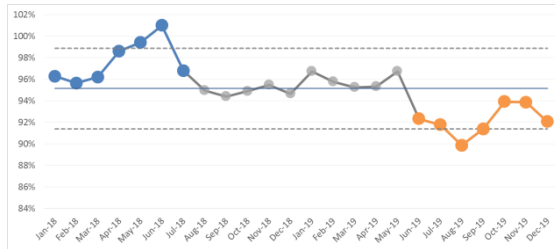
Effective Care – Nursing Workforce

Staff Fill Rate (day)

Target: 100%

Variation status: Extreme value

Current Month: 92.1%



There is a difference between day and night fill rates with slightly better fill rates at night.

There is anecdotal evidence to suggest that where gaps occur (vacancies, sickness or additional capacity) and attempts are made to fill these, the more expensive shifts are usually easier to fill as hourly rates are higher.

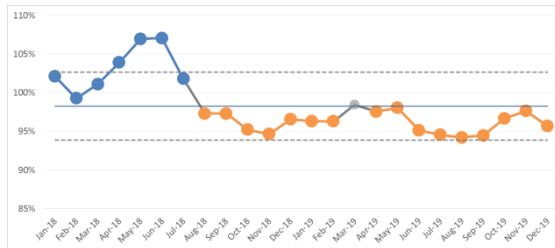
This work is being taken forward by the Safe Staffing group and the Director of Nursing is holding a Staffing Summit at the end of January to discuss a range of issues. The DoN is co-chairing a Sussex wide collaborative resourcing group working with our HRD and other trusts on a range of workforce related issues.

Staff Fill Rate (night)

Target: 100%

Variation status: Shift

Current Month: 95.7%



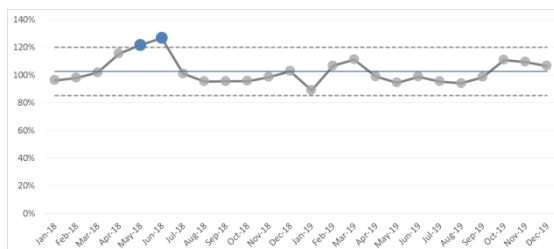
Further work will also be undertaken to triangulate in more detail fill rates, demand, incidents and complaints; Excellence in Care data and other key Quality KPI's will be used.

It is proposed that this information will be reported to the People & Organisational Development Committee (POD) with any concerns escalated to the Quality & Safety Committee.

Effective Care – Nursing Workforce

Staff Fill Rate (Bexhill)

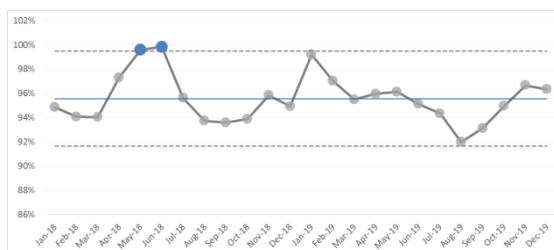
Target: 100%
Variation status: Normal variation
Current Month: 106.6%



Whilst fill rates for Bexhill and Rye are largely stable there is a difference for the Conquest and for Eastbourne with a drop since last Summer for EDGH, with likely reasons for this as described earlier and subject to further analysis.

Staff Fill Rate (Conquest)

Target: 100%
Variation status: Shift
Current Month: 96.3%

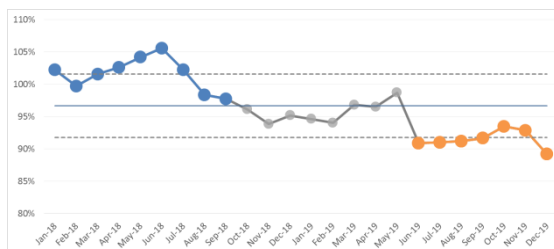


The use of additional escalation capacity is more of a challenge on the Eastbourne site as there is little escalation on the Conquest site due to lack of available space.

In line with the Developing Workforce Safeguards (DWS) requirements, skill mix fluctuations and the impact of workforce plans and/or operational changes will be explored further and provided in future reports to People & Organisational Development (POD) and Quality & Safety Committee (QSC) as required.

Staff Fill Rate (Eastbourne DGH)

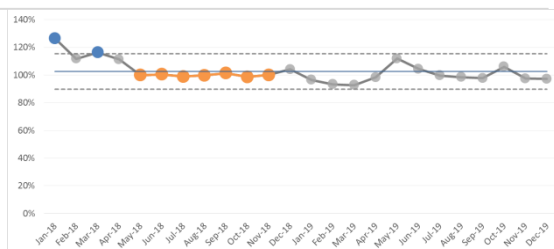
Target: 100%
Variation: Special cause (concern)
Current Month: 89.2%



As described earlier, this is managed closely on a daily basis by clinical and operational teams with oversight by the COO and the DoN and recent recruitment should start to significantly improve this as RNs complete required study and obtain NMC registration.

Staff Fill Rate (Rye Memorial)

Target: 100%
Variation status: Normal variation
Current Month: 97.2%



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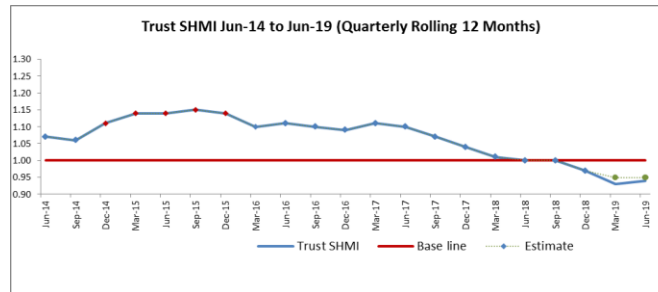
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Effective Care - Mortality

Why we measure Mortality – it's used as an indicator of hospital quality in order to look for improvement in mortality rates over time, improve patient safety and reduce avoidable variation in care and outcomes.

Summary Hospital Mortality Indicator (SHMI)

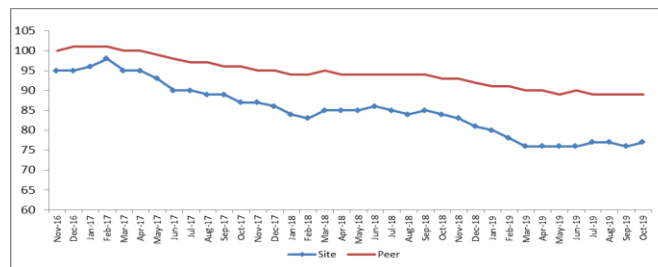
Ratio between the number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures



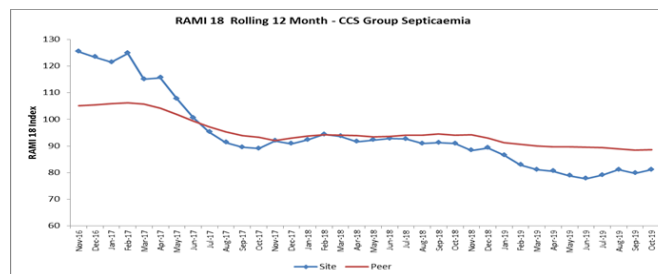
The HES data issue has now been resolved and the Trust is now showing the correct index.

- SHMI – the issue has now been resolved by NHS Digital and the graph has been updated with the correct data. July 2018 to June 2019 is now showing an index of 0.94.
- RAMI 18 – November 2018 to October 2019 (rolling 12 months) is 77 compared to 84 for the same period last year (November 2017 to October 2018). October 2018 to September 2019 was 76.
- RAMI 18 shows an October position of 85. The peer value for October is 90. The September position was 76 against a peer value of 86.
- Crude mortality shows November 2018 to October 2019 at 1.45% compared to 1.68% for the same period last year.
- The percentage of deaths reviewed within 3 months was 73% in September 2019, August 2019 was 74%.

Risk Adjusted Mortality Index (RAMI)



RAMI 18 month rolling CCS Group Septicaemia




Workforce

Delivering safe care for our patients
What patients are telling us?
Delivering effective care for our patients
Challenges and risks

**Safe patient care is
our highest priority**

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

Summary

	Positives	Challenges & Risks	Author
Responsive	<p>Temporary expenditure of £3,283k represents a reduction of £131k since last month.</p> <p>Annual turnover has reduced by 0.2% to 9.9%, reflecting 590.8 FTE leavers in the rolling 12 months</p> <p>Appraisal compliance increased by 0.5% this month to 79.8%.</p>	<p>The Trust vacancy rate has increased by 0.3% to 9.8% Current vacancies are 690.2 fte, an increase of 17.8 ftes this month. This correlates with a 16.7 fte increase in the Trust fte budgeted establishment this month for Winter funding.</p> <p>Monthly sickness increased by 0.2% to 5.0% whilst the overall annual sickness rate increased by 0.1% to 4.5%.</p> <p>Mandatory Training compliance rate has reduced by 0.3% to 88.8%.</p>	 <p>Monica Green Director of Human Resources</p>
Actions:	<p>The Trust is committed to ensuring our staff is valued, respected and able to deliver the highest level of care. Therefore ensuring that we have the right people, at the right time providing the right care is of the ultimate priority. As such, we are:</p> <ul style="list-style-type: none"> Ensuring services recruit fully to their vacancies including sourcing overseas staff for hard to recruit posts and working in partnership with our preferred supplier agencies for consultant posts. Carrying out a diagnostic of the past 12 months recruitment and retention figures to develop a robust long term recruitment plan. As part of the Trust business planning cycle, working alongside our divisions to develop robust workforce plans that will support the delivery of our 6 five-year sustainability programmes. This will also include the development of an overall Trust workforce plan. Scrutinising the effective deployment of our permanent workforce via: the use of our rosters which should be signed off 6-8 weeks in advance; supporting colleagues in the completion and sign off of job plans for medical staffing, AHP and Nursing; supporting the temporary workforce service team to recruit and deploy our bank staff in the most cost effective way. In partnership with finance, strategy and operational colleagues, reviewing our establishment against service demands to ensure we have the right numbers of funded staff. Developing our behaviours framework which will support the continuous work of improving the culture of our organisation Reviewing our appraisal policy to include talent conversations aiming at aligning the offer of our training and development programmes to the needs of our staff and patients as well as the improvement of our retention and staff engagement scores. Supporting our staff to manage anxiety and depression by accessing via OH, the services of a newly recruited Mental Health Practitioners and developing a programme of stress reduction in 2 pilot areas. Our OH is also linking in with iMSK to improve and extend pathways for staff to access MSK interventions. Assisting the Divisional Governance Leads to improve our mandatory training to reach 90% target across all topics. 		

28/01/2020

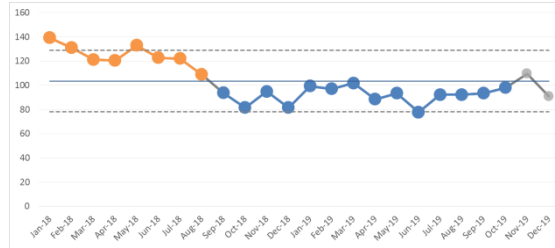
18

Workforce – Contract type

Agency FTE Usage

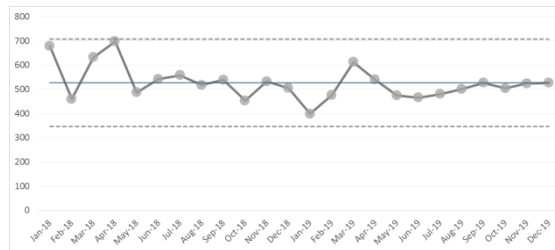
Target: monitor

Current Month: 90



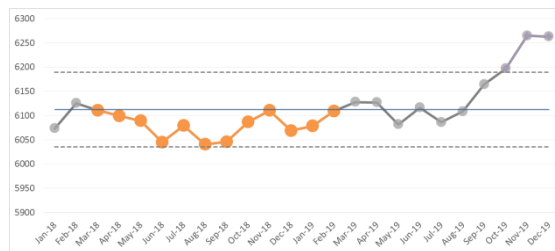
Bank FTE Usage

Current Month: 526



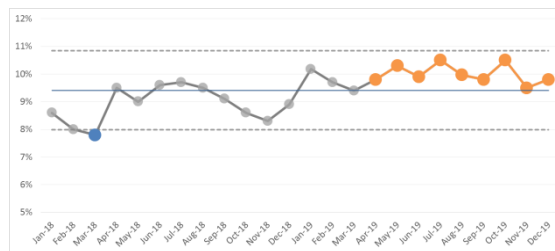
Substantive FTE Usage

Current Month: 6,263



Vacancy Rate

Current Month: 10%



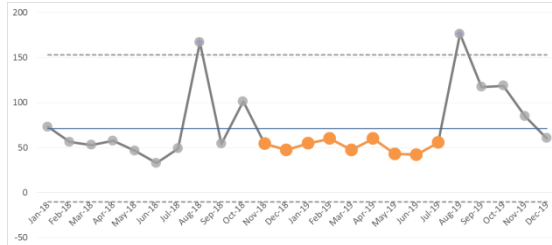
- Agency fte usage decreased this month within Medical Gastroenterology, Respiratory and AMU due to use of locums in month. A&E and Pathology medical agency also reduced in month. Long term trend is declining, with some seasonal fluctuations. Current usage is 35% lower than in Jan 18
- Bank & Locum Expenditure increased slightly due to some switch from medical agency (as above), with reductions in usage in other areas, plus the use of nursing bank on escalation wards. Less variation in usage so far in 19/20 as bank peaks in the winter months.
- Substantive fte usage has remained fairly static this month after steady increases over the previous four months due to successful recruitment.
- The vacancy rate has increased by 0.3% to 9.8% in December. Current Trust vacancies are 690.2 ftes, an increase of 17.2 fte vacancies since last month. Vacancy rates are trending slightly higher than two years ago but this partly reflects increases in the budgeted fte establishment which has increased by 5% over that period whilst substantive staff numbers have increased by 3%.

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Workforce - Churn

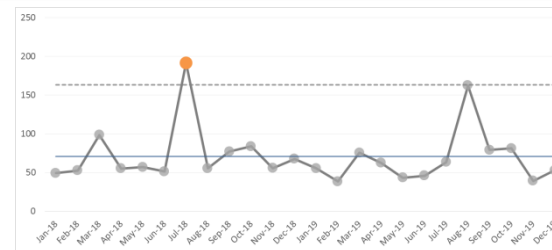
Starters FTE

Current Month: 60.4



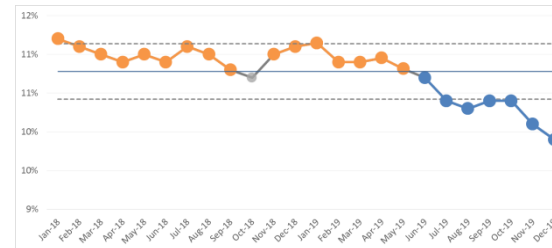
Leavers FTE

Current Month: 51.1



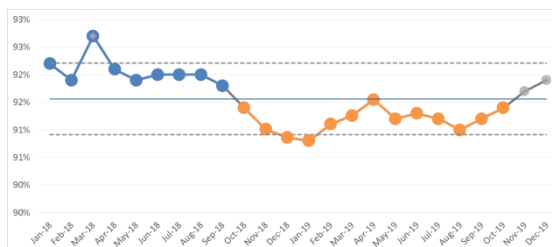
Annual Turnover Rate

Current Month: 9.9%



Retention Rate

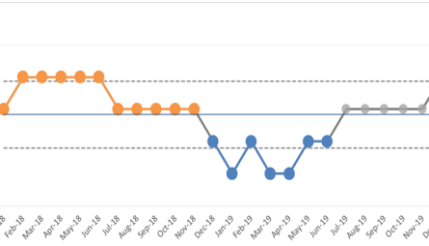
Current Month: 92%



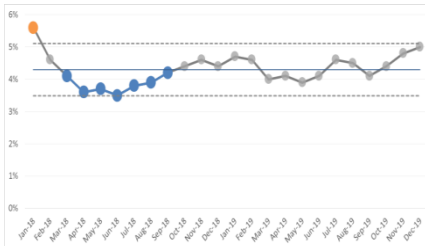
- 60.4 ftes joined ESHT this month, 51.1 ftes left and 41.0 fte staff moved departments internally. December was the fourth consecutive month with overall starters above overall Trust leavers with a net increase of 9.3 fte.
- Since May 2019, 95 new non EU overseas nurses recruited.
- The highest volume of monthly new starters and leavers relates to the Doctors in Training rotation in August.
- The average national annual turnover for acute Trusts is 10.4%. ESHT turnover has reduced by 0.2% to 9.9% (590.8 fte leavers), continuing a downward trend. Turnover has reduced by 1.3% in the last two years
- The retention rate (i.e. % of staff with more than 1 year's service with ESHT) has increased this month by 0.2% to 91.9%. The retention rate has remained relatively high within the range 90.8% to 92.7% across the last two years.

Workforce - Sickness

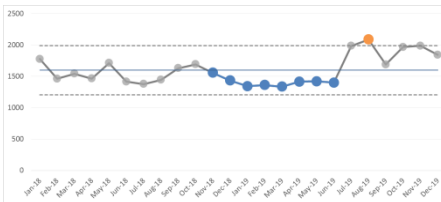
Annual Sickness Current Month: 4.5%



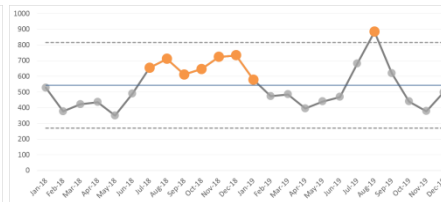
Monthly Sickness Current Month: 5%



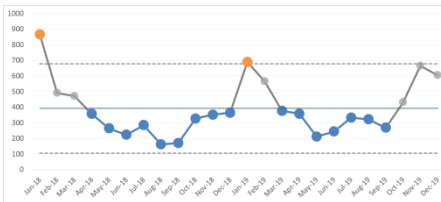
Anxiety/Stress/Depression



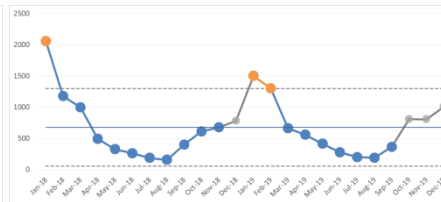
Back Problems



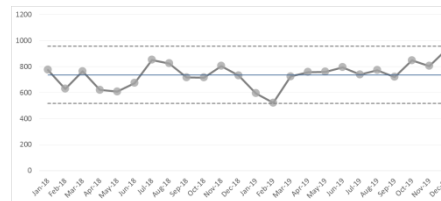
Chest & Respiratory Problems



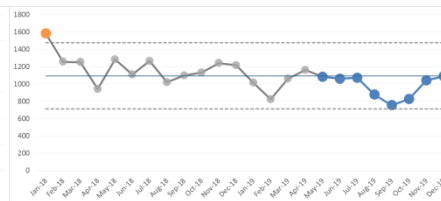
Cough, Cold & Flu



Gastro-intestinal Problems



Other MSK problems



- Annual sickness has increased by 0.1% this month to 4.5%. This is still in line with the Trust target rate. The annual rate trend was lower between Dec 18 to Jun 19 as monthly sickness in the winter of 18/19 was significantly lower than for the previous year. In 19/20 monthly rates have generally been higher than for 18/19 thus the annual rate has increased.
- Monthly sickness has increased by 0.2% to 5.0% in Dec 19. In Dec 18 the rate was 4.4%
- Whilst anxiety/stress/depression is the highest reason for sickness days lost in month in December 19, there has been a decrease of 143 fte days lost this month. Anxiety/stress /depression has consistently been the highest stated reason for sickness across the last two years within the range 1337 to 2089 fte days lost per month.
- Sickness due to back problems has been on a downward trend in the last few months but other musculoskeletal problems have shown an increase in the last two months.
- Cold, cough & flu and chest & respiratory problems tend to peak in the winter, as expected but gastrointestinal problems have also increased this month to the highest level for the last two years (932 fte days lost)

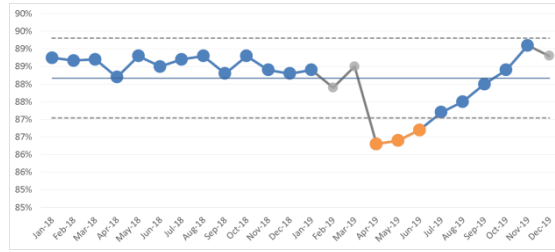
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Workforce - Compliance

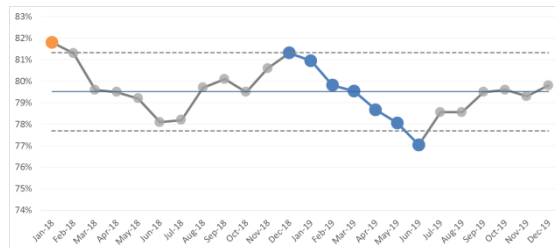
Mandatory Training Compliance

Current Month: 89%



Appraisal Rate

Current Month: 79.8%

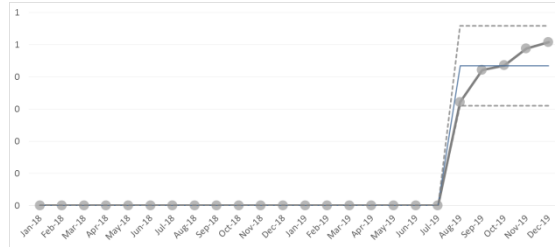


- The overall mandatory training compliance rate has decreased by 0.3% to 88.8%. The reduction is due to reduced training over the holidays coupled with downtime for ESR preventing staff from completing eLearning modules during this time
- There was a drop in compliance in Apr 19 due to the resetting of the renewal requirement for Mental Capacity Act and Deprivation of Liberties training to 3 years (previously no set renewal period). Since then the rate has steadily increased, until this month, partly due to increasing take up of eLearning
- There was an increase of 0.5% in appraisal compliance in Dec '19 to 79.8%. The Self-serve Transformation Programme, whereby Divisions directly input their appraisal data into ESR, has seen an improvement in appraisal rates since June (77.0%).

Workforce – Job Planning

Consultant eJob-Planning Fully Approved Rate

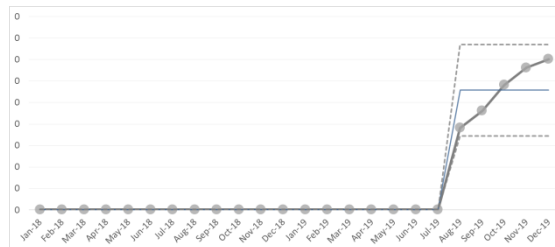
Current Month: 51%



- The associated graph reflects a 24 month view however data available from July 2019
- As at Dec '19 126 out of 248 Consultants had a fully approved job plan (51%) and 35 out of 96 SAS Grades (36%).
- The job planning support team has been expanded in January with two new members of staff

SAS Grades eJob-Planning Fully Approved Rate

Current Month: 36%



Access and Responsiveness

Delivering the NHS Constitutional Standards

Our front door - Urgent Care

How our patients flow through the hospital


Our Cancer Services

Our Out of Hospital Services

We will operate efficiently & effectively

Diagnosing and treating our patients in a timely way that supports their return to health

Summary

	Positives	Challenges & Risks	Author
Responsive	<p>The acute and community length of stay remains on target, in line with national median LOS and patients with a length of stay 21 days and over remains below target. Same Day Emergency Care (SDEC) is delivering above the national target, and will further increase as the new SDEC unit at Conquest opened in January.</p> <p>In line with national priorities we are focusing on:</p> <ul style="list-style-type: none"> - Increasing discharges before noon (home for lunch) - Increasing weekend discharges - Streaming patients to primary care clinicians in ED - Reducing patients with a LOS 7 days and more to 30% of our total bed base <p>The Integrated Discharge Team continues to embed with the new discharge co-ordinators starting to support wards and there is a good level of system working to improve response times for urgent care patients and discharge.</p> <p>RTT performance continues to provide a stable position 91.1% . As part of RTT recovery, DAS division has seen positive gains in its performance especially with Ophthalmology achieving for the second consecutive month with 93.4%. As a division, Medicine continued to achieve 18 weeks. Gynaecology performance within WAC division has also seen further recovery of its performance.</p> <p>Diagnostic services continue to deliver against the standard with 0.6% of patients waiting more than 6 weeks.</p>	<p>Non-elective activity continues to increase compared to the previous year (YTD 6.9% admissions, 9.0% attendances) and against the plan agreed with the CCGs (6%), the increasing demand is affecting the ability for the Trust to respond in a timely way and has resulted in escalation beds remaining open.</p> <p>The system undertook a reset week in early January, which expedited patients for discharge, and has identified key areas for further development, these will be reflected in system plans moving forwards.</p> <p>The 3 year acute bed modelling has been completed and system discussions are underway to agree how future capacity gaps will be resolved. A similar process is due be undertaken across community to ensure sufficient capacity to support admission avoidance and discharge once patients are medically optimised.</p> <p>Medical staffing in ED has been a challenge, recruitment is underway with new starters coming into post with temporary workforce onboarding being reviewed.</p> <p>November Cancer 62 day performance of 80.3% has shown an 1.7% improvement compared to October although this standard remains a challenge. Key Issues with detailed plans being developed:</p> <ul style="list-style-type: none"> - Embedding timed pathways and one stop - Sub speciality radiology reporting - Chemotherapy capacity 	 <p>Joe Chadwick-Bell Deputy Chief Executive</p>

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NHS Constitutional Standards

*NHS England has yet to publish all the December 2019 Provider based waiting time comparator statistics

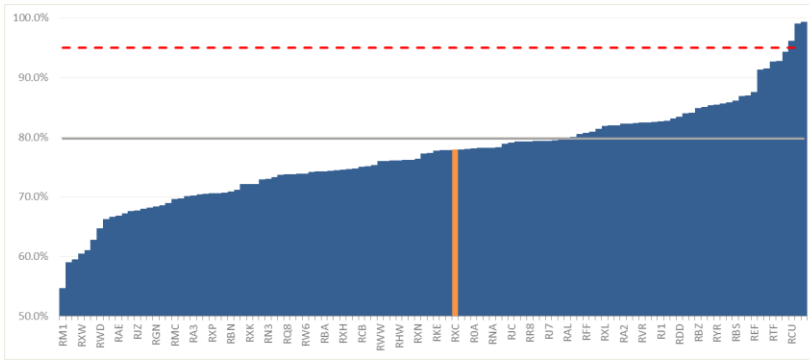
ESHT denoted in orange, leading rankings to the right

Urgent Care – A&E Performance

December 2019 Peer Review

National Average: 79.8%

ESHT Rank: 57/120

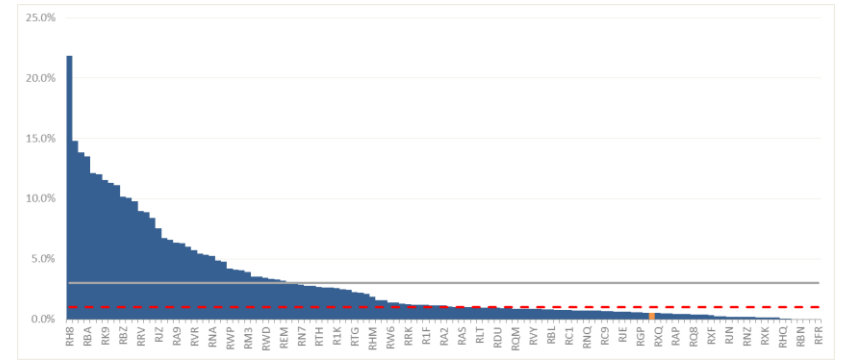


Planned Care – Diagnostic Waiting Times

November 2019 Peer Review*

National Average: 3.0%

ESHT Rank: 29/127

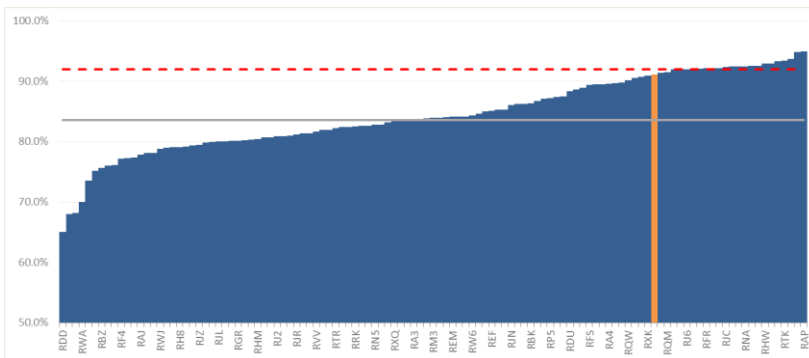


Planned Care – Referral to Treatment

November 2019 Peer Review*

National Average: 83.6%

ESHT Rank: 24/115

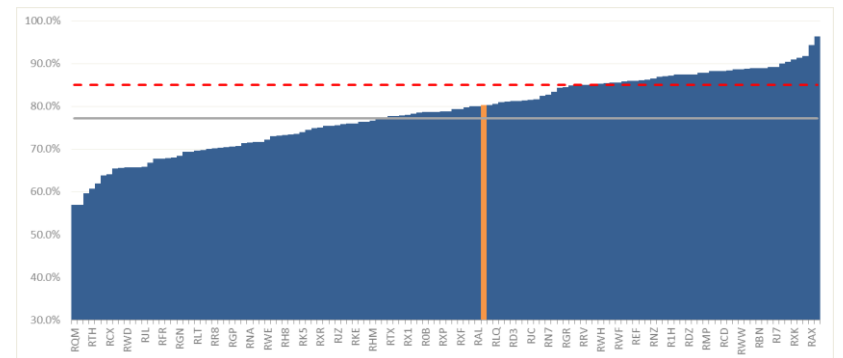


Cancer Treatment – 62 Day Wait for First Treatment

November 2019 Peer Review*

National Average: 77.2%

ESHT Rank: 58/128



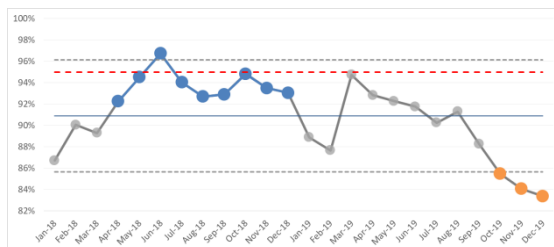
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Urgent Care – Front Door

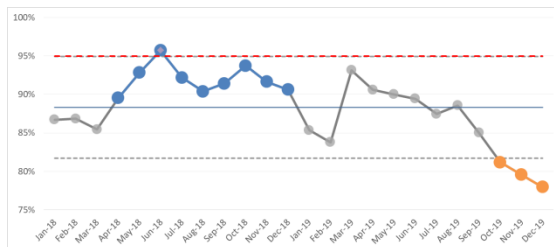
A&E Performance (Local System)

Target: 95%
Current Month: 83.4%

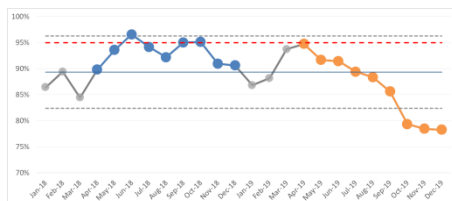


A&E Performance (ESHT Total Type 1 & 3)

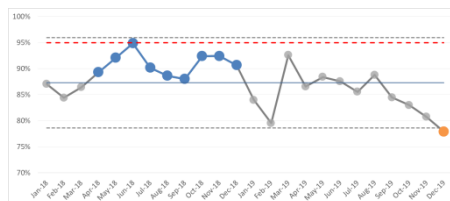
Target: 95%
Current Month: 78.1%



CONQ

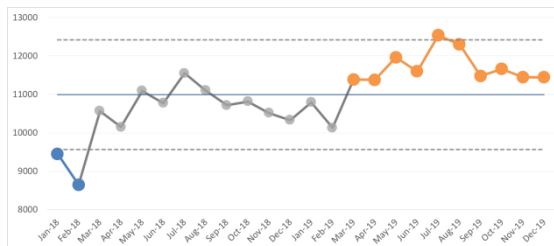


EDGH



A&E Attendances (ESHT Total Type 1 & 3)

Target: Monitor
Current Month: 11,447



The Trust 4 Hour performance standard in December was 78.1% against a national performance of 79.8%. This ranked the Trust 57th out of 120 reporting organisations. The system 'Walk-In' centres and the Acute Trusts combined performance for December was 83.4%.

Activity continues to be higher than previous years, A&E attendances are up 9% against the year to date comparison.

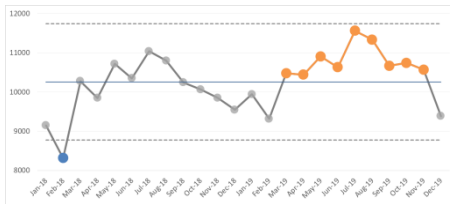
Activity continues to increase, which has had a direct impact on response times. The front door services, UTC, emergency departments and gateway areas are being developed to ensure pathways, physical space and sufficient workforce are in place to meet the demand.

Recovery and Transformation:

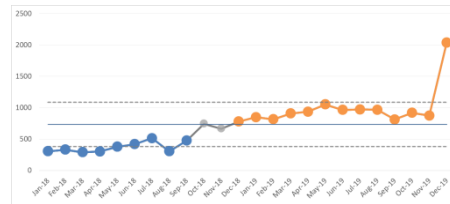
- System transformation plan in place
 - 7 day Acute medicine and ambulatory care
 - Increased streaming at the front door of ED and direct from GP/ambulance to gateway areas
 - Frailty pathways
 - High Intensity User Service
 - Admission avoidance pathways and alternative ambulance conveyances
 - Enhanced care home model
 - Extension of dedicated workforce to support the flows into the Urgent Treatment Centres
 - Refreshed workforce plan for the emergency departments
 - Estate development to create dedicated UTC space

Urgent Care – Front Door

ESHT Total Type 1

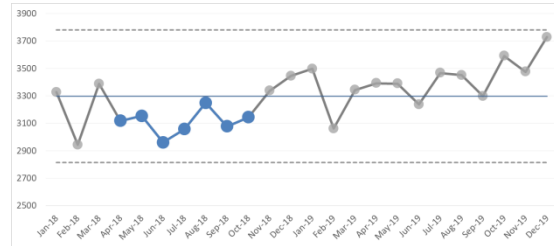


ESHT Total Type 3



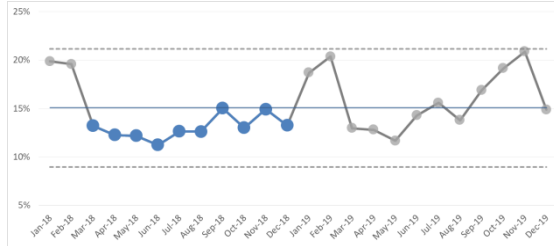
Conveyances
(ESHT – CQ and EDGH)

Target: Monitor
Current Month: 3728



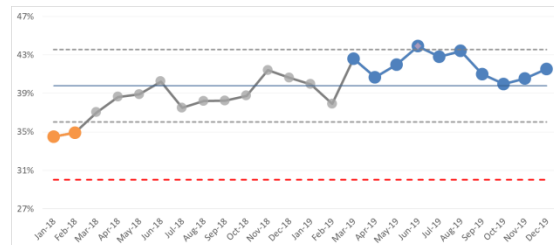
Conveyance Handover >30
(ESHT – CQ and EDGH)

Source: SECAmb
Target: Monitor
Current Month: 14.9%



Same Day Emergency Care
(ESHT – CQ and EDGH)

Target: 30%
Current Month: 41.5%



All ENP and GP activity is now being recorded as type 3, this will affect type 1 performance but not the overall Trust position.

The national target of 30% of the daily non elective admission demand to be managed without the need for an overnight admission is being exceeded and will continue to increase with improved pathways from 999 and GPs, 7 day working and with the new unit opening at Conquest.

Ambulance conveyances are up 8.7% against the year to date comparison.

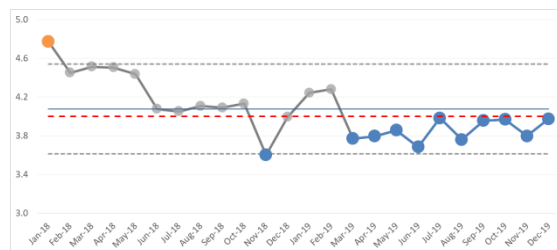
Types of A&E service:

Type 1: Consultant led 24 hour service with full resus facilities.
Type 3: Other type of A&E/minor injury units/Walk-in-Centres/Urgent Care Centre.

Urgent Care - Flow

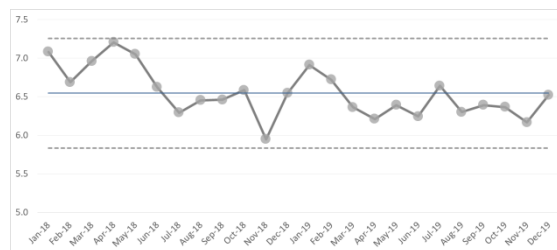
Non-elective Length of Stay (Acute)

Target: 4.0
Current Month: 4.0



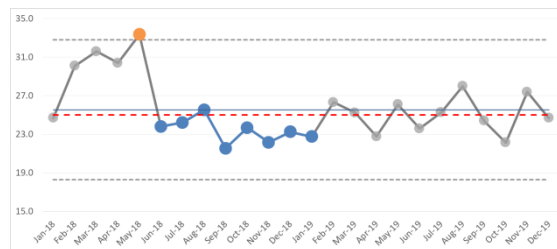
Non-elective Length of Stay, excluding zero LoS (Acute)

Target: Monitor
Current Month: 6.5



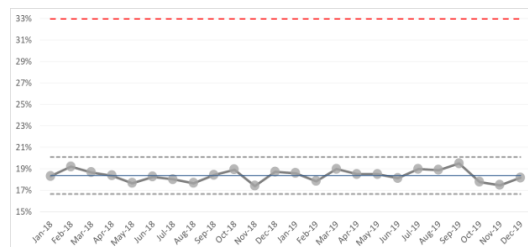
Intermediate Care Units Average LoS (Community)

Target: 25.0
Current Month: 24.7



Patients discharged before midday %

Target: 33%
Current Month: 18.2%



The Trust, in line with NHSI priorities is moving to a revised set of patient flow metrics.

The patient flow program is focusing on delivering:

- reduced LLOS (21+ patients) by 40% - achieved
- increase pre noon discharges to 40%
- increase weekend discharges by 50% on Saturday and 25% on Sunday

Same day emergency care 33% : December = 41.5%

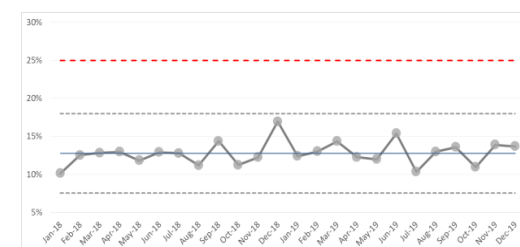
Development of integrated discharge team - achieved

Specialty specific length of stay reductions with a particular focus on Gastroenterology and Frailty

Opening of the AEC at Conquest at the beginning of January

Patients discharged on weekend day

Target: 25%
Current Month: 13.7%

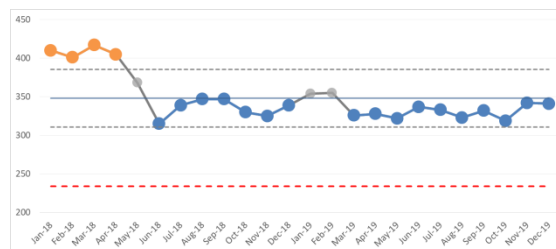


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Urgent Care - Flow

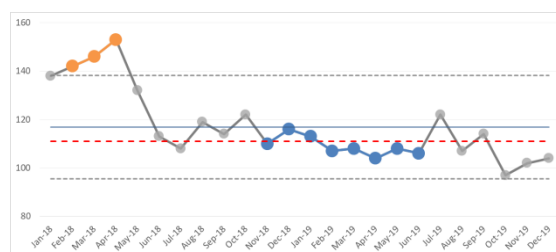
Adult inpatients in hospital for 7+ days (Acute)

Target: 234
Current Month: 341 (Daily Avg.)



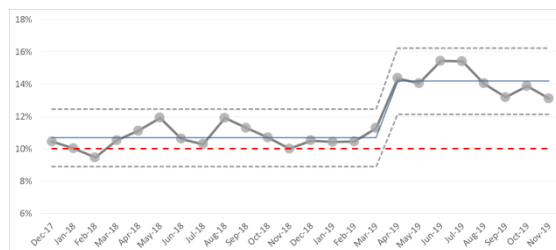
Adult inpatients in hospital for 21+ days (Acute)

Target: 111
Current Month: 104 (Daily Avg.)



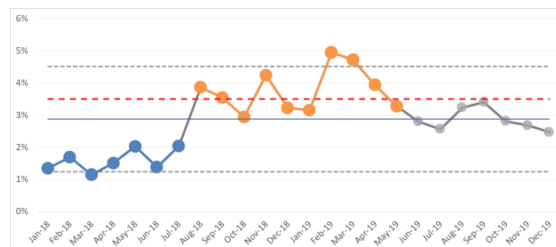
Emergency Re-Admissions within 30 days

Target: 10%
Current Month: 13.1%



Delayed transfer of care (National Standard)

Target: 3.5%
Current Month: 2.5%

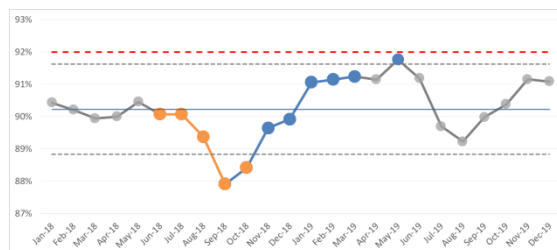


The established emergency readmission rate metric uses finance flags to exclude readmissions in cases where either the initial admission or readmission was an ambulatory tariff. The tariff was discontinued for 19/20, so there has been a step change in the readmission rate because ambulatory admissions are no longer identified as exclusions. Information Management are working with clinical teams to agree a new methodology for internal monitoring.

Planned Care – Waiting Times

RTT Incomplete Standard

Target: 92%
Current Month: 91.1%



The RTT position for December was 91.1%, down by 0.1% compared to November. This still demonstrates a strong position considering that this period includes the Christmas and New Year break.

The focus to recover cancer performance does provide services with little scope to increase RTT capacity and in the main, the RTT recent recovery has come from transformational programmes and process improvements.

Apart from Gastroenterology, all specialties in Medicine Division achieved RTT. Gastroenterology has the added challenge of delivering diagnostics and supporting Cancer in the endoscopy unit whilst facing additional pressures of currently having vacant posts. DAS Division saw overall improvement in performance with Ophthalmology achieving for the second consecutive month and further improvements in T&O, Urology and General Surgery. In WAC Division, Gynaecology achieved 85% which is its highest performance since January 2018.

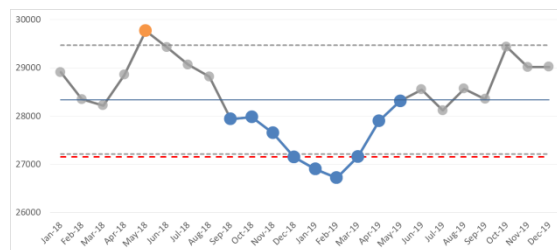
The Waiting list size is currently showing to be above target. This is due to technical issues with the Trust Electronic Referral System (ERS) identified in November 2019 which has meant that some pathways have been duplicated and that the actual waiting list size is currently overstated by 1207. This number has reduced by 50% from when first discovered and the Trust is planning to clear the remainder by the end of February.

There is no patient harm or additional delay as part of this technical issue.

December has seen an increase in patients waiting over 26 weeks although this was to be expected due to reduced capacity from annual leave and an increase in patient deferring treatment until after the holiday period.

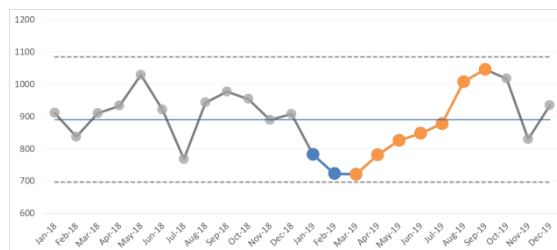
RTT Total Waiting List Size

Target: 27,156
Current Month: 29,019



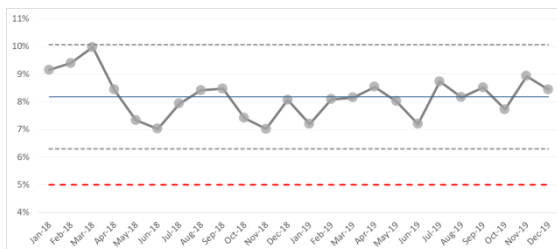
RTT 26 Week Waiters

Target: Monitor
Current Month: 934



Cancellations On The Day (Activity %)

Target: 5%
Current Month: 8.4%

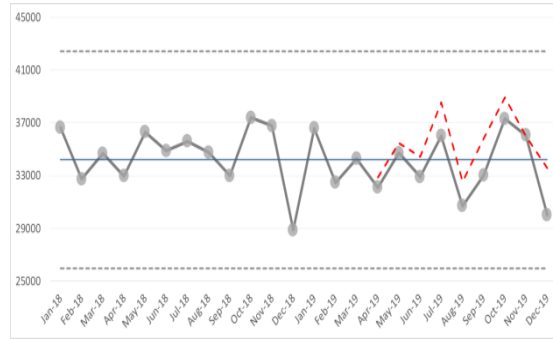


28/01/2020

Planned Care – Outpatient Delivery

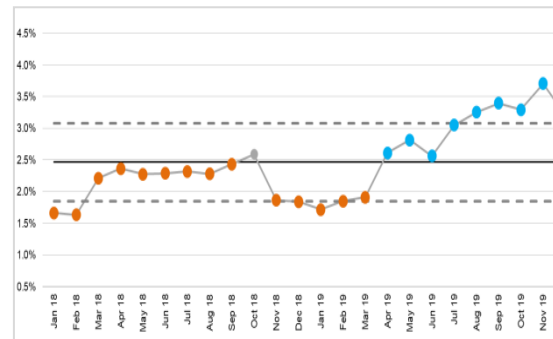
Outpatient Total Activity (New and Follow-up)

Target: Monitor
Current Month: 29,944



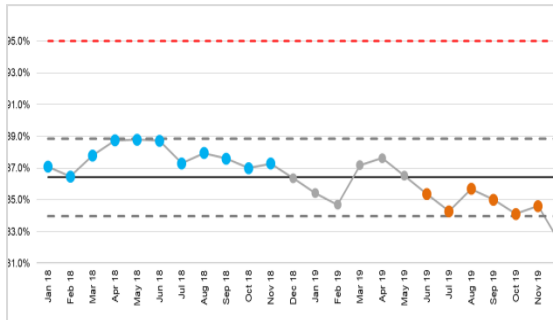
Non Face to Face Outpatients Activity (Activity %)

Target: 33%
Current Month: 3.2%

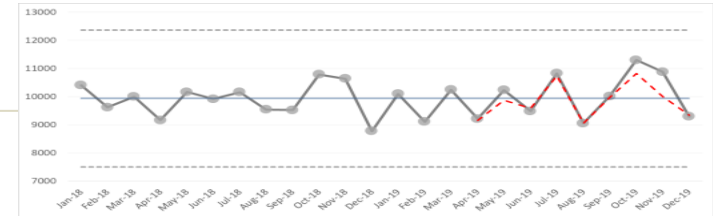


Outpatient Utilisation (XX1 and Non XX1 Clinics)

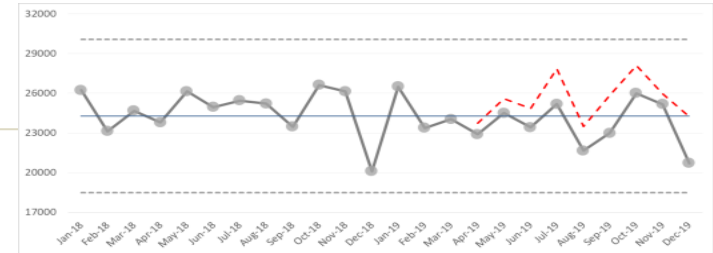
Target: 95%
Current Month: 82.2%



New



Follow up



At a headline level, the Trust is starting to see some growth in OP activity per consultant WTE, particularly for NEW attendances and the total Outpatient activity level is higher than December 18.

The Trust overall DNA rate for November was 7.4% (OPFA = 8% & OPFU = 7%)

Over the past 9 months the Trust has seen a continued increase in Non Face to Face activity. Both Telephone and review clinics have been implemented in numerous specialities such as Ophthalmology, Gastroenterology, Paediatrics, Urology, Oncology, General Surgery and Vascular. This aligns to the Trust plan to avoid at least 30 % of outpatient contacts through redesign over next 5 years (Long Term Plan, 2019).

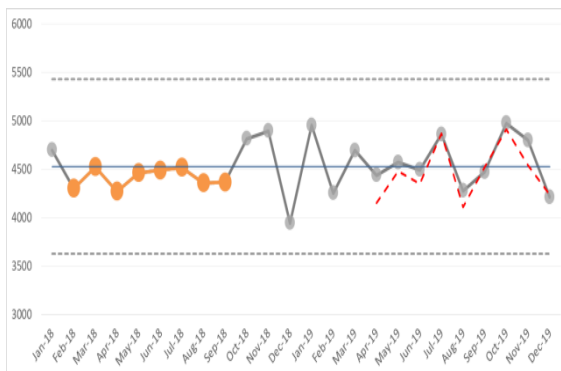
The Trust is implementing a 642 process for Outpatient clinics with aim to address clinic utilisation.

28/01/2020

Planned Care – Admitted Delivery

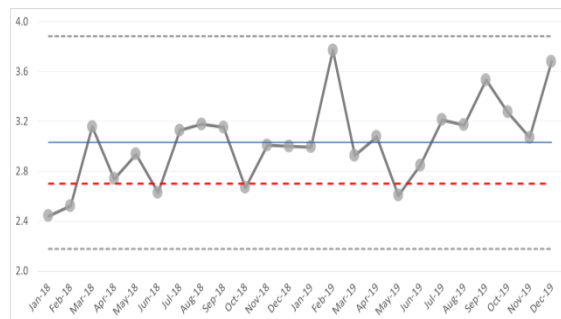
Elective Spells
(Day cases and Elective IP)

Target: Monitor
Current Month: 4,210



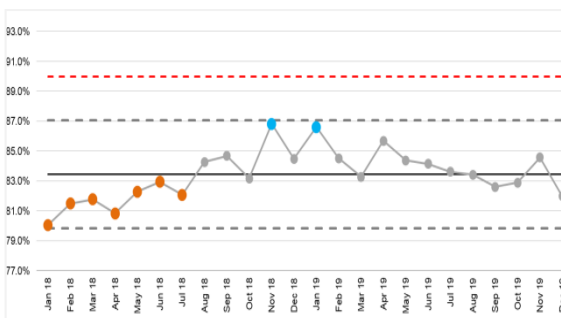
Elective Average LoS
(Acute)

Target: 2.7
Current Month: 3.7

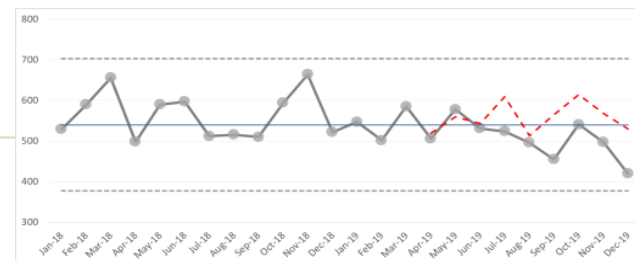


Theatre Utilisation

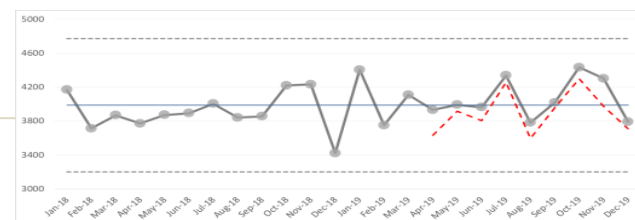
Target: 90%
Current Month: 82.0%



Elective IP



Day cases



The Trust experienced a higher than normal percentage of patients cancelling their elective treatment due to sickness in the lead up to the Christmas break. Attempts to utilise the theatre slots with replacement patients had limited success as patients were reluctant to agree to treatment over Christmas and the New Year. This in turn impacted on Decembers planned care productivity.

Elective Length of Stay has been identified as an area of review in order to understand the detail behind the data and to support a recovery plan.

Planned Care – Activity vs Plan

First OP

SpecialtyName	Activity	Plan	Var (%)	Variance Inc Uncashed
Trauma & Orthopaedics	10981	11862	-7.4%	-881
General Surgery	5359	5804	-7.7%	-446
Cardiology	4779	5118	-6.6%	-339
Diabetic Medicine	508	792	-35.8%	-284
Orthodontics	84	251	-66.5%	-167
Breast Surgery	3973	3717	6.9%	256
Dermatology	3927	3583	9.6%	344
Thoracic Medicine	2808	2291	22.6%	517
Gynaecology	6106	5409	12.9%	697
Ophthalmology	13686	11978	14.3%	1708
Total	90245	88527	1.9%	1718

Follow-Up OP

SpecialtyName	Activity	Plan	Var (%)	Variance Inc Uncashed
Ophthalmology	49891	53950	-7.5%	-4059
General Surgery	4958	8018	-38.2%	-3060
Trauma & Orthopaedics	19481	22135	-12.0%	-2654
ENT	7035	8898	-20.9%	-1863
Paediatrics	4323	6040	-28.4%	-1718
Breast Surgery	3239	3054	6.1%	185
Respiratory Physiology	3979	3596	10.6%	383
Anaesthetics	443	18	2334.9%	425
Cardiology	25616	25174	1.8%	442
Clinical Oncology	7183	6662	7.8%	520
Total	212145	229681	-7.6%	-17536

Day Case

SpecialtyName	Activity	Plan	Var (%)	Variance
Maxillo-Facial Surgery	1200	1474	-18.6%	-274
Cardiology	1705	1816	-6.1%	-111
Trauma & Orthopaedics	1788	1894	-5.6%	-106
Teledermatology	0	13	-100.0%	-13
Endocrinology	388	357	8.8%	31
Dermatology	315	214	47.4%	101
Rheumatology	1634	1487	9.9%	147
Haematology	4748	4557	4.2%	192
Gastroenterology	7341	7014	4.7%	327
Clinical Oncology	5731	4857	18.0%	874
Total	36685	35138	4.4%	1547

Elective

SpecialtyName	Activity	Plan	Var (%)	Variance
Urology	905	1044	-13.3%	-139
Respiratory Physiology	213	327	-35.0%	-114
General Surgery	446	541	-17.5%	-95
Cardiology	141	225	-37.2%	-84
Gastroenterology	178	232	-23.5%	-55
Vascular Surgery	12	6	91.1%	6
Geriatric Medicine	20	7	199.1%	13
ENT	229	210	9.3%	19
Thoracic Medicine	114	69	65.9%	45
Haematology	227	180	26.4%	47
Total	4593	5023	-8.6%	-430

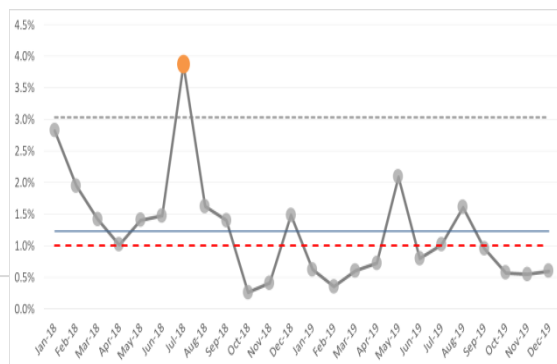
Top five Specialties above and below plan by point of delivery shown for the first seven months of 2019/20. Uncashed activity included using Specialty specific attendance rates to determine realisable activity. Gross total for each point of delivery shown.

This is an estimated level of activity which will eventually be recorded if all outstanding clinics are cashed up.

Planned Care – Diagnostic

Diagnostic Standard

Target: **1.0%**
Current Month: 0.60%



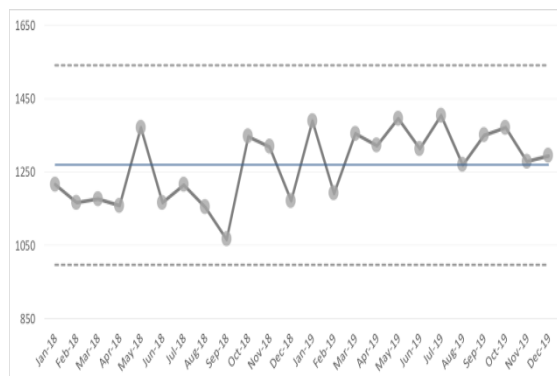
Although the Trust continues to face the challenges of increasing pressures on diagnostics services from the growing demand of Cancer referrals, December achieved target at 0.6%.

This was made up of 33 breaches in total. 20 of which were GA MRIs, 10 Non-Obstetric Ultrasounds, 2 in Urodynamics and 1 Gastroscopy.

Recruitment to the Radiology workforce is an on-going challenge for the Radiology department and this is expected to continue throughout both February and January although progress has been made recruiting to vacant radiographer vacancies over the past month.

Endoscopy Demand (Waiting List Additions)

Target: Monitor
Current Month: 1,294

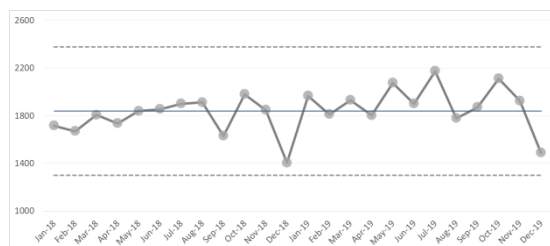


Although Endoscopy modalities continue to achieve the DM01 standard, the this graph demonstrates the increasing demand on the Endoscopy service and the challenge it faces over the coming months.

Cancer Pathway

Two Week Wait Referrals

Target: Monitor
Current Month: 1,489



Cancer referrals followed the expected seasonal drop in referrals although year to date, referrals are up 6%.

There were 57 breaches out of 1,797 Cancer Two Week patients who were first seen for November 2019.

The 62 Day performance showed further improvement in November with a final performance position of 80.3%. This was against a national average of 77.2% and ranked the Trust 58th out of 128 providers.

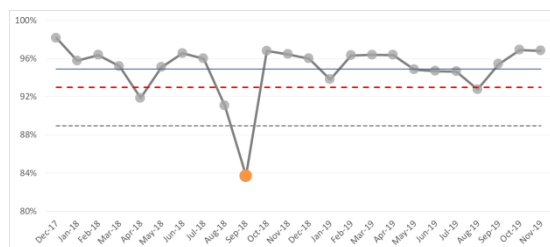
Monitoring of the 28 Faster Diagnostic Standard (FDS) for December was 69.9%. With the support of Cancer Alliance funding, four FDS trackers are being employed to support the implementation of the FDS target for April 2020.

The Trust is continuing to work to the actions in Cancer Recovery. Key recovery actions including:

- Recruitment of sonographers
- Address inconsistent reporting times in Radiology
- Implementation of Breast Triple Assessment clinics
- Campaign to support seeing all referred patients by day 7
- Address Endoscopy waits / capacity
- Cancer Access policy review including GP referral and patient availability agreement
- Addressing Histology turn around times
- Implementation of the Faster Diagnostic Standard for April 2020

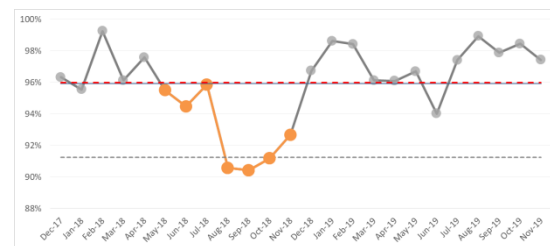
Cancer 2WW Standard

Target: 93%
Current Month: 96.8%



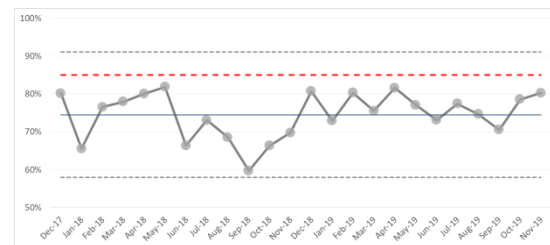
Cancer 31 Day Standard

Target: 96%
Current Month: 97.4%



Cancer 62 Standard

Target: 85%
Current Month: 80.3%

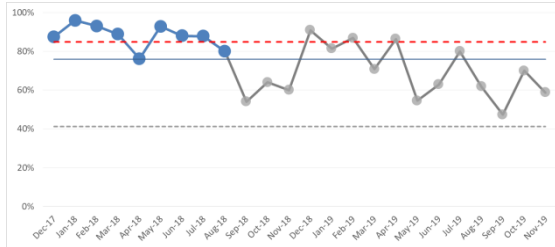


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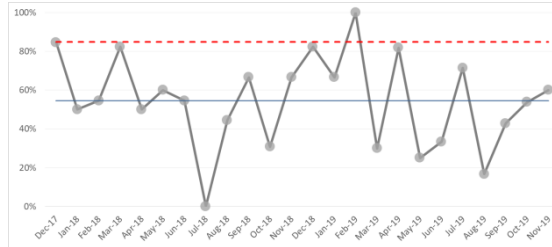
36

2WW Referral to First Treatment 62 Days

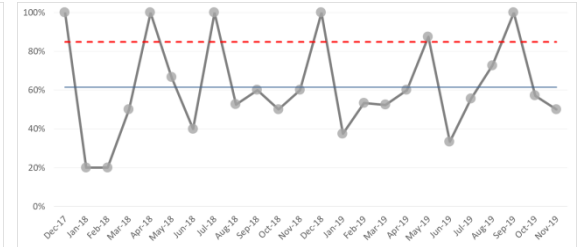
Breast



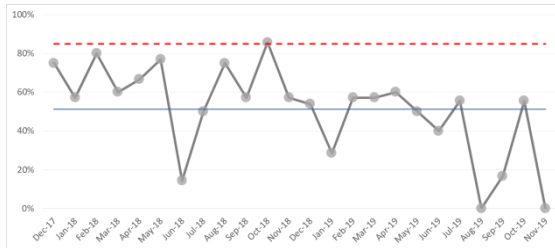
Gynaecology



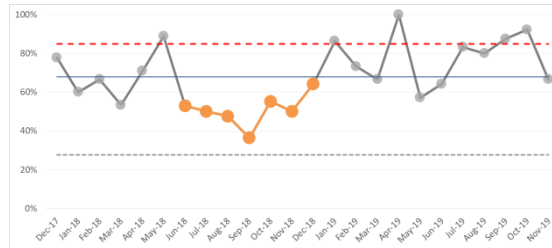
Haematology



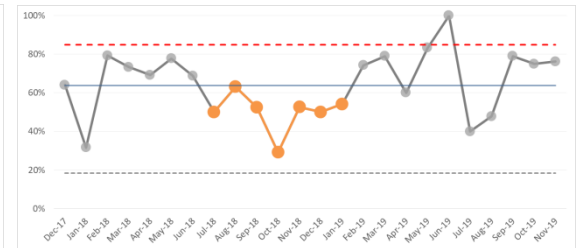
Head & Neck



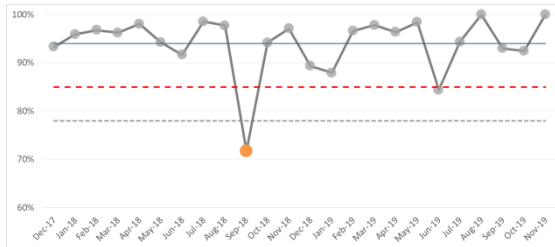
Colorectal



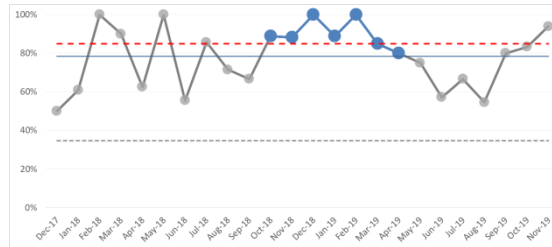
Lung



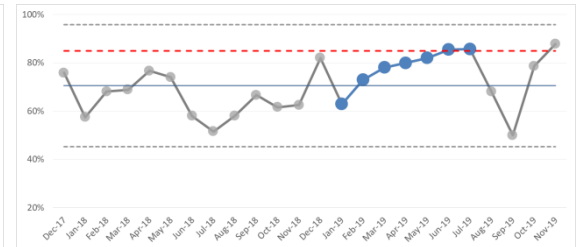
Skin



Upper GI



Urology




Month 9 Financial Performance

Trust Financial Performance
Statement of Financial Position
Workforce Expenditure
Non Pay Expenditure, Efficiencies & Capital
Receivables, Payables & Cash
Divisional Financial Performance

We will use our resources economically, efficiently and effectively
Ensuring our services are financially sustainable for the benefit of our patients
and their care

Summary

	Positives	Challenges & Risks	Author
Responsive	<p>Financial plan target: £34.03m excluding transformation (£10.125m post transformation funding). On track to achieve our financial plan.</p> <p>YTD financial position: M9 delivered: £47k ahead of plan.</p> <p>In month financial position: small surplus of £80k.</p> <p>Risk pool income: £0.5m relating to the activation of the financial risk share pool with our local CCGs for unplanned/emergency activity and planned care has been recognised in our financial position.</p> <p>Transformation funding: we have benefitted from £14.6m</p> <ul style="list-style-type: none"> • PSF (£5.0m) • FRF (£9.6m) <p>CIP: The Trust has over performed by £51k against its YTD plan.</p> <p>Contingency: £2m set aside – this remains unutilised.</p> <p>Capital: We are forecasting achieving our CRL of £21.1m.</p>	<p>Operational deficit: (inc MRET, PSF & FRF): £84k. However, our in month operational deficit deteriorated by £77k compared to the prior month</p> <p>Reserves: £635k utilised in M9, leaving a balance of £1.96m to be utilised during the remainder of 2019/20</p> <p>CIP: Continued focus and work is required to achieve our target of £20.6m. The current forecast is £18.6m to be achieved recurrently with the remainder of £2.0m being achieved non-recurrently.</p> <p>Activity: planned care activity is behind plan, and urgent care is ahead of plan, but the Trust is managing the costs of overall activity pressure. Underspends on investments are mitigating additional costs from activity/WLI .</p> <p>Cost pressures: as we enter Winter, activity will potentially continue to increase beyond planned levels as will associated costs. This increases the financial risk to £2m in the delivery of the financial plan.</p>	 <p>Jonathan Reid Director of Finance</p>
Actions:	<p>CIP delivery: The CIP target of £20.6m is challenging. A continued focus is required to ensure delivery although this may be non-recurrently.</p> <p>Cost pressures: Discussions with local CCGs have commenced about this additional real and not yet fully mitigated financial risk to mitigate against the additional costs of £2m for Winter.</p>		

Finance Report Summary - Month 9

					Operational Deficit				Agency Usage					
	Plan YTD	Actual YTD	Plan FOT	Forecast FOT	Pr Year Actual £k	Plan £k	Actual £k	Variance £k	Pr Year Actual £k	Plan £k	Actual £k	Variance £k		
Capital service cover	4	4	4	4	Year to Date	(35,520)	(11,113)	(11,066)	47	Year to Date	(7,265)	(6,715)	(6,709)	6
Liquidity	1	4	1	1	Year End Forecast	(44,782)	(10,125)	(10,125)	0	Year End Forecast	(9,716)	(8,743)	(8,743)	0
I&E margin	4	4	4	4	The Trust is £47k ahead of plan YTD and eligible for PSF (£5.0m) and FRF (£9.6m) funding, which is included in the financial position. The YTD value of the Aligned Incentive Contract with the ESBT CCGs is also included in the financial position. Overspends are primarily in medical pay, (WUIs and locum payments) and are offset by underspends in A&C and AHP pay. CIP is £51k ahead of plan YTD. YTD non-pay overspends in tariff excluded drugs are offset in contract income.				Agency spend is £6k below plan YTD. The largest underspends are in the Prof, Scientific & Tech staff group. All agency usage is reviewed by the T3 Pay Panel. There is a continued requirement for agency to be used in difficult to recruit medical and nursing posts. Overall agency costs remain within the NHSI ceiling for 2019/20. YTD agency spend is a reduction of £556k (8%) compared to the same period 2018/19.					
Variance From Control Total	1	1	1	1										
Agency	1	1	1	1										
Rating With Overrides	3		3											

Income					Operating Costs					Cost Improvement Programme				
	Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Actual £k	Variance £k	
Year to Date	305,287	327,001	334,928	7,927	Year to Date	(335,390)	(332,692)	(339,014)	(6,322)	Year to Date	14,495	14,545	51	
Year End Forecast	408,783	441,780	441,780	0	Year End Forecast	(445,874)	(444,666)	(444,666)	0	Year End Forecast	20,603	20,603	0	
Underperformance on Outpatient (£2.0m) and elective activity (£1.6m) is offset, in the main, by under delivery of QIPP (£8.3m). The YTD value of the Aligned Incentive Contract with our local CCGs is included in the financial position and is reducing income by £5.9m YTD. PSF (£5.0m), FRF (£9.6m) and MRET (£1.1m) are included in the financial position. The Trust has received £2.1m more donated asset income than planned YTD, primarily related to the MRI. Included in the financial position is £1.0m that relates to the activation of the financial risk share pool with our local CCGs for unplanned/emergency activity and planned care activity due to higher activity levels.					Overall operating costs are reporting £6.3m overspent against plan. Overspends are due to medical pay costs including agency, WtL and Locum (£1.3m), clinical supplies (£1.0m) and drugs (£2.4m). In line with an increase in non-elective activity. The AFC lump sum payment was made in M1 to all staff at the top of band (£0.9m). An arrears payment for Medical & Dental pay award staff was made in Month 6.					The Trust has over performed by £51k against its YTD plan. Despite this there is underperformance radiology outsourcing (£245k) and Urology Locum (£45k) schemes which have been offset by non-recurrent pay savings arising from vacancies and non-pay savings. The forecast is to achieve the £20.6m 2019/20 CIP target, with £18.4m currently identified as process green. The Divisions are increasing their reliance on non-recurrent savings with the proportion of MB non-recurrent savings at 24% an increase of 1% from M8 and 12% against the lowest at 12% in M4. The expectation was that we would have plans for the full £20.6m by now.				

Cash					Capital Plan				BPPC					
	Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Actual £k	Variance £k		Month Volume	Month Value	YTD Volume	YTD Value	
Current Balance	2,100	2,100	10,419	● 8,319	Year to Date	12,825	12,813	● 12	Trade Invoices ▲	91.57%	▲ 88.62%	▲ 82.49%	▲ 88.16%	
Year End Forecast	2,100	2,100	2,100	● 0	Year End Forecast	21,148	21,148	● 0	NHS Invoices ▲	92.99%	▲ 87.53%	▲ 87.39%	● 97.79%	
Cash balance above minimum balance at month end, due to the equal phasing of the Trust's monthly income received from the CCG's. Income is received on 15th of each month.					The CRL was revised to £21.1m following successful applications for emergency capital funding for fire compartmentalisation, medical equipment and backlog maintenance. The fire loan of £13.86m covers a 3 year period with £4.55m being received in 2019/20, medical equipment of £3.0m and backlog maintenance of £0.95m will be received in 2019/20.					92% of trade invoices were paid within 28 days which equates to 89% of the total value paid in month.				
ESHT is part of the NHSI pilot for historical debt restructuring which focuses on our 6% loans.					A weekly capital discussion is taking place to ensure all capital funding received in 2019/20 is spent by the year end.					93% of NHS invoices were paid within contract or within 28 days of receipt which was 88% of the total NHS invoices paid.				

Divisional Performance												
Division	In the Month						Year to Date			Forecast Outturn		
	Plan FTE	Actual FTE	Variance FTE	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Diagnostics, Anaesthetics & Surgery	1,745.86	1,734.06	11.80	3	(1,454)	(1,457)	2,249	(4,847)	(7,096)	3,806	3,806	0
Medicine	1,608.81	1,491.08	117.73	3,668	3,337	(331)	31,571	31,310	(260)	42,218	42,218	0
Urgent Care	359.82	326.67	33.15	842	939	98	8,717	9,276	559	10,604	10,604	0
Out of Hospital Care	1,105.79	1,020.13	85.66	(741)	(520)	221	(5,664)	(3,761)	1,903	(7,974)	(7,974)	0
Women's, Children's & Sexual Health	718.83	690.78	28.05	955	626	(328)	8,161	8,087	(73)	11,154	11,154	0
Estates & Facilities	724.49	709.17	15.32	(2,226)	(2,165)	61	(19,989)	(19,503)	486	(26,645)	(26,645)	0
Corporate	962.57	908.33	54.24	(3,931)	(3,781)	150	(36,464)	(34,202)	2,262	(49,420)	(49,420)	0
Central	0.00	0.00	0.00	1,510	3,100	1,591	306	2,572	2,266	6,132	6,132	0
Total	7,226.17	6,880.22	345.95	80	84	4	(11,113)	(11,066)	47	(10,125)	(10,125)	0

Key Risks			Mitigations	
Key Risk 1	Medical pay costs, including WUI and locum increased (£1.3m overspend YTD)		Mitigation 1	Recruitment to substantive medical posts including working with Medaqs to fill hard to recruit roles. T3 pay costs controls include agency and locums. A detailed review of locum and agency overspends is being undertaken by Finance to further reduce agency spend by working with clinical units.
Key Risk 2	Inpatient elective activity (elective, day case) £1.6m below plan YTD		Mitigation 2	Ongoing review of all areas of activity underperformance at specialty level to understand correlation with costs, waiting list and referral trends.
Key Risk 3	Delivery of CIP plan		Mitigation 3	Divisions are being held to account via Confirm & Challenge sessions, detailed reviews and IPRs. Grip and control has

Income & Expenditure Summary - Month 9

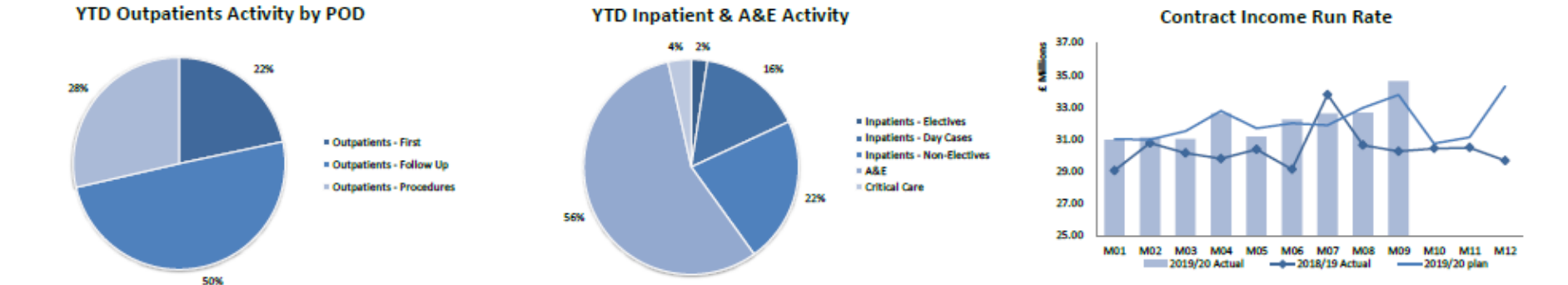
	In Month				Year to Date				Forecast Outturn		
	18/19 Actual (£m)	19/20 Plan (£m)	19/20 Actual (£m)	Variance (£m)	18/19 Actual (£m)	19/20 Plan (£m)	19/20 Actual (£m)	Variance (£m)	19/20 Plan (£m)	19/20 FOT (£m)	Variance (£m)
NHS Patient Income	27.5	28.7	31.0	● 2.3	248.6	259.0	259.7	● 0.8	347.9	347.9	● 0.0
Tariff-Excluded Drugs & Devices	2.8	2.9	3.6	● 0.7	27.3	28.6	29.2	● 0.6	38.3	38.3	● 0.0
Private Patient / ICR	0.3	0.3	0.2	◆ (0.1)	1.9	2.5	(2.6)	◆ (5.2)	3.4	3.4	● 0.0
Other Non-Clinical Income	3.3	2.3	2.3	◆ (0.1)	29.5	21.2	32.9	● 11.7	28.3	28.3	● 0.0
Total Income	33.9	34.3	37.1	● 2.8	305.3	311.3	319.2	● 7.9	417.9	417.9	● 0.0
Pay - Substantive	(21.3)	(21.7)	(22.4)	◆ (0.7)	(191.3)	(195.4)	(200.0)	◆ (4.6)	(262.6)	(262.6)	● 0.0
Pay - Bank	(2.2)	(1.8)	(2.3)	◆ (0.5)	(19.9)	(17.5)	(19.6)	◆ (2.2)	(22.8)	(22.8)	● 0.0
Pay - Agency	(0.7)	(0.7)	(0.7)	◆ (0.1)	(7.3)	(6.7)	(6.7)	● 0.0	(8.7)	(8.7)	● 0.0
Total Pay	(24.2)	(24.1)	(25.4)	◆ (1.3)	(218.4)	(219.6)	(226.4)	◆ (6.8)	(294.1)	(294.1)	● 0.0
Drugs	(3.8)	(3.5)	(4.4)	◆ (0.9)	(33.7)	(33.5)	(35.8)	◆ (2.4)	(44.6)	(44.6)	● 0.0
Supplies & Services - Clinical	(3.1)	(2.5)	(2.9)	◆ (0.4)	(26.1)	(24.1)	(24.5)	◆ (0.4)	(32.2)	(32.2)	● 0.0
Supplies & Services - General	(0.4)	(0.3)	(0.4)	◆ (0.0)	(3.3)	(3.0)	(2.9)	● 0.1	(4.0)	(4.0)	● 0.0
Purchase of Healthcare (non-NHS)	(0.4)	(0.5)	(0.5)	● 0.0	(4.3)	(4.6)	(4.6)	● 0.0	(5.8)	(5.8)	● 0.0
Services from Other NHS Bodies	(0.9)	(0.6)	(0.2)	● 0.4	(6.2)	(5.3)	(3.1)	● 2.2	(7.1)	(7.1)	● 0.0
Consultancy	(0.0)	(0.0)	(0.0)	● 0.0	(1.0)	(0.3)	(0.3)	● 0.0	(0.4)	(0.4)	● 0.0
Clinical Negligence	(0.9)	(0.5)	(0.6)	◆ (0.1)	(7.5)	(6.6)	(7.0)	◆ (0.4)	(8.9)	(8.9)	● 0.0
Premises	(1.0)	(1.2)	(1.2)	● 0.1	(10.4)	(11.3)	(10.7)	● 0.6	(15.0)	(15.0)	● 0.0
Depreciation	(1.0)	(1.0)	(1.1)	◆ (0.0)	(9.4)	(9.4)	(9.6)	◆ (0.2)	(12.6)	(12.6)	● 0.0
Other	(2.3)	(1.7)	(1.9)	◆ (0.3)	(15.1)	(14.8)	(14.1)	● 0.8	(19.9)	(19.9)	● 0.0
Total Non-Pay	(13.9)	(11.9)	(13.1)	◆ (1.3)	(117.0)	(113.1)	(112.6)	● 0.4	(150.5)	(150.5)	● 0.0
Total Operating Costs	(38.1)	(36.0)	(38.5)	◆ (2.6)	(335.4)	(332.7)	(339.0)	◆ (6.3)	(444.7)	(444.7)	● 0.0
Net Surplus/(Deficit) from Operations	(4.2)	(1.7)	(1.5)	● 0.2	(30.1)	(21.4)	(19.8)	● 1.6	(26.8)	(26.8)	● 0.0
Financing Costs	(0.3)	(0.6)	(1.0)	◆ (0.4)	(5.4)	(5.4)	(5.8)	◆ (0.3)	(7.2)	(7.2)	● 0.0
Total Non-Operating Costs	(0.3)	(0.6)	(1.0)	◆ (0.4)	(5.4)	(5.4)	(5.8)	◆ (0.3)	(7.2)	(7.2)	● 0.0
Total Costs	(38.3)	(36.6)	(39.5)	◆ (3.0)	(340.8)	(338.1)	(344.8)	◆ (6.7)	(451.9)	(451.9)	● 0.0
Net Surplus/(Deficit)	(4.5)	(2.3)	(2.4)	◆ (0.1)	(35.5)	(26.8)	(25.5)	● 1.3	(34.0)	(34.0)	● 0.0
Donated Asset/Impairment Adjustment	(0.1)	0.0	0.1	● 0.1	(0.0)	0.0	(1.2)	◆ (1.2)	0.0	0.0	● 0.0
Operational Surplus/(Deficit)	(4.5)	(2.3)	(2.3)	● 0.0	(35.5)	(26.8)	(26.8)	● 0.0	(34.0)	(34.0)	● 0.0
Provider Sustainability Fund	0.0	0.8	0.8	● 0.0	0.0	5.0	5.0	● 0.0	7.6	7.6	● 0.0
Financial Recovery Fund	0.0	1.5	1.5	● 0.0	0.0	9.6	9.6	● 0.0	14.8	14.8	● 0.0
Marginal Rate Emergency Tariff (MRET)	0.0	0.1	0.1	● 0.0	0.0	1.1	1.1	● 0.0	1.5	1.5	● 0.0
Net Surplus/(Deficit)	(4.5)	0.1	0.1	● 0.0	(35.5)	(11.1)	(11.1)	● 0.0	(10.1)	(10.1)	● 0.0

Summary & Next Steps

The Trust's YTD performance at M9 is £47k ahead of plan with CIP over performing by £51k. Income was ahead of plan in the month and pay overspends continued in Medical, due to agency, locum and WLI payments. Outpatients activity is £0.8m below plan in month. The YTD impact of the Aligned Incentive Contract with our local CCGs has been recognised in the financial position, as has £15.7m of PSF, FRF and MRET YTD. The Trust has received £0.6m of funding YTD for wage award pressures. £1.0m of risk funding received from our local CCGs has been reflected in the YTD position.

Income & Activity Summary - Month 9

	In Month								Year to Date								Forecast Outturn		
	18/19 Activity Actual	19/20 Activity Plan	19/20 Activity Actual	Activity Variance	18/19 Actual (£k)	19/20 Plan (£k)	19/20 Actual (£k)	Variance (£k)	18/19 Activity Actual	19/20 Activity Plan	19/20 Activity Actual	Activity Variance	18/19 Actual (£k)	19/20 Plan (£k)	19/20 Actual (£k)	Variance (£k)	19/20 Plan (£k)	19/20 FOT (£k)	Variance (£k)
Contract Income																			
Inpatients - Electives	524	516	385	◆ (131)	1,704	1,733	1,350	◆ (382)	4,991	5,106	4,530	◆ (576)	16,003	17,145	15,465	◆ (1,679)	22,979	22,979	● 0
Inpatients - Day Cases	2,819	2,975	3,123	● 148	2,100	2,224	2,353	● 129	29,384	29,441	29,353	◆ (88)	22,009	22,003	22,047	● 44	29,491	29,491	● 0
Inpatients - Non-Electives	4,413	4,773	4,378	◆ (395)	9,142	10,653	10,444	◆ (209)	38,646	40,110	41,146	● 1,036	81,533	89,502	90,732	● 1,230	121,311	121,311	● 0
Outpatients	29,207	31,571	27,802	◆ (3,768)	3,481	3,947	3,194	◆ (753)	309,546	312,398	302,914	◆ (9,483)	36,402	38,902	36,742	◆ (2,161)	52,177	52,177	● 0
A&E	10,357	11,386	11,446	● 60	1,439	1,746	1,800	● 54	97,556	104,275	105,789	● 1,514	13,416	15,990	16,387	● 398	21,111	21,111	● 0
OQUIN	0	0	0	● 0	0	308	291	◆ (17)	0	0	0	● 0	0	2,772	3,096	● 325	3,695	3,695	● 0
Critical Care	707	734	614	◆ (120)	785	876	865	◆ (11)	6,591	6,641	6,516	◆ (125)	7,125	7,358	7,564	● 206	9,973	9,973	● 0
Direct Access	7,402	8,293	11,950	● 3,657	267	353	365	● 13	77,926	75,062	100,718	● 25,655	2,844	3,193	3,153	◆ (40)	4,285	4,285	● 0
ESBT	0	0	0	● 0	588	690	611	◆ (79)	0	0	0	● 0	5,291	6,280	5,497	◆ (783)	8,379	8,379	● 0
Excess Bed Days	1,167	847	402	◆ (445)	281	281	155	◆ (126)	7,284	7,287	7,069	◆ (218)	1,763	2,413	1,936	◆ (478)	3,266	3,266	● 0
Exclusions	0	0	239	● 239	2,972	2,917	3,707	● 790	0	0	2,130	● 2,130	27,313	28,611	29,585	● 974	38,294	38,294	● 0
IMSK	0	0	0	● 0	118	123	123	● 0	0	0	0	● 0	1,066	1,104	1,107	● 3	1,472	1,472	● 0
Maternity Pathway	569	561	497	◆ (64)	543	598	494	◆ (104)	5,095	5,074	4,853	◆ (221)	5,231	5,413	5,236	◆ (178)	7,268	7,268	● 0
Unallocated QIPP	0	0	0	● 0	0	(919)	0	● 919	0	0	0	● 0	0	(8,272)	0	● 8,272	(11,029)	(11,029)	● 0
AIC	0	0	0	● 0	0	0	(1,735)	◆ (1,735)	0	0	0	● 0	0	0	(5,893)	◆ (5,893)	0	0	● 0
Other	233,962	302,119	298,415	◆ (3,704)	6,266	8,227	9,358	● 1,131	2,700,333	2,734,665	2,849,747	● 115,083	52,255	56,048	55,323	◆ (725)	71,939	71,939	● 0
Contract Income Total	291,127	363,774	353,338	◆ (4,524)	29,687	33,755	33,420	◆ (381)	3,277,352	3,320,059	3,454,765	● 134,706	272,251	288,463	287,977	◆ (486)	384,611	384,611	● 0
Divisional Income					3,628	2,887	4,845	● 1,958					31,457	38,538	45,995	● 7,457	57,169	57,169	● 0
Total Income	291,127	363,774	353,338	◆ (4,524)	33,315	36,642	38,265	● 1,577	3,277,352	3,320,059	3,454,765	● 134,706	303,707	327,001	333,973	● 6,972	441,780	441,780	● 0

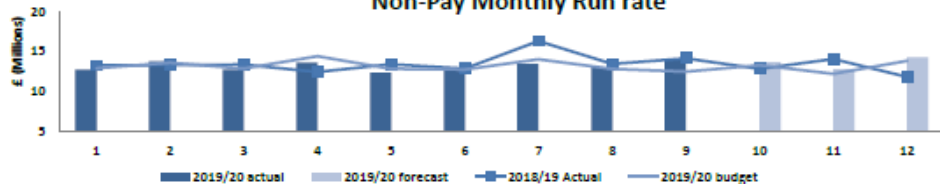


Summary & Next steps		
Inpatients - Electives & Day Cases (YTD)	£1.6m behind plan	-4.2%
Activity and income are behind plan at M9. The main areas of underperformance are Urology (£936K) Cardiology (£217K) and T&O (£219K). There is focused work with the divisions to understand the drivers for this and develop action plans.		
Inpatients - Non-Electives (YTD)	£1.2m above plan	1.4%
Non-elective activity is above plan YTD. Activity continues to increase compared to previous levels. QIPP reductions anticipated in the local health economy plan have yet to have an impact.		
Outpatients (YTD)	£2.2m behind plan	-5.6%
Outpatient activity is behind plan for M9 and mainly relates to Ophthalmology (£685K), T&O (£776K) and Urology (£380K).		
A&E (YTD)	£0.4m above plan	2.5%
A&E activity is continuing to grow with 11,446 attendances in December 2019 being 10.3% higher than December 2018. YTD activity (Apr - Dec) is 8.4% higher than the same period in 2018/19		
QIPP adjustment (YTD)	£8.3m above plan	
The AIC contract includes £11m of QIPP, which has not yet been split by POD. This is currently shown as a one-line adjustment in the Trust income plan, giving a £8.3m YTD over performance.		
AIC Adjustment (YTD)	£5.9m	
The value of activity is currently £5.9m higher than the value of the AIC for Sussex CCGs.		

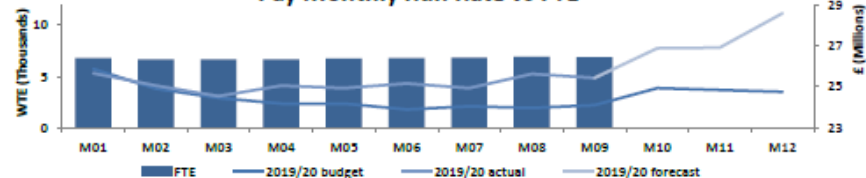
Expenditure & Workforce Summary - Month 9

	In Month				Year to Date				Forecast Outturn						
Cost Element	18/19 WTE Actual	19/20 WTE Plan	19/20 WTE Actual	WTE Variance	18/19 Expenditure Actual (£k)	19/20 Expenditure Plan (£k)	19/20 Expenditure Actual (£k)	19/20 Expenditure Variance (£k)	18/19 Expenditure Actual (£k)	19/20 Expenditure Plan (£k)	19/20 Expenditure Actual (£k)	19/20 Expenditure Variance (£k)	19/20 Plan (£k)	19/20 FOT (£k)	Variance (£k)
Administrative & Management	1299	1402	1322	80	3,625	3,899	3,778	121	32,858	35,175	33,662	1,513	46,994	46,994	0
Ancillary	662	704	684	20	1,453	1,524	1,511	13	13,576	13,904	13,654	250	18,549	18,549	0
Medical	702	773	730	42	6,052	6,334	6,357	(23)	53,558	55,204	56,493	(1,288)	75,011	75,011	0
Nursing & Midwifery	3039	3267	3128	139	9,589	10,123	10,113	10	87,297	90,696	90,271	425	122,492	122,492	0
Prof, Scientific & Tech	493	539	535	4	1,748	1,814	1,830	(15)	15,991	16,703	16,048	656	22,376	22,376	0
Professions Allied to Medicine	461	542	482	61	1,578	1,754	1,699	54	14,111	16,780	15,027	1,754	22,388	22,388	0
Other	0	0	0	0	141	(1,346)	135	(1,481)	1,032	(8,862)	1,211	(10,072)	(13,676)	(13,676)	0
Total Pay	6655	7226	6880	346	24,186	24,102	25,423	(1,321)	218,422	219,601	226,366	(6,765)	294,133	294,133	0
Services from Other NHS Bodies					892	497	224	272	6,228	4,565	3,099	1,466	6,072	6,072	0
Clinical Negligence Premium					876	806	589	216	7,489	7,250	7,034	216	9,667	9,667	0
Consultancy					24	35	24	11	1,039	321	281	40	398	398	0
Drugs					1,185	809	1,039	(230)	8,318	7,496	8,397	(901)	10,308	10,308	0
Drugs - Tariff Excluded					2,639	2,642	3,342	(700)	25,363	25,971	27,438	(1,467)	34,770	34,770	0
Education and Training					80	132	120	12	697	1,747	530	1,217	2,329	2,329	0
Establishment Expenses					658	675	533	142	6,405	5,982	5,663	319	7,999	7,999	0
Premises					1,036	1,323	1,151	172	10,437	11,342	10,741	601	15,889	15,889	0
Purchase of Healthcare from Non NHS Bodies					378	517	484	33	4,269	4,617	4,620	(2)	6,170	6,170	0
Supplies and Services - Clinical					3,141	2,491	2,902	(411)	26,084	23,473	24,462	(989)	31,393	31,393	0
Supplies and Services - General					362	344	360	(15)	3,287	3,104	2,888	217	4,150	4,150	0
Other Non-Pay					12,664	1,585	2,352	(767)	17,351	17,223	17,494	(271)	21,389	21,389	0
Total Non-Pay					23,934	11,856	13,121	(1,265)	116,968	113,093	112,648	445	150,533	150,533	0
Total Expenditure	6655	7226	6880	346	48,120	35,958	38,543	(2,585)	335,390	332,694	339,014	(6,320)	444,666	444,666	0

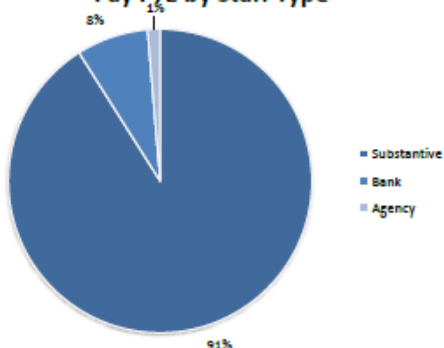
Non-Pay Monthly Run rate



Pay Monthly Run Rate vs FTE



Pay FTE by Staff Type



Summary & Next Steps

Medical pay is £1.3m overspent YTD (which includes waiting list initiative payments and agency covering vacancies), despite utilising 42WTE less than budget in month. Variances in Other Pay is attributable to a combination of vacancy factors applied to various specialities with historically high levels of clinical vacancies and unidentified pay CIP, spend is due largely to apprenticeship levy payments. Nursing & midwifery is underspent by £425k YTD due to vacancies, however nursing specialising is overspent by £143k YTD.

The non consolidated lump sum payment was made to A&C staff at the top of band in Month 1. Medical & Dental pay award arrears were paid in month 6.

Tariff Excluded Drugs spend is showing £1.5m overspent, which is offset within Income, non-Tariff Excluded Drugs is £901k overspent YTD. Supplies & services - Clinical is overspent by £989k YTD due to non-elective activity overperformance.

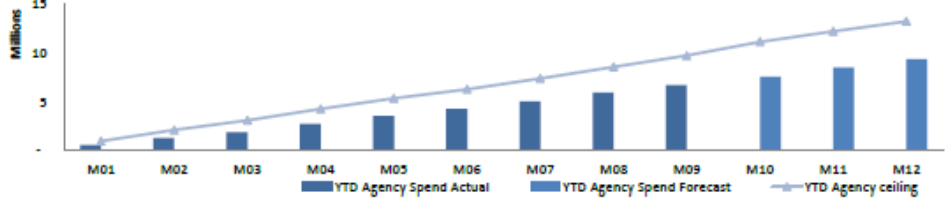
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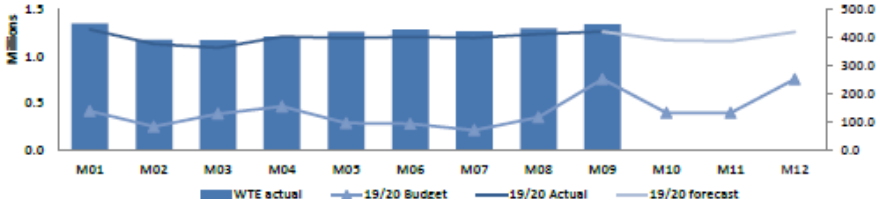
Temporary Workforce Summary - Month 9

Cost Element	In Month								Year to Date				Forecast Outturn		
	18/19 WTE Actual	19/20 WTE Plan	19/20 WTE Actual	WTE Variance	18/19 Expenditure Actual (£k)	19/20 Expenditure Plan (£k)	19/20 Expenditure Actual (£k)	Expenditure Variance (£k)	18/19 Expenditure Actual (£k)	19/20 Expenditure Plan (£k)	19/20 Expenditure Actual (£k)	Expenditure Variance (£k)	19/20 Plan (£k)	19/20 FOT (£k)	Variance (£k)
Agency															
Administrative & Management	4	0	4	♦ -4	35	47	78	♦ (31)	465	457	516	♦ (60)	601	601	0
Ancillary	8	0	0	♦ 0	47	47	0	♦ 47	539	457	221	♦ 235	601	601	0
Medical	19	12	24	♦ -12	280	254	302	♦ (48)	2,732	2,555	3,161	♦ (606)	3,336	3,336	0
Nursing & Midwifery	32	0	36	♦ -36	149	117	185	♦ (68)	1,724	1,401	1,706	♦ (305)	1,761	1,761	0
Prof, Scientific & Tech	19	4	27	♦ -23	177	195	164	♦ 31	1,804	1,846	1,105	♦ 741	2,444	2,444	0
Total Agency	82	16	91	♦ -75	687	660	729	♦ (69)	7,265	6,715	6,709	♦ 6	8,743	8,743	0
Bank															
Administrative & Management	53	5	53	♦ -48	120	117	124	♦ (7)	1,207	1,060	1,039	♦ 21	1,414	1,414	0
Ancillary	45	22	61	♦ -40	99	117	141	♦ (24)	1,147	1,060	1,094	♦ (34)	1,414	1,414	0
Nursing & Midwifery	303	113	306	♦ -194	865	590	910	♦ (320)	8,213	6,591	8,004	♦ (1,413)	8,302	8,302	0
Prof, Scientific & Tech	12	0	14	♦ -14	36	46	48	♦ (2)	386	396	358	♦ 38	534	534	0
Professions Allied to Medicine	7	6	13	♦ -7	25	11	45	♦ (34)	279	179	343	♦ (164)	211	211	0
Total Bank	421	145	448	♦ -302	1,144	880	1,267	♦ (387)	11,233	9,286	10,838	♦ (1,552)	11,874	11,874	0
Total Locum	84	22	78	♦ -96	1,017	828	1,034	♦ (206)	8,625	8,171	8,804	♦ (633)	10,895	10,895	0
Total Waiting List Initiative	11	0	14	♦ -14	180	49	149	♦ (100)	1,465	266	1,342	♦ (1,076)	415	415	0
Total Temporary Workforce	598	184	631	♦ -447	3,028	2,417	3,179	♦ (762)	28,588	24,438	27,693	♦ (3,255)	31,927	31,927	0

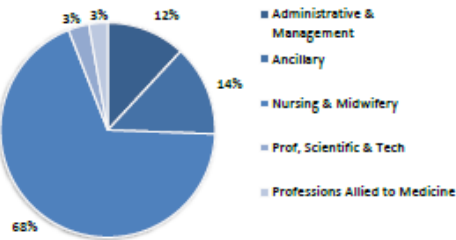
Cumulative Performance vs Agency Ceiling



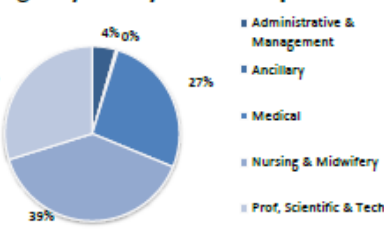
Bank Monthly Run Rate vs FTE



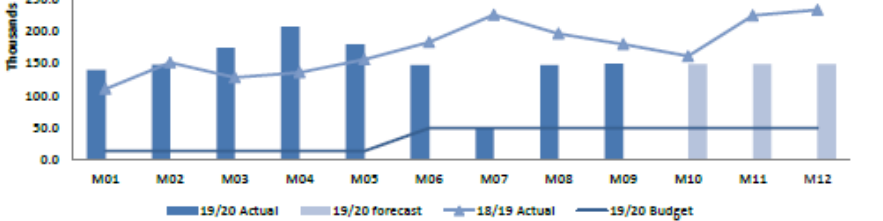
Bank FTE by Staff Type



Agency FTE by Staff Group



WLI Payments Monthly Run Rate



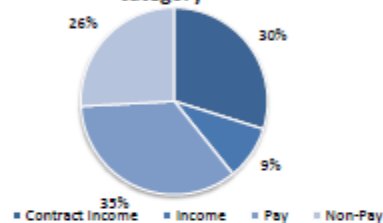
Summary & Next steps

Overall agency is £6k below plan YTD but £89k overspent in month. This is due to a significant reduction in agency Allied Health Professionals compared to plan, offset by overspends in Medical and Nursing agency usage YTD. Medical specialties which are heavily reliant on agency are neurology, rheumatology, pathology, general surgery, radiology and A&E. Progress is being made with medical recruitment through Medacs with a focus on hard to fill vacancies. YTD administrative and clerical agency has increased by 11% compared to the same period in 18/19, high cost agency in IT Digital are part of a pass through cost. Total temporary staffing costs have fallen by 3% compared to the previous year (£0.9m lower). The T3 enhanced pay process went live on 2 December.

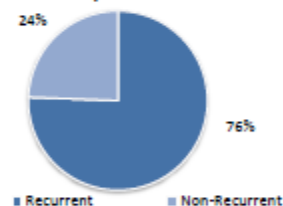
Cost Improvement Programme Summary - Month 9

Category	In Month			Year to Date			Forecast Outturn			YTD Rec (£k)	YTD Non-Rec (£k)
	Plan (£k)	Actual (£k)	Variance (£k)	Plan (£k)	Actual (£k)	Variance (£k)	Plan (£k)	Actual (£k)	Variance (£k)		
Contract Income	406	434	28	4,447	4,338	-109	5,597	5,530	-66	4,338	0
Income	8	215	207	527	1,362	835	1,731	1,706	-25	1,282	79
Pay	1,001	580	-421	6,061	5,083	-978	5,585	6,035	450	2,170	2,918
Non-Pay	622	811	189	3,460	3,762	302	5,453	5,360	-93	3,209	553
Total Identified Schemes	2,037	2,041	3	14,495	14,545	51	18,366	18,631	265	11,001	3,550
Pipeline/Unidentified	0	0	0	0	0	0	2,237	1,972	-265	76%	24%
Total	2,037	2,041	3	14,495	14,545	51	20,603	20,603	0		

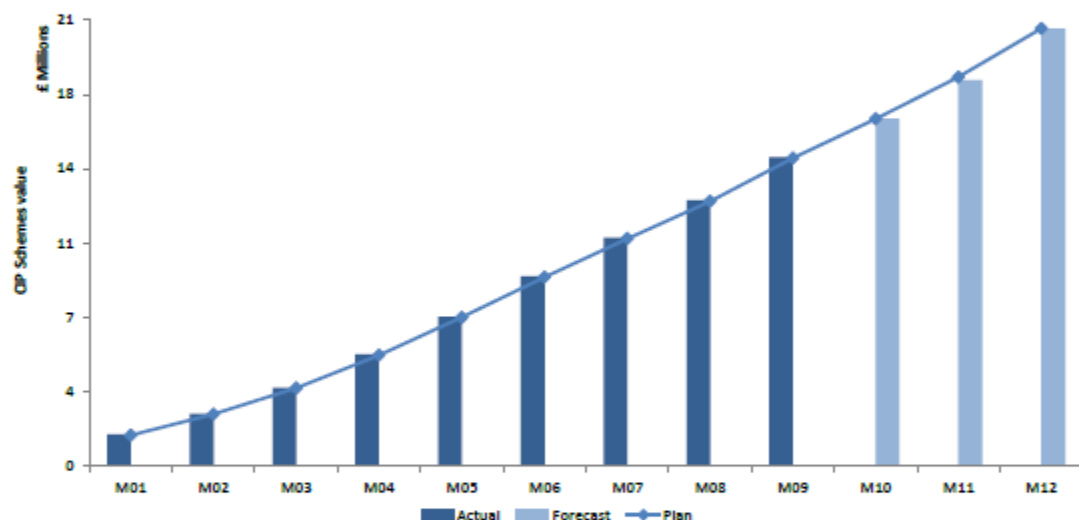
Actual YTD CIP green schemes by category



Actual YTD CIP green schemes recurrent/non-recurrent



CIP Performance



Summary & Next Steps

In Month: The Trust has delivered £2.041m against a total plan of £2.037m, showing a £3k overperformance in the month.

YTD: The Trust has delivered £14.545m against a total plan of £14.495m, showing a £51k overperformance year to date. The main underperforming schemes are Urology locum replacement with substantive (£45k), savings carried forward from 18/19 for bed modelling, where the beds remain open due to activity increases (£180k) Radiology Outsourcing (£245k), these are offset by non-recurrent savings on pay from vacancies, procurement rebates and non-recurrent non-pay savings.

Forecast: The Trust is forecasting to achieve the £20.6m plan. Against the £18.4m identified 'Green' scheme plan the Trust is forecasting £18.6m, a favourable position of £0.2m. This adverse variance is mainly due to overachievement of some non-recurrent pay savings from vacancies in Corporate, Estates & Facilities, Emergency Care and Medicine, this is offsetting underachievement in other areas.

Recurrent/Non-recurrent split: Divisions are increasing their reliance on non-recurrent savings with the proportion of M8 non-recurrent savings at 24% an increase of 1% from M8 and 12% against the lowest at 12% in M4. This will increase the 2020/21 CIP challenge as the plan assumes all savings will be delivered recurrently.

The expectation was that we would have plans for the full £20.6m by now.

Finance Report Divisional Summaries - Month 9

				Divisional Performance										
Division	£000	Actual	Variance	In the Month	£000	Actual	Variance	Year to Date	£000	Variance	Forecast Outturn	£000	Variance	Summary
Diagnostics, Anaesthetics & Surgery														
Contract Income					9,246	8,490	♦ (756)	85,752	80,992	♦ (4,760)	115,348	115,348	● 0	YTD contract income underperformance is the key driver of YTD underperformance, largely in T&O and Urology EL and OP. Pay continues to overspend due to unidentified CIP and medical staffing pressures in Radiology, Urology and ENT. Pathology sendaway tests continue to be the biggest Non-Pay pressure YTD.
Divisional Income					411	373	♦ (39)	3,538	3,733	● 195	4,711	4,711	● 0	
Pay	1,745.86	1,734.06	● 11.80		(7,205)	(7,553)	♦ (348)	(64,476)	(66,397)	♦ (1,921)	(85,994)	(85,994)	● 0	
Non-Pay					(2,449)	(2,763)	♦ (314)	(22,566)	(23,176)	♦ (610)	(30,259)	(30,259)	● 0	
Overall	1,745.86	1,734.06	● 11.80		3	(1,454)	♦ (1,457)	2,249	(4,847)	♦ (7,096)	3,806	3,806	● 0	
Medicine														
Contract Income					9,712	9,964	● 252	85,583	87,057	● 1,474	115,627	115,627	● 0	Medical pay is overspent, mainly in Gastroenterology & Elderly Care in order to meet operational targets; offset by underspends in Dermatology, Stroke and Acute Medicine due to vacancies. The cost of open escalation wards continues to deteriorate pay and non-pay positions. Dermatology pay underspends are offset in non pay overspends. Seaford ward was funded in M6.
Divisional Income					145	114	♦ (32)	1,310	1,351	● 41	1,766	1,766	● 0	
Pay	1,608.81	1,491.08	● 117.73		(5,433)	(5,715)	♦ (283)	(48,714)	(49,796)	♦ (1,082)	(66,229)	(66,229)	● 0	
Non-Pay					(757)	(1,026)	♦ (269)	(6,608)	(7,302)	♦ (693)	(8,946)	(8,946)	● 0	
Overall	1,608.81	1,491.08	● 117.73		3,668	3,337	♦ (331)	31,571	31,310	♦ (260)	42,218	42,218	● 0	
Urgent Care														
Contract Income					2,578	2,630	● 52	23,051	23,551	● 500	30,662	30,662	● 0	A&E activity and income are above plan YTD. Prescription booths income is below plan by £37k YTD. Pay is underspent by £209k YTD, of which £144k is in Nursing. Private ambulances are overspending by £109k YTD.
Divisional Income					(3)	1	● 4	235	217	♦ (18)	226	226	● 0	
Pay	359.82	326.67	● 33.15		(1,657)	(1,516)	● 141	(13,911)	(13,702)	● 209	(19,396)	(19,396)	● 0	
Non-Pay					(77)	(176)	♦ (99)	(658)	(789)	♦ (131)	(888)	(888)	● 0	
Overall	359.82	326.67	● 33.15		842	939	● 98	8,717	9,276	● 559	10,604	10,604	● 0	
Out of Hospital Care														
Contract Income					3,539	3,540	● 2	31,879	32,005	● 125	42,551	42,551	● 0	Contract income is above plan YTD, including biosimilars, which is offset in non-pay. Pay underspends are in Therapies, ESBT and MSK where investment has been received but posts have not yet been recruited to but a recruitment plan is in place to address vacancies. Drugs are £505k overspent year to date.
Divisional Income					319	418	● 99	2,906	3,200	● 294	3,862	3,862	● 0	
Pay	1,105.79	1,020.13	● 85.66		(3,501)	(3,222)	● 278	(30,650)	(28,854)	● 1,797	(41,230)	(41,230)	● 0	
Non-Pay					(1,098)	(1,256)	♦ (158)	(9,799)	(10,111)	♦ (312)	(13,157)	(13,157)	● 0	
Overall	1,105.79	1,020.13	● 85.66		(741)	(520)	● 221	(5,664)	(3,761)	● 1,903	(7,974)	(7,974)	● 0	
Women's, Children's & Sexual Health														
Contract Income					3,913	3,811	♦ (102)	34,914	35,522	● 608	47,023	47,023	● 0	Contract income over delivery YTD is due to Health Visiting, Paediatrics (non-elective) and Gynaecology (day case/elective). Divisional income overperformance is attributable to secondments, which are offset in Pay. Pay overspends are largely due to locums cost to cover vacancies and sickness. Non-pay overspends are due to Gynae OPD clinical supplies and glucose monitors as a result of increased activity levels.
Divisional Income					52	78	● 26	459	816	● 357	636	636	● 0	
Pay	718.83	690.78	● 28.05		(2,776)	(2,848)	♦ (72)	(25,033)	(25,664)	♦ (631)	(33,605)	(33,605)	● 0	
Non-Pay					(235)	(416)	♦ (181)	(2,178)	(2,586)	♦ (408)	(2,900)	(2,900)	● 0	
Overall	718.83	690.78	● 28.05		955	626	♦ (328)	8,161	8,087	♦ (73)	11,154	11,154	● 0	
Estates & Facilities														
Divisional Income					745	861	● 116	6,798	7,249	● 451	9,067	9,067	● 0	Vacancies in Hotel Services, Ops & Maintenance and Laundry have led to the pay underspend YTD, overperformance in income YTD is due to activity based income streams, e.g. car parking. The non pay overspend in the month arises from laundry costs, which are offset in income over delivery.
Pay	724.49	709.17	● 15.32		(1,724)	(1,638)	● 85	(15,440)	(14,937)	● 503	(20,611)	(20,611)	● 0	
Non-Pay					(1,247)	(1,388)	♦ (141)	(11,347)	(11,815)	♦ (468)	(15,100)	(15,100)	● 0	
Overall	724.49	709.17	● 15.32		(2,226)	(2,165)	● 61	(19,989)	(19,503)	● 486	(26,645)	(26,645)	● 0	
Corporate														
Divisional Income					1,163	1,081	♦ (82)	10,334	10,575	● 242	13,758	13,758	● 0	Pay underspends are driven by vacancies in HR, Finance, Clinical Admin and Nursing & Governance. Training and Education spend in non pay is also underspent against plan YTD. Non pay underspends are in Trust Board, and IT maintenance contracts.
Pay	962.57	908.33	● 54.24		(3,066)	(2,947)	● 119	(27,858)	(26,741)	● 1,118	(37,022)	(37,022)	● 0	
Non-Pay					(2,027)	(1,915)	● 112	(18,939)	(18,037)	● 902	(26,156)	(26,156)	● 0	
Overall	962.57	908.33	● 54.24		(3,931)	(3,781)	● 150	(36,464)	(34,202)	● 2,262	(49,420)	(49,420)	● 0	
Central														
Contract Income					4,766	6,179	● 1,413	27,283	29,806	● 2,523	33,401	33,401	● 0	Tariff exclusions income overperformance is offset entirely by non-pay overspends. The YTD favourable variance is due to identification of CIP in operational divisions requiring central phasing adjustments between income, Pay and Non-Pay in order to ensure alignment to NHS plan (this will net off in M12). This division also contains the value of the YTD AIC adjustment, which is the value of the difference between activity priced on PBR and the value of the AIC.
Divisional Income					55	1,918	● 1,864	12,957	18,853	● 5,896	23,144	23,144	● 0	
Pay	0.00	0.00	● 0.00		1,259	18	♦ (1,242)	6,482	(275)	♦ (6,757)	9,953	9,953	● 0	
Non-Pay					(4,571)	(5,153)	♦ (583)	(46,417)	(44,596)	● 1,821	(60,366)	(60,366)	● 0	
Overall	0.00	0.00	● 0.00		1,510	2,962	● 1,452	306	3,789	● 3,483	6,132	6,132	● 0	
Donated assets adjustment														
					0	138	● 138	0	(1,217)	♦ (1,217)				
Total														
	7,226.17	6,880.22	● 345.95		80	84	● 4	(11,113)	(11,066)	● 47	(10,125)	(10,125)	● 0	

Statement of Financial Position - Month 9

	Year to date				Forecast Outturn		
	18/19 Actual (£k)	19/20 Plan (£k)	19/20 Actual (£k)	Variance (£k)	19/20 Plan (£k)	19/20 Outturn (£k)	Variance (£k)
Non Current Assets							
Property, Plant and Equipment	223.6	229.4	228.2	◆ (1.2)	229.4	229.4	● 0.0
Intangible Assets	1.9	1.9	2.1	● 0.2	1.9	1.9	● 0.0
Other Assets	1.8	1.8	1.9	● 0.1	1.8	1.8	● 0.0
Total Non Current Assets	227.3	233.1	232.2	◆ (0.9)	233.1	233.1	● 0.0
Current Assets							
Inventories	6.8	6.7	6.6	◆ (0.2)	6.7	6.7	● 0.0
Trade and Other Receivables	19.7	29.6	36.1	● 6.5	29.6	29.6	● 0.0
Cash and Cash Equivalents	2.1	2.1	10.4	● 8.3	2.1	2.1	● 0.0
Non Current Assets Held for Sale	0.0	0.0	0.0	● 0.0	0.0	0.0	● 0.0
Total Current Assets	28.6	38.5	53.2	● 14.7	38.5	38.5	● 0.0
Current Liabilities							
Trade and Other Payables	(23.2)	(7.3)	(36.0)	◆ (28.6)	(7.3)	(7.3)	● 0.0
Borrowings	(59.2)	(1.1)	(117.5)	◆ (116.4)	(1.1)	(1.1)	● 0.0
Other Financial Liabilities	0.0	0.0	0.0	● 0.0	0.0	0.0	● 0.0
Provisions	(0.5)	(0.4)	(0.2)	● 0.2	(0.4)	(0.4)	● 0.0
Other Liabilities	(1.3)	(2.2)	(2.0)	● 0.2	(2.2)	(2.2)	● 0.0
Total Current Liabilities	(84.3)	(11.1)	(155.7)	◆ (144.7)	(11.1)	(11.1)	● 0.0
Non-Current Liabilities							
Borrowings	(143.6)	(242.4)	(111.5)	● 131.0	(242.4)	(242.4)	● 0.0
Trade and Other Payables	0.0	0.0	0.0	● 0.0	0.0	0.0	● 0.0
Provisions	(2.1)	(2.1)	(2.1)	◆ (0.0)	(2.1)	(2.1)	● 0.0
Total Non Current Liabilities	(145.7)	(244.5)	(113.5)	● 131.0	(244.5)	(244.5)	● 0.0
Total Assets Employed	25.9	15.9	16.1	● 0.1	15.9	15.9	● 0.0
Financed By							
Public Dividend Capital	159.0	163.2	159.0	◆ (4.2)	163.2	163.2	● 0.0
Income & Expenditure Reserve	(230.8)	(241.8)	(240.6)	● 1.1	(241.8)	(241.8)	● 0.0
Revaluation Reserve	97.7	94.5	97.7	● 3.2	94.5	94.5	● 0.0
Total Tax Payers Equity	25.9	15.9	16.1	● 0.1	15.9	15.9	● 0.0

Summary & Next Steps

1. Minimum cash balance of £2.1m achieved at month end.
2. High percentage of the Trust's monthly income is received on 15th of each month (SLA income). As a rule this cash is spread equally across the weeks until the next SLA income is received. This process together with faster reporting can, potentially, lead to higher cash balances at the close of the reporting period.
3. There was no payment run made the last week of December. The cash balance of £10.4m supports 2 further payment runs before the income is received on 15th of January.
4. The balance is also protecting £2.2m of PSF/FRF drawn in advance.
5. The increase in creditors relates to the capital creditors accrual at M9 to meet the PFR plan and provide assurance to NHSI that the funding will be spent in 2019/20.

Cashflow & Borrowing Summary - Month 9

Short Term (13 week) Cashflow Forecast													
Week Ending (Friday)	Actual (£k)				Forecast (£k)								
	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan	24-Jan	31-Jan	07-Feb	14-Feb	21-Feb	28-Feb
Balance Brought Forward	11,101	8,707	37,134	24,928	10,404	10,676	8,973	25,211	9,845	8,801	6,805	36,289	25,300
Receipts													
WGA Income	761	30,939	490	1,573	591	59	29,810	122	122	152	30,046	152	152
Other Income	435	1,412	685	363	385	1,349	305	480	1,194	214	1,699	514	1,271
External Financing	0	0	2,600	0	0	2,700	1,997	1,410	0	0	0	2,996	0
Total Receipts	1,196	32,350	3,775	1,936	976	3,064	33,156	2,012	1,316	365	31,744	3,661	1,422
Payments													
Pay	(286)	(258)	(10,538)	(13,677)	(374)	(281)	(10,584)	(13,585)	(270)	(270)	(270)	(10,170)	(13,585)
Non-Pay	(3,303)	(3,660)	(4,215)	(2,782)	(325)	(4,485)	(4,807)	(3,090)	(2,090)	(2,092)	(1,990)	(3,590)	(3,590)
Capital Expenditure	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend	0	0	0	0	0	0	0	0	0	0	0	0	0
Other payments	(1)	(4)	(1,228)	(1)	(4)	(1)	(1,527)	(702)	0	0	0	(891)	0
Total Payments	(3,591)	(3,923)	(15,981)	(16,460)	(703)	(4,768)	(16,918)	(17,377)	(2,360)	(2,362)	(2,260)	(14,651)	(17,175)
Net Cash Movement	(2,395)	28,427	(12,206)	(14,524)	273	(1,704)	16,238	(15,365)	(1,044)	(1,997)	29,484	(10,989)	(15,753)
Balance Carried Forward	8,707	37,134	24,928	10,404	10,676	8,973	25,211	9,845	8,801	6,805	36,289	25,300	9,546

NB: The above classification do not directly match the I&E subjective classifications, for example Non-pay above includes agency staff expenditure and VAT thereon

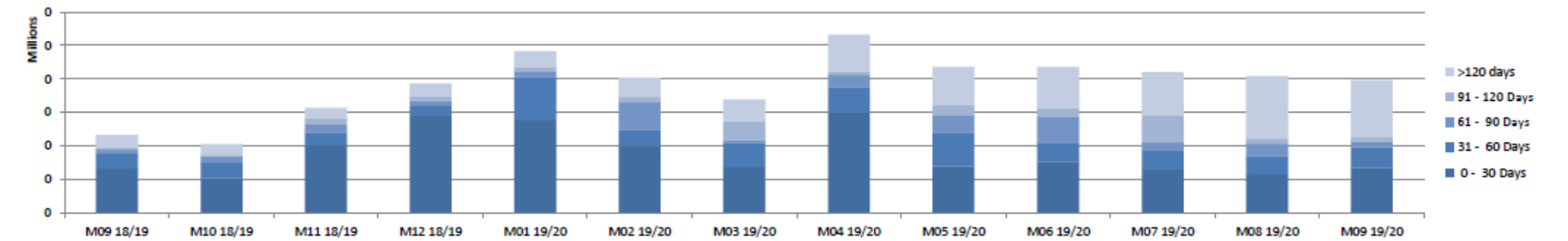
Loans						
	Draw Value £k	Date Drawn	Term	Interest Rate	Value £k	Annual Interest £k
Prior Years						
Capital Loan 2 - Endoscopy Development	2,000	Dec 09	20	4.00%	939	41
Capital Loan 3 - Endoscopy Development	2,000	Jun 10	20	3.90%	934	42
Capital Loan 4 - Health Records	428	Mar 15	10	1.40%	193	4
Capital Loan 5 - Health Records	441	Mar 15	10	1.40%	523	4
Capital Loan 6 - Ambulatory Care	800	Feb 18	20	1.60%	700	12
Revolving Working Capital	31,300		5	3.50%	31,300	1,099
Interim Loan Agreement	35,218		3	1.50%	35,218	528
2016/17 Loans	23,144	Dec 16 - Mar 17	3	6.00%	20,503	1,361
2017/18 Loans	13,755	Apr 17 - Jul 17	3	6.00%	13,785	827
2017/18 Loans	50,393	Aug 17 - Mar 18	3	3.50%	50,363	1,768
2018/19 Loans	45,001	Apr 19 - Mar 19	3	3.50%	45,001	1,587
Prior Year Total	204,480				199,459	7,273
Current Year						
Loan April 2019	4,095	Apr 19	3	3.50%	4,095	146
Loan May 2019	4,603	May 19	3	3.50%	4,603	163
Loan June 2019	3,321	Jun 19	3	3.50%	3,321	117
Loan July 2019	2,549	Jul 19	3	3.50%	2,549	90
Loan August 2019	2,673	Aug 19	3	3.50%	2,673	96
Loan September 2019	2,160	Sep 19	3	3.50%	2,160	76
Loan November 2019	2,087	Nov 19	3	1.50%	2,087	32
Capital (Fire) Loan November 2019	3,200	Nov 19	20	0.85%	3,200	28
Medical Equipment (Capital) loan	2,600	Dec 18	0	0.00%	2,600	0
Current Year Total	27,288				27,288	748
Total Loans	231,768				226,747	8,021

Summary & Next steps

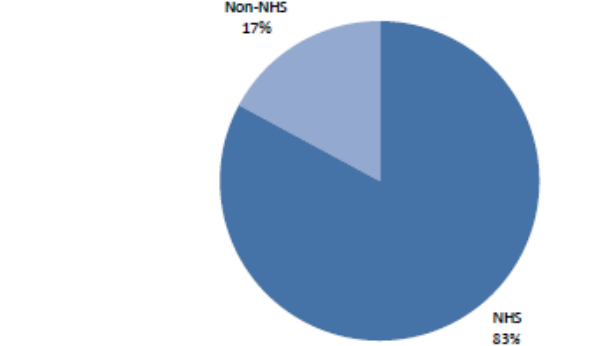
1. All existing loans are listed in the table on the left.
2. The Trust is part of a NHSI pilot on restructuring historic debt. This work is progressing and is currently focusing on 6% loans. In addition, we are working with NHSI to be able to access emergency capital funding via a PDC route.
3. Confirmation has been received by DHSC that any loans due for repayment in Q4 have been extended by 6 months. There will be no change to existing T&Cs, interest will continue to be charged at the current rate for the duration of the extension.
4. In November the Trust has drawn down £3.2m of the £4.55m Fire Compartmentalisation loan allocated in 2019/20. The balance of funding (£1.35m) will be drawn down during January. The loan period is over 20 years and the loan is subject to 0.85% interest rate.
5. In December the Trust has drawn down £2.6m of the £3.95m Medical Equipment (£3.0m) and Backlog Maintenance (£0.95m) loan allocated in 2019/20. The balance of funding (£1.35m) will be drawn down in January. The loan period is over 8 years and the loan is subject to 0.58% interest rate.

Receivables Summary - Month 9

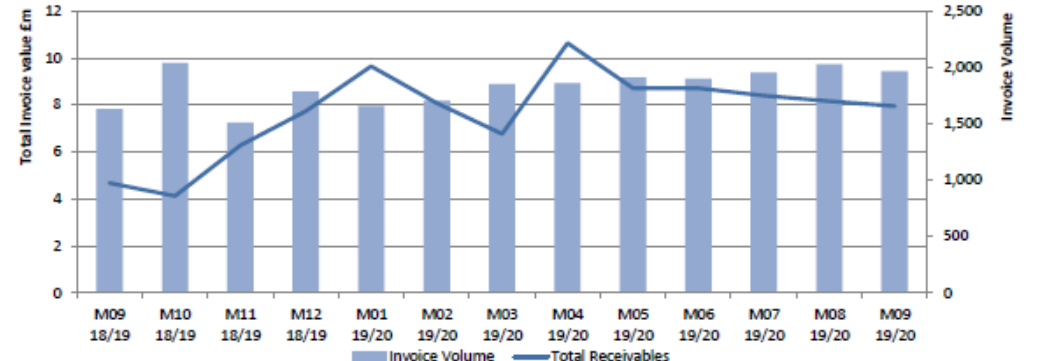
	Receivables Aging Run rate (£k)												
Aging Profile	M09 18/19	M10 18/19	M11 18/19	M12 18/19	M01 19/20	M02 19/20	M03 19/20	M04 19/20	M05 19/20	M06 19/20	M07 19/20	M08 19/20	M09 19/20
0 - 30 Days	2,639	2,093	4,038	5,807	5,525	3,972	2,785	6,013	2,785	3,050	2,581	2,294	2,699
31 - 60 Days	910	896	786	600	2,602	1,005	1,418	1,501	2,027	1,097	1,129	1,131	1,243
61 - 90 Days	238	406	464	307	305	1,674	182	719	1,014	1,580	511	701	318
91 - 120 Days	101	101	352	251	270	279	1,118	211	637	537	1,578	339	283
>120 days	783	620	632	774	938	1,153	1,286	2,188	2,255	2,451	2,593	3,699	3,403
Total Receivables	4,670	4,116	6,272	7,739	9,639	8,083	6,768	10,632	8,717	8,715	8,393	8,164	7,946
Invoice Volume	1,632	2,037	1,508	1,788	1,655	1,705	1,852	1,862	1,911	1,899	1,952	2,028	1,964



Current Month % NHS vs Non-NHS by Value



Receivables Invoice Value vs Volume Run Rate

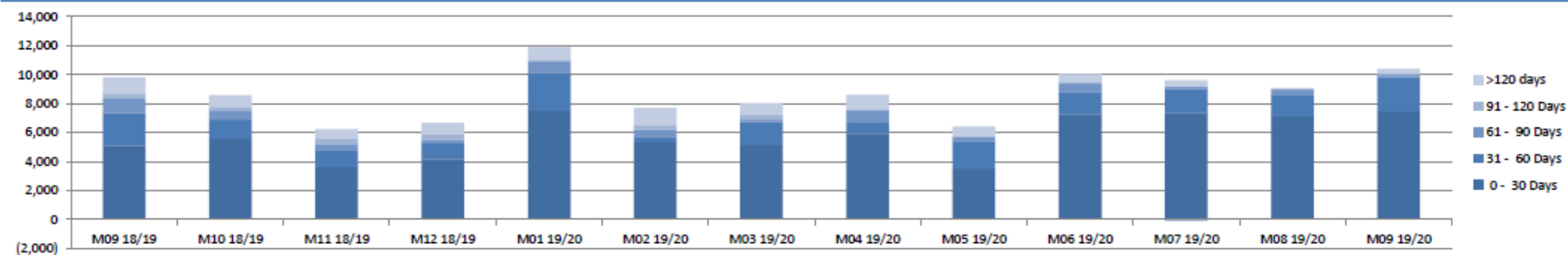


Summary & Next Steps

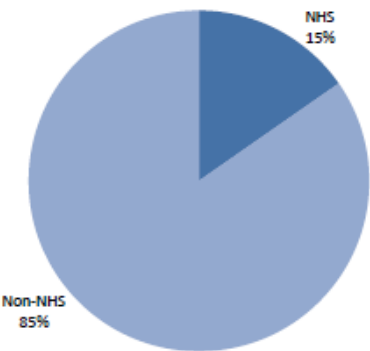
1. Reduction in receivables in month by £218k.
2. A favourable movement in total aged debt (> 31 days) by £622k in month.
3. Favourable movement in over 90 day debt of £352k in month.
4. Debtor days increased by 2 days in December and rose to 32 days.
5. 1,964 invoices on the sales ledger system at the end of the month (a decrease of 64 in month).

Payables Summary - Month 9

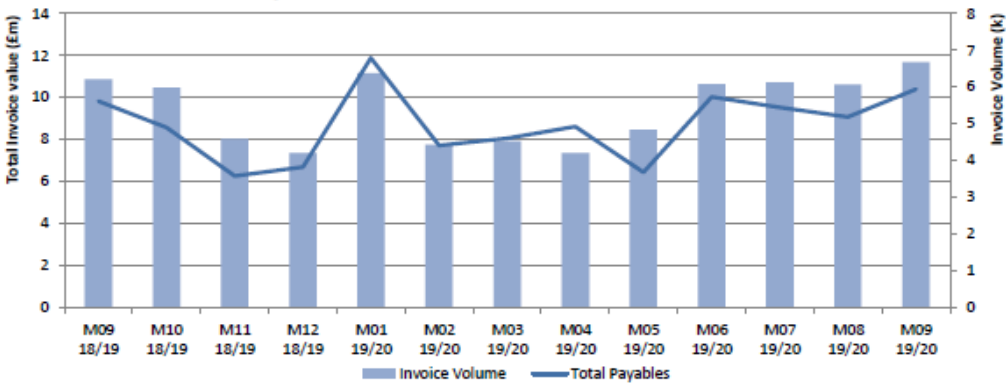
Payables Aging Run rate (£k)													
Aging Profile	M09 18/19	M10 18/19	M11 18/19	M12 18/19	M01 19/20	M02 19/20	M03 19/20	M04 19/20	M05 19/20	M06 19/20	M07 19/20	M08 19/20	M09 19/20
0 - 30 Days	5,109	5,530	3,611	4,151	7,517	5,324	5,133	5,927	3,476	7,249	7,370	7,112	7,423
31 - 60 Days	2,245	1,338	1,135	1,093	2,612	396	1,603	753	1,943	1,559	1,593	1,428	2,372
61 - 90 Days	986	629	442	253	735	494	133	842	241	595	213	375	154
91 - 120 Days	301	258	386	378	108	277	380	59	86	112	(87)	108	124
>120 days	1,169	806	675	801	909	1,217	788	1,020	681	510	427	33	312
Total Payables	9,810	8,561	6,249	6,675	11,881	7,710	8,037	8,601	6,427	10,025	9,515	9,056	10,386
Invoice Volume	6,209	5,975	4,580	4,204	6,373	4,425	4,512	4,190	4,834	6,073	6,121	6,064	6,673



Current Month % NHS vs Non-NHS by Value



Payables Invoice Value vs Volume Run Rate



Summary & Next Steps

1. An adverse movement in total creditors in month of £1.330m. Increase in total creditors to £10.4m in month.
2. Adverse movement in creditor days in month by 16 days, 90 days in December (74 days in November).
3. Internal KPIs to target elimination of registered > 120 days and creditor days < 60. Balances that are aged and not ready for payment reflect high levels of invoices that are received without a valid purchase order number.
4. 6,673 invoices on the purchase ledger system at the close of the month (decrease of 609 on November).

Capital Programme Summary - Month 9

YTD Capital Programme Performance	Original Plan £k	Revised Plan £k	YTD Plan £k	CRG Committed £k	Actual Expenditure £k	Variance to Plan £k
Brought Forward	6,715	5,748	3,915	5,725	3,622	(293)
Backlog Maintenance	1,050	1,289	1,681	861	117	(1,564)
Central/Divisions	290	-	-	-	-	-
Digital	1,701	1,690	1,163	1,444	1,280	117
Estates	202	1,808	250	260	1,768	1,518
Medical Equipment	1,351	4,777	1,072	848	3,927	2,855
Finance	1,500	1,500	1,125	1,500	1,125	-
Unplanned urgents	339	142	105	177	-	(105)
Fire Compartmentalisation	-	4,550	3,514	500	974	(2,540)
Brought Forward - other	-	-	-	211	-	-
Total Owned	13,148	21,504	12,825	11,526	12,813	(12)
Donated	1,000	1,970	750	2,067	2,067	1,317
Less donated Income	(1,000)	(1,970)	(750)	(2,067)	(2,067)	(1,317)
Less disposal values	-	(406)	(406)	-	(356)	(50)
Plus disposal receipts	-	50	-	-	-	-
Total	13,148	21,148	12,419	11,526	12,457	(62)

Capital Resource Limit (CRL)	£k
Planning CRL	13,148
2019/20 Opening CRL	12,598
Capital Bids Approved	8,500
MRI NBV	406
MRI Loss on Disposal	(356)
Closing CRL	21,148
Forecast outturn	21,148
Variance	0

Summary & Next steps

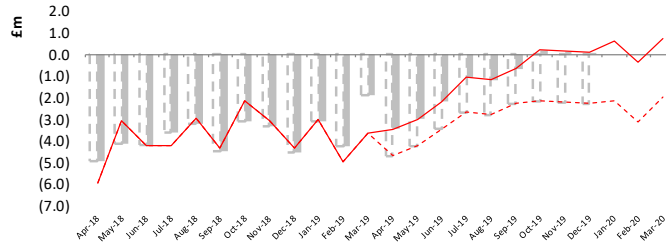
1. The Capital Resource Limit (CRL) for 2019/20 has been revised to £21.1m following the Trust's successful applications for £13.86m of emergency capital funding for fire compartmentalisation works over a 3 year period. £4.55m of capital will be received in 19/20 and funding for Medical Equipment £3.0m, and Backlog Maintenance £0.95m.
2. The Capital Resource Group (CRG) meets on a monthly basis to monitor levels of capital expenditure and review progress against the CRL.
3. The asset disposal relates to the sale of the MRI.

Trust Performance

Performance vs Plan



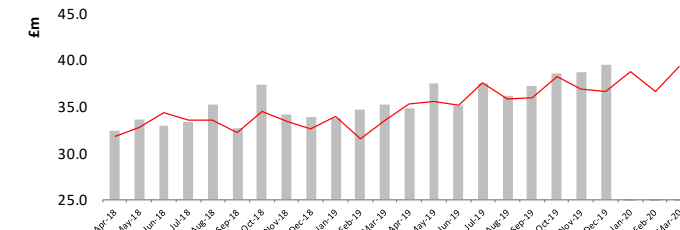
YTD Plan (£k): (11,113)
YTD Actual (£k): (11,066)



Income vs Plan (incl PSF, FRF & MRET)



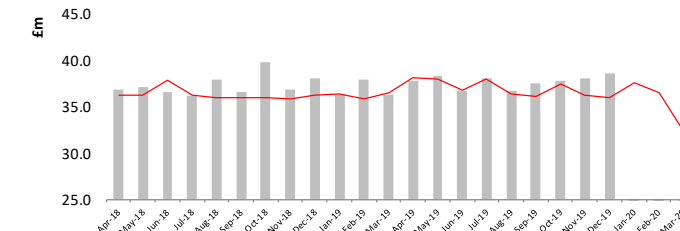
YTD Plan (£k): 327,001
YTD Actual (£k): 334,928



Operating Expenditure vs Plan



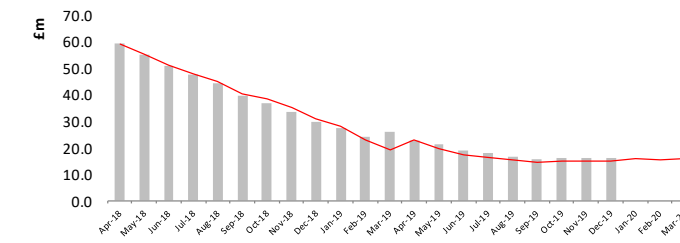
YTD Plan (£k): 332,694
YTD Actual (£k): 339,014



Taxpayer's Equity



YTD Plan (£k): 14,946
YTD Actual (£k): 16,075



The Trust is achieving its year to date plan at M9, with a £47k favourable variance to plan.

The dashed line and columns show plan and actuals excluding PSF, FRF and MRET funding. The favourable variance is marginal. Continued focus is required in Q4 to achieve delivery of our financial plan.

Income is overachieving by £6.8m YTD.

Elective and Outpatients activity is significantly below plan, offset by A&E and Non-Elective activity growth. £1.0m of risk funding received from ESBT CCGs has been reflected in the YTD position.

Expenditure is overspent by £6.3m YTD.

Pay is overspent by £6.8m and Non Pay is underspent by £0.4m. Non pay excludes financing costs.

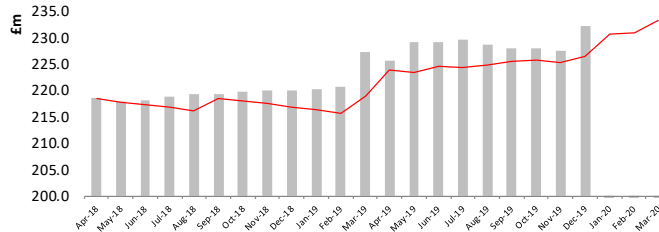
The decrease in Taxpayers' Equity is mainly due to the reduction in the Trust's deficit position in 2018/19 (£44.8m) and in 2019/20 (forecast £10.1m including transformation funding).

Statement of Financial Position

Non-Current Assets vs Plan



YTD Plan (£k): 226,308
YTD Actual (£k): 232,206

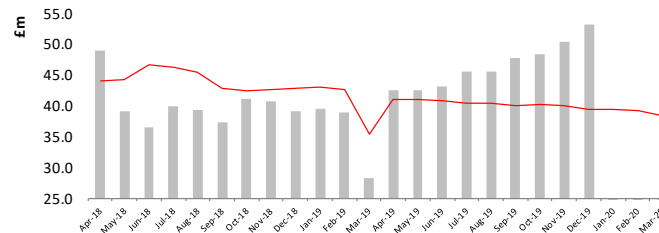


The movement in non-current assets relates to the increase in property, plant and equipment (PPE) expenditure in year, made possible due to £8.5m capital loans secured in year.

Current Assets vs Plan



YTD Plan (£k): 39,414
YTD Actual (£k): 53,160

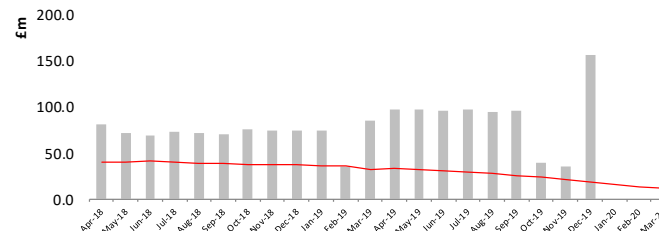


£2.9m increase in receivables and an increase in drug stock. Favourable movement in debtors > 30 days by £0.6m. Debtor days increased by 2 days in month and rose to 32 days.

Current Liabilities vs Plan



YTD Plan (£k): 17,830
YTD Actual (£k): 804,149

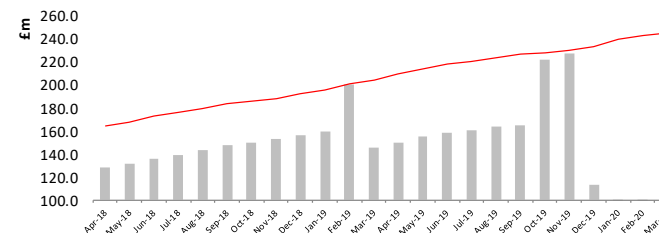


Increase in current liabilities is due to capital accruals and a re-categorisation of borrowings to match the DHSC schedule. Several working capital loans fall due for repayment within 12 months.

Non-Current Liabilities vs Plan



YTD Plan (£k): 232,945
YTD Actual (£k): 113,547



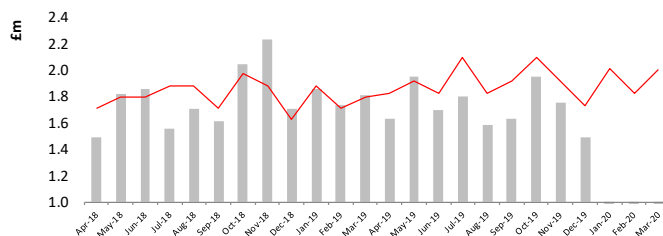
The movement in non-current liabilities relates to the re-categorisation of loans from non-current to current liabilities.

Income & Activity

Elective Inpatient Income vs Plan



YTD Plan (£k): 17,145
YTD Actual (£k): 15,465



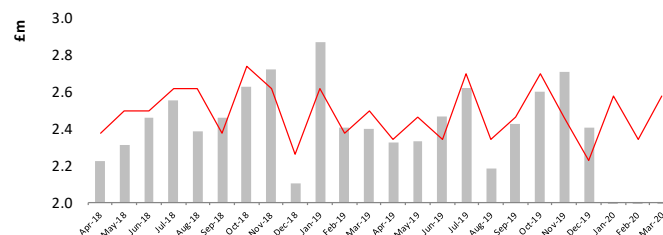
Elective Inpatient income is underachieving against plan by £1.7m YTD.

Main areas of underperformance are Urology (£0.9m), Cardiology (£0.2m) and Trauma & Orthopaedics (£0.2m).

Day Case Inpatient Income vs Plan



YTD Plan (£k): 22,003
YTD Actual (£k): 22,047



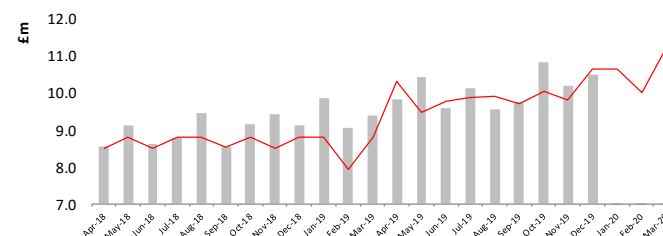
Day Case Inpatient income is overachieving against plan by £44k YTD.

Under performance in Cardiology and Maxillofacial Surgery is offset but over performance in Rheumatology and Neurology.

Non- Elective Inpatient Income vs Plan



YTD Plan (£k): 89,502
YTD Actual (£k): 90,732



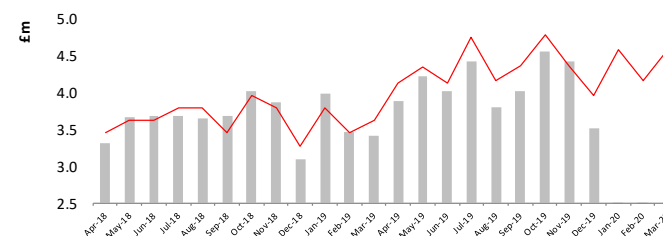
Non-Elective Inpatient income is overachieving against plan by £1.2m YTD.

The Trust was funded for activity growth of 6% in the AIC contract, growth has been significantly above this level throughout the year.

Outpatient Income vs Plan



YTD Plan (£k): 38,902
YTD Actual (£k): 36,742



Outpatient income is underachieving against by £2.2m YTD.

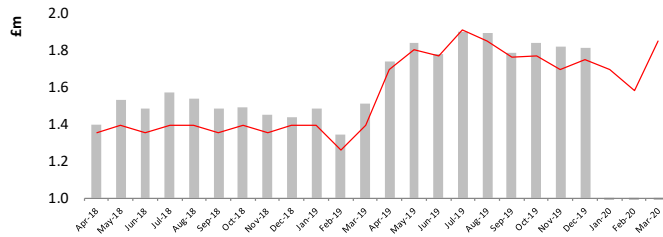
Activity remains significantly below plan across Ophthalmology (£0.6m) and Trauma & Orthopaedics (£0.8m) and Urology (£0.4m).

Income & Activity (Cont.)

A&E Income vs Plan



YTD Plan (£k): 15,990
YTD Actual (£k): 16,387



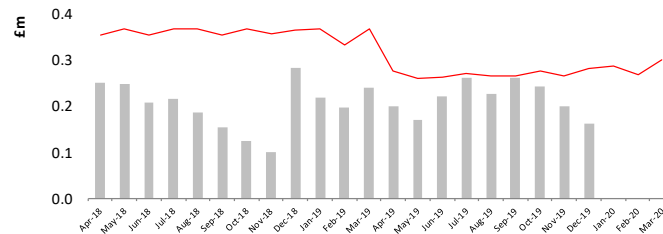
A&E Income is overachieving against plan by £0.4m plan YTD.

Growth in attendances is driving the activity over performance, attendances in December 2019 were 10.5% higher than in December 2018.

Excess Bed Day Income vs Plan



YTD Plan (£k): 2,413
YTD Actual (£k): 1,936



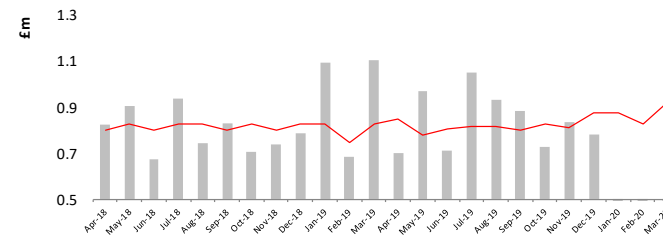
Excess Bed Day income is underachieving against plan by £0.5m YTD.

This is due to lower length of stay than planned throughout the year, particularly in General Medicine.

Critical Care Income vs Plan



YTD Plan (£k): 7,358
YTD Actual (£k): 7,564



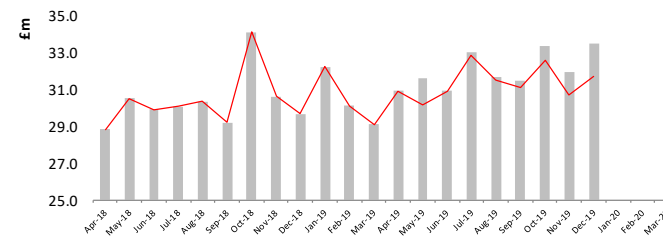
Critical Care income is overachieving against plan by £0.2m YTD.

This indicates an increase in complexity of cases in critical care as activity is below plan YTD.

AIC vs Payment by Results Income



AIC Plan (£k): 282,084
PBR Actual (£k): 287,977



The AIC contract is reducing income by £5.9m YTD.

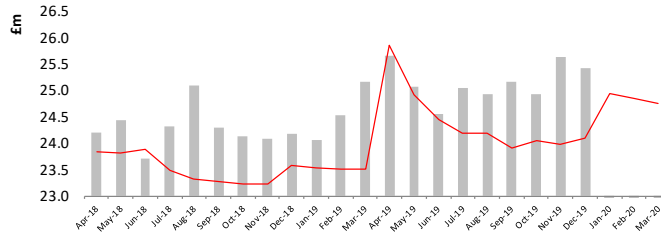
The YTD value of the Aligned Incentive Contract with the ESBT CCGs is included in the financial position and is reducing income by £5.9m YTD.

Workforce Expenditure

Pay Expenditure vs Plan



YTD Plan (£k): 219,601
YTD Actual (£k): 226,366



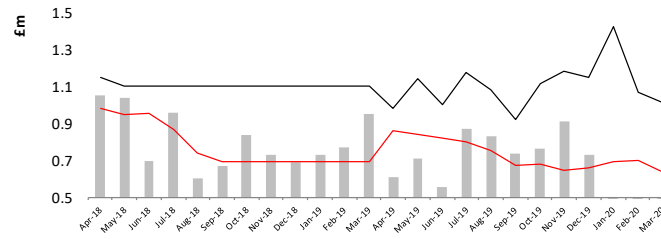
Pay expenditure is above plan by £6.8m YTD.

Medical and Nursing overspends are the key drivers behind the overspend, due to the use of agency and locum to backfill vacancies, nurse specialising and WLIs. The run rate has increased in Q3 due to winter pressures and international recruitment in nursing.

Agency Expenditure vs Agency Ceiling vs Plan



YTD Plan (£k): 6,715
YTD Actual (£k): 6,709



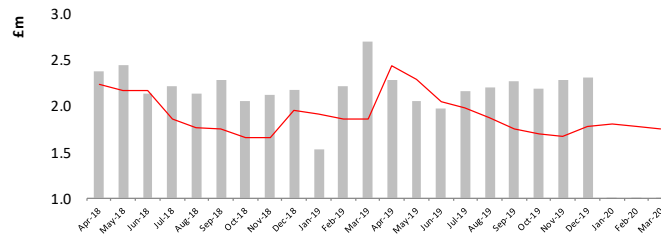
Agency expenditure is adverse to plan by £6k YTD, but remains below the Trust's agency ceiling.

The Trust is anticipating a reduction the agency ceiling in 2020/21 and will need to draw up a plan to achieve this reduction next year

Bank Expenditure vs Plan



YTD Plan (£k): 17,457
YTD Actual (£k): 19,642



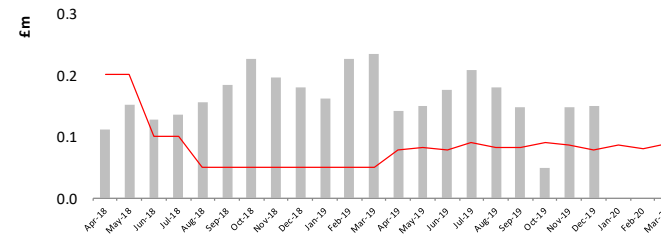
Bank expenditure is adverse to plan by £2.2m YTD.

Use of Locums and Bank to backfill vacancies and a transition from agency to high cost Bank and Locum shifts are causing the increase in run rate in Q3.

WLI Expenditure vs Plan



YTD Plan (£k): 746
YTD Actual (£k): 1,342

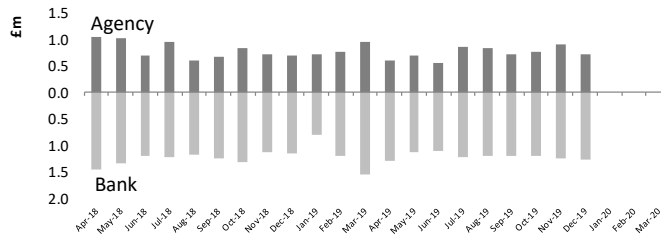


Waiting List Initiative expenditure is adverse to plan by £0.6m YTD.

Continued use of WLI in Radiology and Ophthalmology due to operational pressures are the key drivers of the overspend.

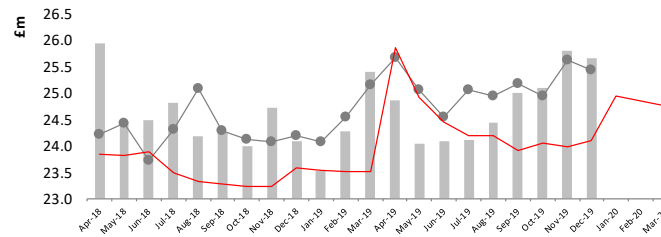
Workforce Expenditure (Cont.)

Agency Actuals
vs Bank Actuals



Agency spend is reducing year on year as the Trust sees a move towards the use of bank and locum to meet its temporary staffing needs. This graph demonstrates the seasonal fluctuations that affect all types of temporary staffing.

Pay Expenditure vs Plan
vs WTE Usage

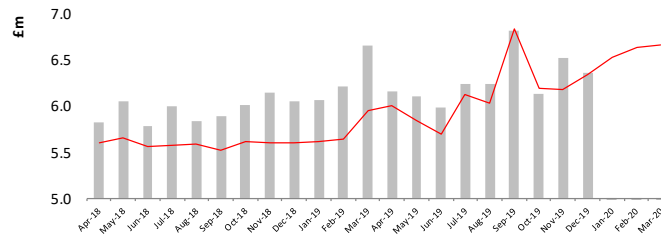


YTD Plan (£k): 219,601
YTD Actual (£k): 226,366

Pay expenditure is overspent by £6.8m YTD.

WTE usage has significantly increased in Q3 due to international recruitment in Nursing and Medical staffing. The Trust is not seeing a corresponding decrease in high cost temporary workforce for the additional substantive staff.

Medical Expenditure
vs Plan

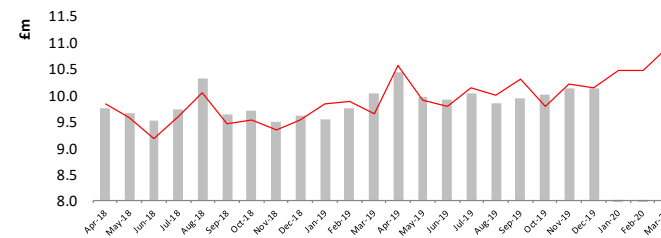


YTD Plan (£k): 55,204
YTD Actual (£k): 56,493

Medical staffing expenditure is overspent by £1.3m YTD.

The medical staff group is shown as it is materially adverse to plan, which is a key driver of the overall pay overspend. Medical pay is overspent largely due to the use of high cost agency and locums to backfill vacancies.

Nursing Expenditure
vs Plan



YTD Plan (£k): 90,696
YTD Actual (£k): 90,271

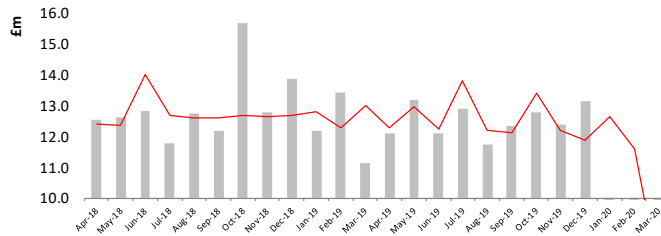
Nursing Expenditure is underspent by £0.4m YTD.

The nursing staff group is shown as it is the largest staff group. Nursing spend has increased month on month in Q3 as a result of international recruitment. Spend is expected to increase in Q4 due to winter pressures and funding of the 19/20 nursing review.

Non Pay Expenditure, Efficiencies & Capital

Operating Non-Pay Expenditure vs Plan

YTD Plan (£k): 113,093
YTD Actual (£k): 112,648

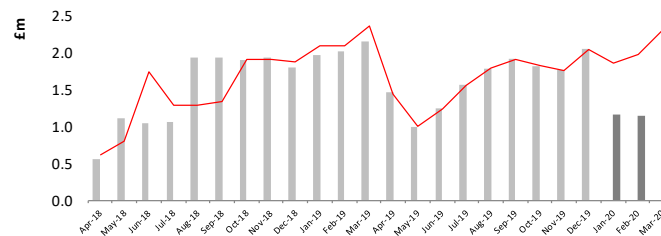


Non Pay expenditure is underspent by £0.1m YTD.

Overspends in Drugs (£2.4m) and Clinical Supplies (0.4m) and offset by underspends in outsourcing to other NHS bodies and IT and equipment leases.

CIP Performance vs Plan

YTD Plan (£k): 14,495
YTD Actual (£k): 14,545

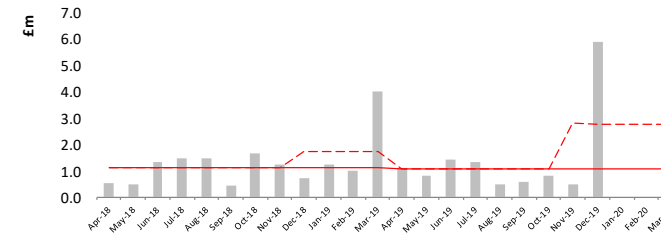


The Trust has over delivered by £51k against its YTD plan.

The forecast is to achieve the £20.6m 2019/20 CIP target, with £18.4m currently identified as process green. The expectation was that we would have plans for the full £20.6m at this stage in the year. There is an increasing reliance on non-recurrent savings (24%).

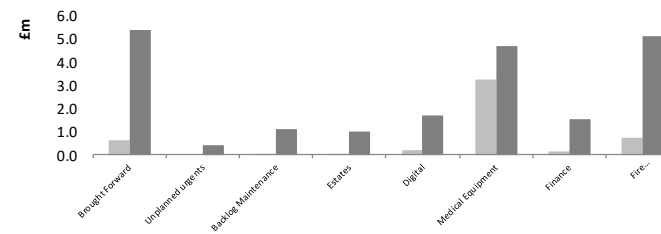
Capital vs Capital Resource Limit

YTD Plan (£k): 12,899
YTD Actual (£k): 12,801



Accruals have increased due to capital creditors accrual of £4.7m. Capital Loans approved in year of £8.5m relating to; Fire Compartmentalisation (£4.55m), Medical Equipment (£3.0m) and Backlog Maintenance (£0.95m). The Fire Loan is a portion of the total loan of £13.86m approved over a 3 year period.

Capital Forecast by Category



The Capital programme is forecasting to spend the full capital resource limit of £21.1m.

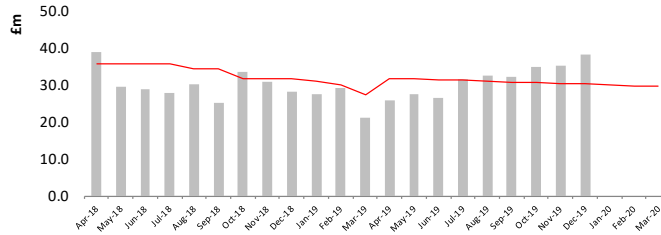
A weekly discussion is taking place to ensure that the programme delivers and that there is no underspend.

Receivables, Payables & Cash

Receivables vs Plan



YTD Plan (£k): 30,216
YTD Actual (£k): 38,067

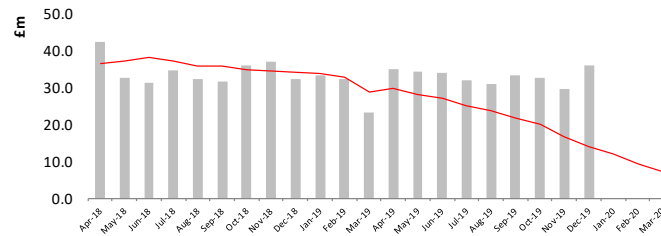


Increase in receivables in M9 relating to contract income. Reduction in receivables in month by £218k. Aged debt >31 days has decreased. Receivable days increased by 2 days in December and rose to 32 days.

Trade Payables vs Plan



YTD Plan (£k): 14,090
YTD Actual (£k): 35,972

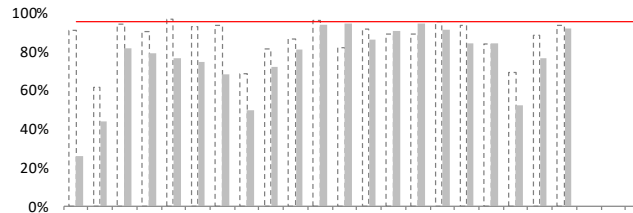


Increase in payables due to an increase in accrued expenditure in M9 as part of the Agreement of Balances exercise and an increase in system accrued expenditure (Good Received, not invoiced). Payables increased in M9 as did payable days in month by 16 days to 90 days.

BPPC vs Target



Target (%) 95%
YTD Non NHS Performance (%) 92%
YTD NHS Performance (%) 98%

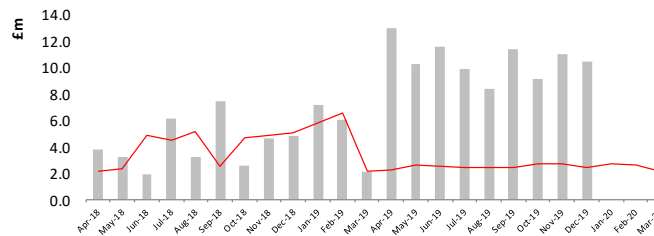


Better Payment Practice Code (BPPC) shows the value of and the number of invoices paid within 28 days. The target is for 95% compliance. Performance improved in month by volume but deteriorated by value. NHS performance is distorted by a large balance owed to BSUH which is on hold until a reciprocal payment can be agreed.

Cash and Cash Equivalents vs Plan



YTD Plan (£k): 2,409
YTD Actual (£k): 10,419



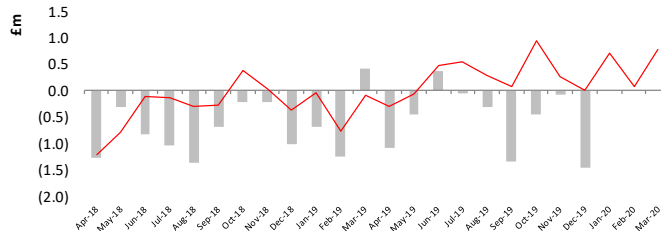
A high percentage of the Trust's monthly income is received on 15th of each month (SLA income). As a rule this cash is spread equally across the weeks until the next SLA income is received. This process together with faster reporting can, potentially, lead to higher cash balances at the close of the reporting period.

Divisional Performance

Diagnostics, Anaesthetics & Surgery vs Plan



YTD Plan (£k): 2,249
YTD Actual (£k): (4,847)



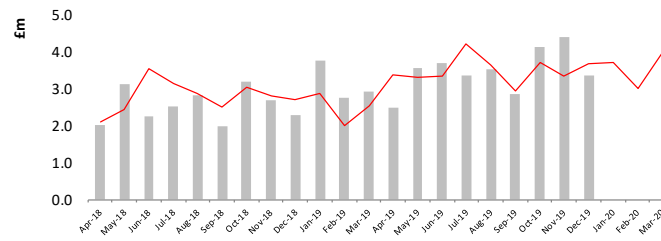
Diagnostics, Anaesthetics & Surgery is adverse to plan by £7.1m YTD.

Elective and Outpatients income underperformance is the key driver for the YTD position. Medical Pay continues to overspend, Non Pay overspends are activity related costs in Pathology and Theatres.

Medicine vs Plan



YTD Plan (£k): 31,571
YTD Actual (£k): 31,310



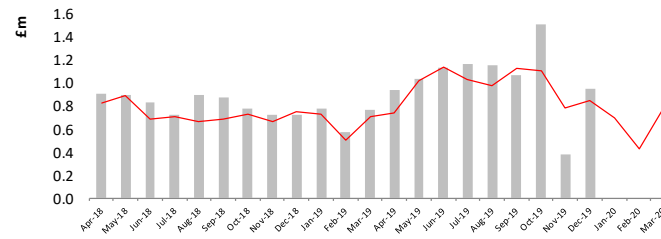
Medicine is adverse to plan by £0.2m YTD.

Income over performance due to high levels of Non-Elective activity is offset by activity related pay and non-pay overspends in Gastroenterology and Elderly Care. The division continues to carry a high number of medical vacancies.

Emergency Care vs Plan



YTD Plan (£k): 8,717
YTD Actual (£k): 9,276



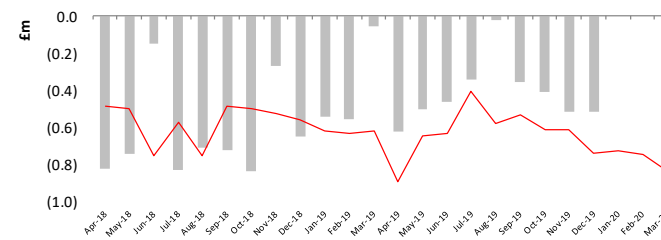
Emergency Care is favourable to plan by £0.6m YTD.

Over performance is due to continued activity growth in year, combined with significant vacancies not backfilled with temporary workforce are the key drivers for the YTD position.

Out of Hospital Care vs Plan



YTD Plan (£k): (5,664)
YTD Actual (£k): (3,761)



Out of Hospital Care is favourable to plan by £1.9m YTD.

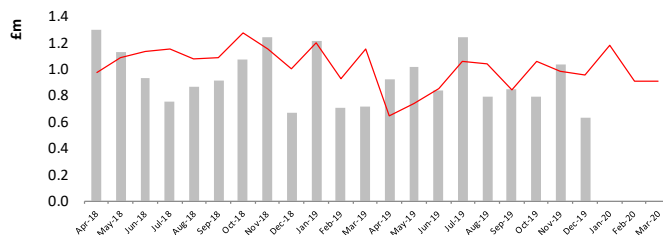
Over performance in Direct Access income, combined with a high level of vacancies in AHP posts, not backfilled with temporary workforce are the key drivers for the YTD position. Drugs are overspent by £505k YTD.

Divisional Performance (Cont.)

Women's Childrens & Sexual Health vs Plan



YTD Plan (£k): 8,161
YTD Actual (£k): 8,087



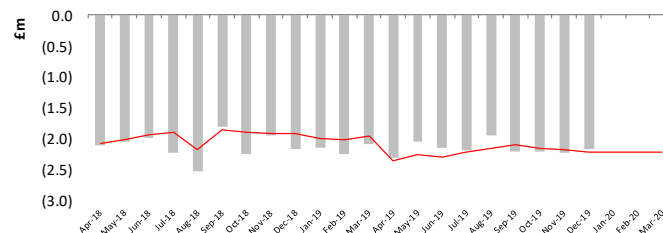
Women's, Children's and Sexual Health is adverse to plan by £0.1m YTD.

Income over performance is largely offset by additional pay costs from secondments.

Estates & Facilities vs Plan



YTD Plan (£k): (19,989)
YTD Actual (£k): (19,503)



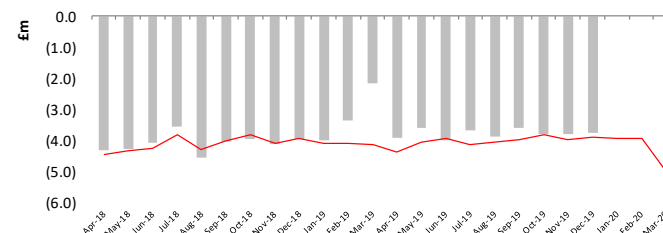
Estates & Facilities is favourable to plan by £0.5m YTD.

The underspends are largely due to a combination of vacancies across Hotel services and Ops & Maintenance and over delivery of income from accommodation and car parking.

Corporate vs Plan



YTD Plan (£k): (36,464)
YTD Actual (£k): (34,202)



Corporate is favourable to plan £2.3m YTD.

Pay underspends are the key driver of the position, with vacancies across Finance, HR, Nursing & Governance and Clinical Administration.

Financial Planning for 2020/21 – Discussion Paper

Meeting information:			
Date of Meeting:	4 th February 2020	Agenda Item:	10
Meeting:	Trust Board	Reporting Officer:	Director of Finance

Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>

Has this paper considered: (Please tick)			
Key stakeholders:		Compliance with:	
Patients	<input type="checkbox"/>	Equality, diversity and human rights	<input checked="" type="checkbox"/>
Staff	<input type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input checked="" type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input checked="" type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input checked="" type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	Yes

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The national planning timetable has been delayed as a result of the General Election in Q3 2019. However, the Trust has been working closely with key internal and external stakeholders to develop a draft financial plan for 2020/21 which is aligned with the East Sussex LTP submission in 2019, and which reflects the underlying financial position for the Trust. This draft plan has been reviewed by the Finance and Investment Committee and is subject to the development of the Divisional Business Plans and the joint work on the contract for 2020/21. As the plan develops, it will be refreshed and reviewed by the February and March Finance and Investment Committees before review and approval by the Trust Board in line with national planning timetables.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

The draft financial plan has been reviewed by the Finance and Investment Committee in October and December 2019.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is asked to note the ongoing development of the draft 2020/21 Financial Plan for the Trust.

DEVELOPING THE ESHT 2020/21 FINANCIAL PLAN: DISCUSSION PAPER

Jonathan Reid
Director of Finance

Executive Summary

- The national planning guidance for NHS organisations has been delayed as a result of the General Election in Q3 2019/20. However, the Trust has been working closely with system partners and staff across the organisation to develop an initial financial plan for 2020/21, building on the Long Term Plan submission earlier in 2019/20. This draft has been reviewed by the Trust Finance and Investment Committee, and will be developed and finalised in line with the Trust's business planning timetable.
- At Month 9, we are forecasting delivery of our 2019/20 financial plan – a forecast deficit of £34m, before transformation funding of £24m. For 2020/21, we have been issued with an NHSI&E trajectory target of £27m deficit, with an initial indication of £27m transformation funding – an opportunity to bring the Trust back to breakeven. However, the national rules on transformation funding are under review.
- This paper sets out the elements of the Trust draft financial plan for 20/21, which will be refined over the remainder of Q4 2019/20. It suggests that the Trust can deliver the control total if the CCG contract is rebased to reflect the reality of operational demand in 2019/20, and if the Trust sets a CIP target at 3% - a considerable reduction on previous years, and in line with STP assumptions. This will still be a challenging plan, and the Trust will need to work in partnership with staff and stakeholders across the system to support delivery in 2020/21.
- The Trust's plans sit within the system financial plan. Delivery of the system plan is contingent on delivery by the Trust, and by key partners. The Trust and the East Sussex CCGs, working within the STP planning process, have an initial financial plan which is being refreshed and strengthened over the planning period. This system financial plan is overseen and developed by the East Sussex CFO Group.

Overview of the 2020/21 Financial Plan

Month 6 2019/20 Outturn:				34,125
<i>Non-Recurrent Delivery by Trust:</i>				
System Investment Fund			2,500	
N/R Underspend Investments			2,500	
C/F Reserves			4,500	9,500
<i>Non-Recurrent Income Shortfall:</i>				
Unfunded Activity through AIC				(9,500)
<i>FYE Funded Pressures:</i>				
Maternity Matters/ Better Births			800	
Safer Staffing 19/20			800	
Established Beds (Winter Element, Balance in FOT)			700	
Frailty (Full Year Costs)			1,600	3,900
<i>Pay and Prices 2020/21</i>				
Net Uplift in Tariff (1.3%)			(4,500)	
Pay and Pricing Costs			7,000	
Local Cost Pressures, including depreciation			2,000	4,500
<i>Commissioning and Contracting</i>				
Growth at Nil Gain			0	
Urgent Treatment Centre			0	
Community Pressures/ Growth			0	
Other Pressures (LAC, NIV)			0	0
CIP Programme				(15,000)
Plan for 2020/21				27,525

The key drivers of the plan are the re-basing of the core contract with the East Sussex CCGs, reflecting non-recurrent delivery by the Trust in 2019/20, and the scale of the CIP programme for 2020/21.

In recent years, the Trust has targeted CIP of c£20m, at >4% of turnover. This year's initial plan is set at c3% of expenditure at £15m. An initial £20m CIP target is in discussion with Divisional teams and the wider organisation to allow for slippage and delay, but the plan will be set on this £15m target. A 3% CIP is aligned with the STP assumptions for Trusts in deficit. This 3% will fall to 2.5% and then 2% in future years of the Trust and STP long-term plan.

A number of significant service investments have been made in 2019/20 – required by national frameworks or driven by activity levels and new service models. Tariff and pay assumptions are in line with national frameworks, with local modifications for depreciation.

Impact on Income and Expenditure 2020/21 – Initial Draft Plan

	Income £000	Pay £000	Non-Pay £000	Trust £000
Month 6 2019/20 Outturn:	(420,207)	305,939	148,393	34,125
<i>Non-Recurrent Delivery by Trust:</i>				
System Investment Fund	2,500			2,500
N/R Underspend Investments			2,500	2,500
C/F Reserves			4,500	4,500
<i>Non-Recurrent Income Shortfall:</i>				
Unfunded Activity through AIC	(9,500)			(9,500)
<i>FYE Funded Pressures:</i>				
Maternity Matters/ Better Births		800		800
Safer Staffing 19/20		800		800
Established Beds (Winter Element, Balance in FOT)		700		700
Frailty (Full Year Costs)		1,300	300	1,600
<i>Pay and Prices 2020/21</i>				
Net Uplift in Tariff (1.3%)	(4,500)			(4,500)
Pay and Pricing Costs		3,500	3,500	7,000
Local Cost Pressures, including depreciation			2,000	2,000
<i>Commissioning and Contracting</i>				
Growth at Nil Gain	(6,500)	4,000	2,500	0
Urgent Treatment Centre	(1,200)	1,000	200	0
Community Pressures/ Growth	(1,500)	1,200	300	0
Other Pressures (LAC, NIV)	(500)	400	100	0
CIP Programme		(5,000)	(10,000)	(15,000)
Initial Plan for 2020/21	(441,407)	314,639	154,293	27,525
NHSI&E Trajectory				27,525

Overall, the plan sees an increase in pay and non-pay, aligned with the overall increase in activity and income for the coming year.

The initial allocation of CIP is aligned across pay and non-pay. with a weighting on non-pay – this initial estimate is subject to further and more detailed analysis.

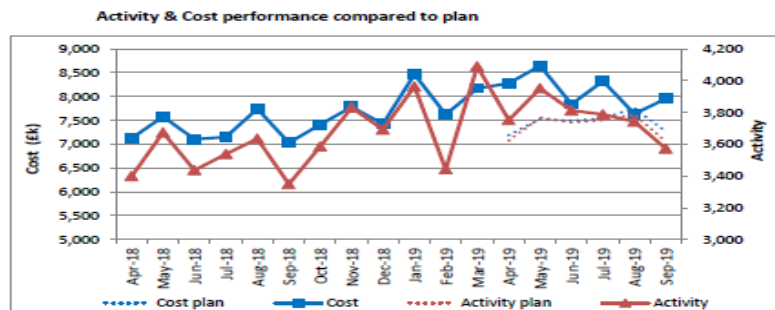
This table also highlights the significant organisational impact of the proposed changes in contracting and commissioning, across growth, the UTC and Community Services. The levels of growth are in line with the system financial plan, but will be refined during January-March 2020.

Non-Recurrent 19/20 Delivery: Rebasing the CCG contract

<i>Non-Recurrent Delivery by Trust:</i>			
System Investment Fund		2,500	
N/R Underspend Investments		2,500	
C/F Reserves		4,500	9,500
<i>Non-Recurrent Income Shortfall:</i>			
Unfunded Activity through AIC			(9,500)

The Trust/CCG start plan was set at 6% NEL growth, pre-QIPP, with £3m of the NEL growth funded at 50%, and £2m of the EL growth for RTT funded at 50%, and an assumption that the QIPP would deliver £4m cost reduction opportunity.

NEL growth has been c8%, significantly outweighing the non-delivery of the EL plan levels of activity, and the £4m opportunity has not materialised. The M6 FOT is £9.5m above the baseline plan after QIPP.



In 19/20, the Trust has delivered through a number of significant non-recurrent elements of the plan. These non-recurrent elements sit alongside the growth in activity/non-delivery of the system efficiency programme...as a result, the Trust has highlighted that a re-basing of the activity baseline with the CCGs is required in order for the financial plan to be delivered. This is one significant benefit for the Trust of entering into a refreshed and effective aligned incentive contract for 2020/21 – it allows for the Trust to properly reflect activity levels in financial plans and budgets.

Discussions with CCG colleagues during the LTP planning period on this issue have been productive and supportive – reflecting the good system working arrangements. The Trust's requirement for the rebasing of the contract baseline has been reflected in the LTP submission, and sits within the overall system financial plan for East Sussex. It is important, however, to note that the overall system plan needs further work to ensure it is affordable in its entirety.

Investment Decisions in 2019/20

<i>FYE Funded Pressures:</i>				
Maternity Matters/ Better Births			800	
Safer Staffing 19/20			800	
Established Beds (Winter Element, Balance in FOT)			700	
Frailty (Full Year Costs)			1,600	3,900

The budgets for 2020/12 will be set of M6 FOT, which will mean that PYE of investment decisions will be reflected in the baseline budgets for Divisions.

These pressures are different from the underspends on existing investments contributing to 2019/20 delivery – those are non-recurrent (and non-recurrently CIP'd in many cases) and relate to radiology investment, ED staff investment, community nursing. These pressures are new spend required as a FYE of decisions made in 2019/20...although the recruitment challenge for both sets of investments will remain.

A further set of pressures is likely to emerge during budget-setting – in particular, with the refresh of the safer staffing review for 2020/21 to be undertaken at budget-setting rather than after the start of the year. These are reflected later in the financial plan under local cost pressures.

In 19/20, the Trust made a number of significant investments for quality and safety (maternity matters/better births, and safer staffing), and to strengthen operational capacity in the face of growing demand (establishing the Seaford escalation beds, and implementing the new frailty model). These investments have a significant full year effect into 2020/21 – estimated at c£3.9m.

These investments give a clear start position for the Trust in 2020/21:

- **levels of baseline demand are such that we anticipate the escalation beds will remain open through the full year, all else being equal, which will mean an alternative winter plan;**
- **Levels of activity growth are anticipated which would require further beds on both sites – however, the FYE of the Frailty Model will support the teams in addressing this. [Note the potential CIP/efficiency opportunity in budgets].**

Pay and Pricing 2020/21 (estimates, based on prior year and national figures)

	Income	Pay	Non-Pay	Trust
	£000	£000	£000	£000
<i>Pay and Prices 2020/21</i>				
Net Uplift in Tariff (1.3%)	(4,500)			(4,500)
Pay and Pricing Costs		4,500	2,500	7,000
Local Cost Pressures, including depreciation			2,000	2,000

In the LTP guidance, a tariff figure of 2.4% is provided, alongside a 1.1% tariff efficiency assumption – driving a 1.3% overall uplift in tariff.

On an annual basis, the Trust sees an uplift in pay and pricing costs of £5-7m (in respect of A4C, Medical Pay, and inflation on contracts), usually in excess of the national price uplift assumptions. An initial estimate of £7m has been included, plus a further £2m of local increases driven by, e.g. increased depreciation.

Finalising the budgets for 2020/21 will take a number of iterations alongside the business planning process. The planned start point is the 2019/20 FOT at Month 6 – as this will support a start budget that is aligned with the FOT activity levels, which are in turn aligned with the requested contract rebasing. These budgets will be ‘supplemented’ with the FYE of the investments made in year, and any anticipated pay and pricing uplifts, before an adjustment for CIP.

An increase in the purchase of short-life assets is likely to drive an increase in the Trust’s depreciation costs, and Divisional teams will raise cost pressures in budget-setting, which may or may not be covered in outturn budgets. Setting a local cost pressures reserve will also allow the Trust to hold a possible contingency if is carefully managed...but it is too early in the budget-setting process for making an assumption that cost pressures can be mitigated.

During 2019/20, a number of central wage agreements, including A4C uplifts, public health funding and consultant contract uplifts, were funded centrally – as was the increase in pension contributions for NHS employers. This model assumes that this funding continues – in line with national guidance.

Commissioning and Contracting (subject to local negotiation and STP alignment)

	Income £000	Pay £000	Non-Pay £000	Trust £000
<i>Commissioning and Contracting</i>				
Growth at Nil Gain	(6,500)	4,000	2,500	0
Urgent Treatment Centre	(1,200)	1,000	200	0
Community Pressures/ Growth	(1,500)	1,200	300	0
Other Pressures (LAC, NIV)	(500)	400	100	0

For Urgent Care, the national timetable for initial implementation is December 2019, with full implementation of the East Sussex model in April 2020.

The Trust has signalled that it will be operationally ready to implement the UTC at this point. An initial 'block' investment has been included in the LTP submission, and is reflected in the Trust financial plan for 2020/21.

For community services, the Trust, East Sussex County Council and CCG have reviewed baseline activity through the overarching community services review and the 'service challenge' in 2019/20, which has an estimated cost of £1.9m before growth. This is included in the initial plan.

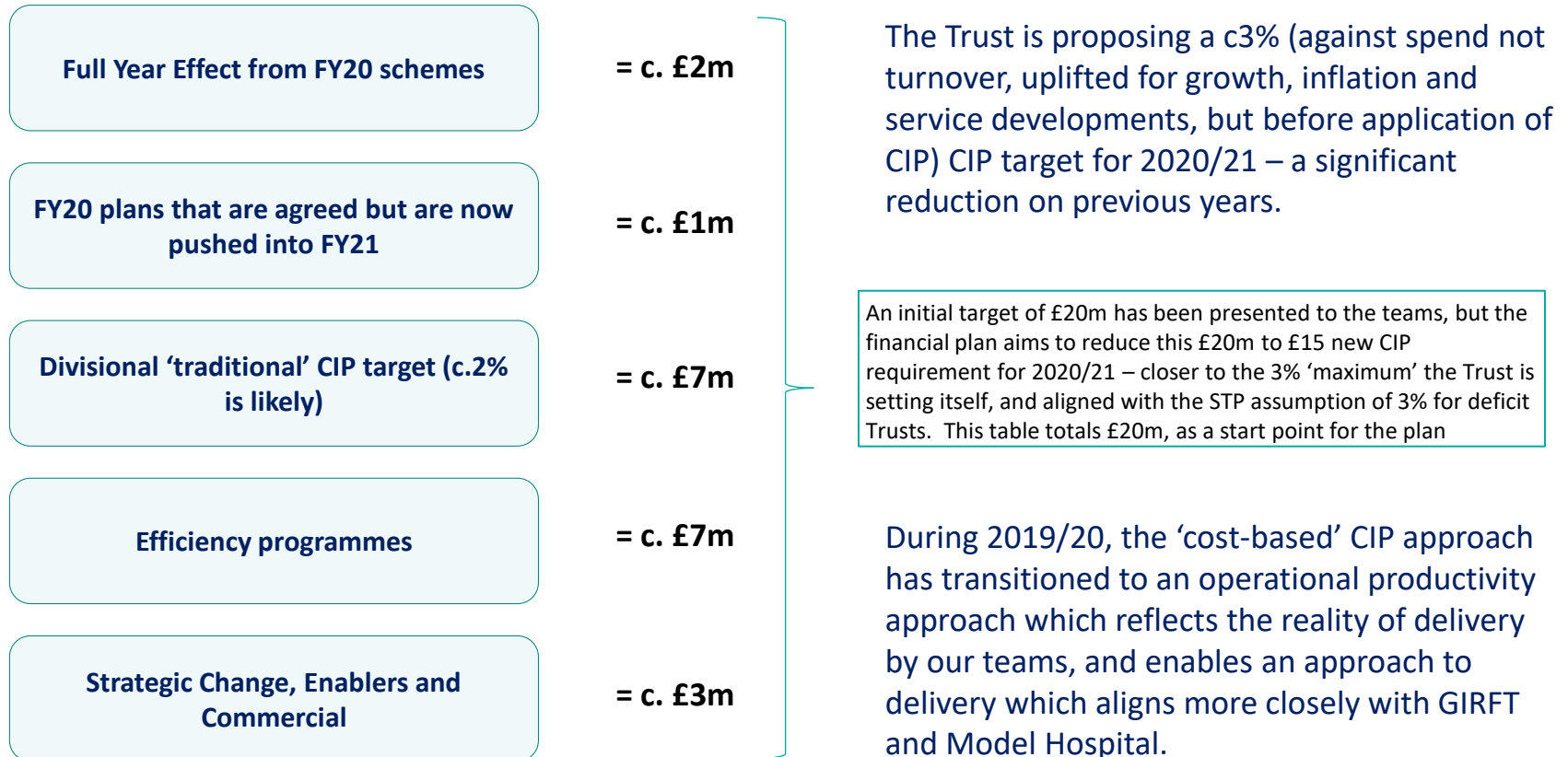
The Trust is proposing a number of contracting changes and service developments, which will need negotiation through the local CCG. The key ones are summarised here.

Growth levels are at agreed initial plan levels (an aggregate of actual growth) and are aligned between the Trust, the CCG and the STP models at this point, and which will be reviewed during the operational planning round in January-March 2020.

It is important to note that the Trust assumes no gain/no loss on growth in planning, but the STP financial model assumes a marginal rate of cost increase.

However, the Trust position is consistent with this approach - the marginal rate is included in the 3% efficiency requirement assumed in the STP model, and will in effect, be included within the Trust CIP.

Delivering the Cost Improvement Programme



For 2019/20, up to £4.5m non-recurrent delivery of CIP is forecast across the Divisions – driven, among other things, by the underspends in investment identified earlier in this presentation. Securing the rebasing of the contract will address this £2.5m, but it will leave £2m of non-recurrent CIP carried forward into 2020/21 – this will be addressed by schemes such as frailty and other schemes where delivery has not started until Q3/Q4 (the FYE of CIP schemes). Resolving this non-recurrent delivery and converting this into recurrent CIP will need to be included in the CIP programme for 2020/21.

2020/21 Financial Plan – Conclusion and Next Steps

Month 6 2019/20 Outturn:				34,125
<i>Non-Recurrent Delivery by Trust:</i>				
System Investment Fund			2,500	
N/R Underspend Investments			2,500	
C/F Reserves			4,500	9,500
<i>Non-Recurrent Income Shortfall:</i>				
Unfunded Activity through AIC				(9,500)
<i>FYE Funded Pressures:</i>				
Maternity Matters/ Better Births			800	
Safer Staffing 19/20			800	
Established Beds (Winter Element, Balance in FOT)			700	
Frailty (Full Year Costs)			1,600	3,900
<i>Pay and Prices 2020/21</i>				
Net Uplift in Tariff (1.3%)			(4,500)	
Pay and Pricing Costs			7,000	
Local Cost Pressures, including depreciation			2,000	4,500
<i>Commissioning and Contracting</i>				
Growth at Nil Gain			0	
Urgent Treatment Centre			0	
Community Pressures/ Growth			0	
Other Pressures (LAC, NIV)			0	0
CIP Programme				(15,000)
Plan for 2020/21				27,525

Pulling together each of the components of the financial plan enables the Trust to deliver the NHSI&E control total for the year. This would [subject to amendments to the framework] secure £27.5m of FRF funding, and would take the Trust to breakeven.

During January to March, this plan is being refreshed on a monthly basis to take account of developments in each of the key areas. The two high risk areas are the contracting and commissioning arrangements within the system plan, and the development and delivery of the Trust cost improvement programme. These are kept under detailed review through the Finance and Investment Committee.

Finally, the plan is contingent on successful delivery of 2019/20. The Trust is highlighting c£2.5m net risk in the 2019/20 plan to be resolved during Q3 & Q4 – and this would increase the challenge if not delivered.

Health Infrastructure Plan

Meeting information:

Date of Meeting:	4 th February 2020	Agenda Item:	11
Meeting:	Trust Board	Reporting Officer:	Jonathan Reid

Purpose of paper: (Please tick)

Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
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Has this paper considered: (Please tick)

Key stakeholders:		Compliance with:	
Patients	<input checked="" type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The Health Infrastructure Plan (HIP) has been designed to deliver a long-term, rolling five-year programme of investment in health infrastructure, including capital to build new hospitals, modernise the primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate.

The Government has announced six new large hospital builds that are receiving funding to go ahead now (aiming to deliver by 2025), and 21 more schemes that have the green light to go to the next stage of developing their plans (with the aim of being ready to deliver between 2025-2030).

ESHT is in Phase 2 (HIP2, 2025-2030) which includes 21 schemes which will share £100m of seed funding in FY21/22 to kick-start schemes, allowing Trusts to proceed to the next stage of developing their masterplans plans and related business cases. In mid-November 2019, we initiated a review which is currently focussed on the physical assets at Eastbourne Conquest and Bexhill. We have committed our own capital in order to begin the review of the masterplans for Eastbourne, Conquest and Bexhill sites.

For more information on HIP please [visit this website](#):

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Finance and Investment Committee 30th January 2020

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

To note the HIP2 outline plan timescales, seed funding and the progress to date on the development of the updated masterplans.

Sussex Acute Collaborative Network

Meeting information:			
Date of Meeting:	4 th February 2020	Agenda Item:	12
Meeting:	Trust Board	Reporting Officer:	Catherine Ashton

Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>

Has this paper considered: (Please tick)			
Key stakeholders:		Compliance with:	
Patients	<input type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The Sussex Acute Collaborative Network has been created to provide a forum for Acute Trusts in Sussex to work together collaboratively with the aim of developing and delivering sustainable models for local services and specialist care delivered in centres of excellence.

It facilitates a strengthened strategic partnership between the four partner organisations, contributes to the clinical, operational and financial sustainability of the local health and social care system and of individual organisations.

Membership of the network includes CEOs from ESHT, BSUH, WSHT and QVH along with nominated Directors including COOs and Directors of Strategy and medical Directors

The decision making powers of the SACN Executive Board are those vested in its members by their respective Boards. Collective decisions that are within the delegated authority of the members can be made by the SACNEB. All other matters will be referred to Trust Boards and the Sussex Health and Care Partnership Executive Meeting for decision.

Terms of Reference will be reviewed annually by the SACN Executive Board

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

None.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

Trust Board members are asked to note the Terms of Reference and to advise any further action required.

**Brighton and Sussex University Hospitals NHS Trust
and
East Sussex Healthcare NHS Trust
and
Queen Victoria Hospital NHS Foundation Trust
and
Western Sussex Hospitals NHS Foundation Trust**

Sussex Acute Collaboration Network Executive Board

Terms of Reference

Title:	Sussex Acute Collaboration Network Executive Board
Date approved and approving body:	Approved by the Board of Brighton and Sussex University Hospitals NHS Trust (BSUH) on TBC , by the Board of East Sussex Healthcare NHS Trust (ESHT) on TBC , by the Board of Queen Victoria Hospital NHS Foundation Trust (QVH) on TBC and by the Board of Western Sussex Foundation NHS Trust (WSHT) on TBC and the Sussex Health and Care Partnership Executive Meeting on TBC
Constitution and establishment:	The Sussex Acute Collaboration Network Executive Board (SACNEB) has been established under the authority of the Boards of BSUH, ESHT, QVH and WSHT (the constituent organisations) and the Sussex Health and Care Partnership (SHCP).
Accountability:	The SACNEB is accountable to the Boards of the four constituting organisations and to the SHCP Executive Meeting.
Purpose:	<p>To enable collaborative working between the acute Trusts in Sussex with the aim of developing and delivering sustainable models for local services and specialist care delivered in centres of excellence.</p> <p>To ensure a strengthened strategic partnership between the four partner organisations contributes to the clinical, operational and financial sustainability of the local health and social care system and of individual organisations.</p> <p>To oversee a programme of work that defines:</p> <ul style="list-style-type: none"> • the scope of collaboration (clinical, non-clinical and organisational) • the priority projects that will deliver increased collaboration, sustainability and service improvement. • the timetable and process for delivering change • the transaction and organisational vehicle(s) required to facilitate collaboration and change
Membership:	<ul style="list-style-type: none"> • Chief Executive, BSUH/WSHT (Co-Chair) – Marianne Griffiths • Chief Executive, ESHT (Co-Chair) – Adrian Bull • Chief Executive, QVH (Co-Chair) – Steve Jenkin • Chief Medical Officer, BSUH/WSHT – George Findlay • Medical Director, QVH – Ed Pickles • Chief Operating Officer, ESHT – Jo Chadwick-Bell • Chief Delivery and Strategy Officer, BSUH/WSHT – Pete Landstrom • Director of Strategy, ESHT – Catherine Ashton • Director Of Strategy, QVH – Ian Francis • Programme Director

Principles:	<p>The SACNEB will act in accordance with the following collaboration principles.</p> <p>We will</p> <ul style="list-style-type: none"> • strive to ensure that our collaboration is authentic and based on a shared approach and collective priorities • ensure we have clearly identified the issues we are seeking to solve before developing potential solutions • work towards our collective aim of enabling the delivery of high quality safe and sustainable services • be organisationally agnostic • work strategically and tactically to deliver our objectives • focus on services and issues that require a common solution for the Sussex population • endeavour to make the most of the assets we have within Sussex, maximising the value of the 3Ts development and building on areas of clinical excellence • use the collaborative as an opportunity to share learning and improve the delivery of locally determined services and initiatives • ensure we work in partnership across the system with commissioners and stakeholders to support the achievement of our purpose • take an open book approach; sharing the knowledge, information and data that will enable us to achieve our purpose
Powers	<p>The decision making powers of the SACNEB are those vested in its members by their respective Boards. Collective decisions that are within the delegated authority of the members can be made by the SACNEB. All other matters will be referred to Trust Boards and the SHCP Executive Meeting for decision.</p> <p>The SACNEB has the power to constitute any sub-groups agreed to be required to fulfil its duties as described below.</p>
Duties:	<ol style="list-style-type: none"> 1. To consider the opportunities for future strategic and tactical clinical and non-clinical collaboration between the four constituent organisations and, when required, across the broader health economy, 2. To ensure the benefits, risks and impacts of each opportunity are understood at a patient, system and organisation level; including impacts on sustainability, clinical outcomes and financial and operational performance. 3. To prioritise areas for action/implementation based on an agreed set of criteria and agree a programme of work and work plan based on these priorities. 4. To agree the scope, objectives and priorities of the overall programme of work and individual workstream objectives, success measures and timeline; making recommendations to the respective Boards and the for agreement 5. To oversee the implementation of the agreed programme of work, identifying risks to implementation, ensuring that effective actions are identified and taken to address these risks and that the impact of these actions on implementation are monitored. 6. To agree option appraisal criteria for assessing the options for achieving workstream objectives in order that preferred options can be recommended to the individual organisation's Boards for approval

	<p>7. To support the development of any business case or development proposal arising from the programme in order that these can be recommended to individual organisation's Boards for approval.</p> <p>8. To escalate any concerns, together with recommendations for action, to the Boards of the partner organisations and the Sussex STP Executive Meeting and act as a point of reporting, communication and dissemination of information to the respective organisations.</p> <p>9. To support internal and external communication about the overall programme and ensure communications plans are developed and delivered in support of specific projects</p> <p>10. To ensure overall programme governance is linked to individual organisational governance arrangements and that there is effective engagement with commissioners and other stakeholders.</p> <p>11. To approve the Terms of Reference and membership of any sub-group,, oversee the work of those sub-groups; receiving progress and exceptions reports and acting to facilitate the successful delivery of the sub-groups objectives.</p>
Conduct of meetings:	<p>Meetings will be chaired by one of the co-chairs. The three co-chairs will nominate a meeting chair on an annual rotation (the nominated chair). Should the nominated chair not be available an alternate one-off meeting chair will be agreed by the co-chairs in advance of the meeting.</p> <p>Changes to membership must be agreed by all three co-chairs in advance of attendance and will be reflected in updated Terms of Reference for approval by the four Trust Boards and the SHCP Executive meeting.</p> <p>Members are expected to attend all meetings of the SACNEB. With agreement of the nominated chair, members unable to attend may send a deputy who is briefed and who will count towards the quorum. Deputies and additional attendees must be agreed by the nominated chair in advance of attendance.</p> <p>A notice of each meeting, including an agenda and supporting papers, will be circulated to SACNEB members one week prior to the date of the meeting.</p> <p>Urgent or late agenda items arising after the agenda is circulated, must be agreed by the nominated chair in advance of the meeting. As a principle, late agenda items and late submission of papers will be discouraged, in order to support members having adequate time to review.</p> <p>Minutes of the meeting will be drafted and circulated within ten working days of the meeting. Meeting minutes will be considered draft until agreed at the next meeting of the SACNEB.</p>
Standing Agenda	<p>The SACNEB will have a standing agenda as follows:</p> <ol style="list-style-type: none"> 1. Minutes of the last meeting 2. Review of overall programme to include: <ol style="list-style-type: none"> a. delivery risks and issues b. consideration/prioritisation of future workstreams

	<ul style="list-style-type: none"> c. governance d. programme methodology e. resourcing <ol style="list-style-type: none"> 3. Programme updates (by exception) to include reports from programme sub-groups 4. Operational/Strategic updates and information sharing 5. Agreement of risks/issues/actions for onward reporting 6. Agreement of the date of the next meeting <p>Additional items or variations to the standing agenda will be agreed by the nominated chair two weeks in advance of the meeting. The nominated chair will identify any additional attendees required to support discussion of items on the agenda.</p> <p>Urgent or late agenda items arising after the agenda is circulated, must be agreed by the nominated chair in advance of the meeting. As a principle, late agenda items and late submission of papers will be discouraged, in order to support members having adequate time to review.</p>
Quorum:	A quorum shall consist of at least one third of the membership with all organisations being represented by at least one member. When agreed, deputies will count towards the quorum.
Frequency of meetings:	Routine meetings of the SACNEB will be held as a minimum bimonthly. Additional meetings may be scheduled, with the agreement of the three co-chairs, to expedite action in respect of any urgent issues arising in the interim period. Scheduled meetings will not be postponed or cancelled without the agreement of the three co-chairs.
Administration:	<p>The SACNEB will be supported by the Programme Director and Programme Administrator with additional support from the nominated chair's administration team. Support for the SACNEB will include:</p> <ul style="list-style-type: none"> • agreement of the meeting agenda with the Chair, • collation and formatting of meeting papers, • taking, drafting and dissemination of the minutes • keeping a record of matters arising, actions and issues to be carried forward • providing copies of ratified minutes and/or a summary report to each partner organisation and to the SP following each meeting. • ensuring reports are received from sub-groups • ensuring Terms of Reference are reviewed on an annual basis.
Sub-groups:	The SACNEB will oversee the work of the sub groups it constitutes and establishes to lead specific collaboration projects. Terms of Reference for sub-groups will be agreed by the SACNEB and reports from sub-groups will be received as required at SACNEB meetings
Reporting:	Minutes and/or a summary report of the matters considered by each meeting of the SACNEB should be made available to each partner organisation and to the SHCP for consideration as required through their governance systems.
Review:	Terms of Reference are due for review in July 2020.

Ensuring Pace with Delivery - Changes to current programme structure

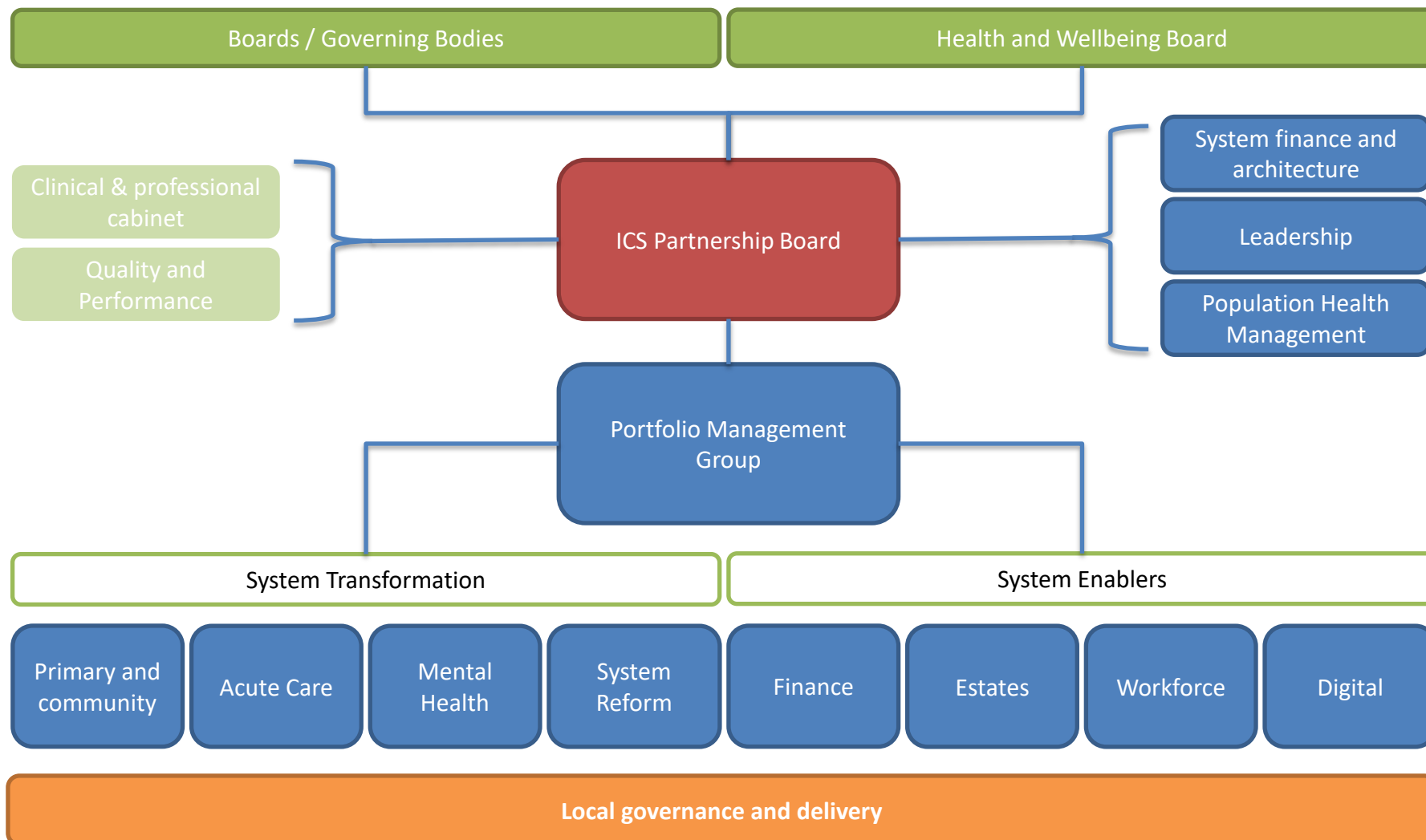
- There will be 8 portfolio groups with programme reporting:
 - Three Networks (Acute, Mental health, Primary and community)
 - Four Enabling Programmes (Digital, Finance, Workforce, Estates)
 - One system reform
- These are CCG schemes and will not be reported through the ICS programme:
 - Medicines optimisation
 - Clinically Effective Commissioning
 - Continuing healthcare
 - CCG transition
- This is business as usual and will not be reported through the ICS programme:
 - Communications and engagement
- New workstreams to be included:
 - Transforming Care Partnership (LD and Autism)
 - Collaborative finance

Ensuring Pace with Delivery - Emerging Governance

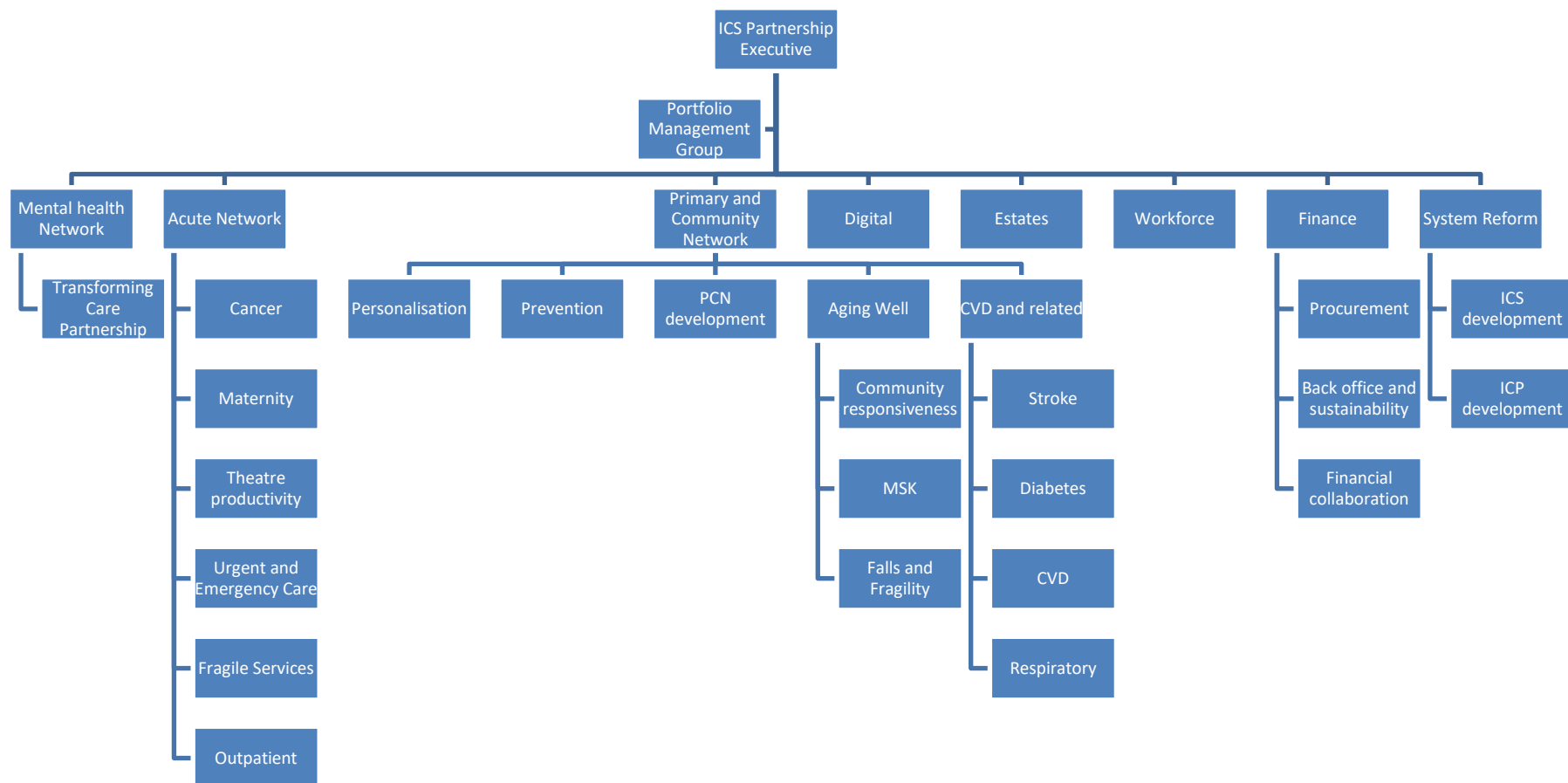
Assurance

Change

Local



Ensuring Pace with Delivery - Top level delivery structure



Quality Walks November - December 2019

Meeting information:			
Date of Meeting:	4 th February 2020	Agenda Item:	13
Meeting:	Trust Board	Reporting Officer:	Chair

Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>

Has this paper considered: (Please tick)			
Key stakeholders:		Compliance with:	
Patients	<input checked="" type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

30 services or departments have received visits as part of the Quality Walk programme by the Executive Team between 1st November and 31st December 2019. In addition to the formal programme the Chief Executive has also visited 16 wards or departments and staff groups. Details of the visits made are listed in the attached.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

None

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board are asked to note the report.

QUALITY WALKS SEPTEMBER - OCTOBER 2019**Introduction**

Quality Walks are carried out by Board members and can be either planned or on an ad hoc basis. They are intended to provide an opportunity to observe and review care being delivered, listen to feedback from patients, visitors and staff, observe different roles and functions and afford assurance to the Board of the quality of care across the services and locations throughout the Trust. The process enables areas of excellence to be acknowledged, risks to be identified, allows staff the opportunity to meet and discuss issues with members of the Board and for them to gain a fuller understanding of the services visited.

The following services or departments were visited as part of the Quality Walk programme by the Executive Team or by the Chief Executive between 1st November and 31st December 2019.

Date	Service/Ward/Department	Site	Visit by
November			
1.11.19	Cashiers Office	Eastbourne DGH	Adrian Bull
4.11.19	Catering Services	Eastbourne DGH	Jonathan Reid
5.11.19	Decontamination Unit	Eastbourne DGH	Vikki Carruth
7.11.19	Radiology	Eastbourne DGH	Steve Phoenix
8.11.19	Clinical Coding	Conquest Hospital	Catherine Ashton
8.11.19	Crisis Response Team	Conquest Hospital	Adrian Bull
8.11.19	Reception & Health Records	Conquest Hospital	Adrian Bull
12.11.19	Health Visitors	Sidley	Miranda Kavanagh
12.11.19	Health Visitors	St Leonards	Jackie Churchward-Cardiff
12.11.19	Medical Wards	Conquest Hospital	Adrian Bull
12.11.19	Fracture Clinic	Conquest Hospital	Adrian Bull
15.11.19	Medical Wards	Eastbourne DGH	Adrian Bull
15.11.19	Junior Doctors Forum	Eastbourne DGH	Adrian Bull
19.11.19	Community Dietetics Team	Avenue House Eastbourne	Steve Phoenix
21.11.19	Speech and Language Therapy	Eastbourne DGH	Steve Phoenix
22.11.19	Junior Doctors Forum	Conquest Hospital	Adrian Bull
25.11.19	Emergency Department and Clinical Decision Unit	Eastbourne DGH	Jonathan Reid
25.11.19	Hailsham Ward	Eastbourne	Jonathan Reid
25.11.19	Mouthcare Matters Team	Conquest	David Walker
25.11.19	Gardener Ward	Conquest	Karen Manson
25.11.19	Macdonald Ward	Conquest	Karen Manson
26.11.19	Community Nursing Team	Seaford	Adrian Bull
27.11.19	Catering Services	Conquest	Lynette Wells
28.11.19	Facilities Department	Eastbourne	David Walker
28.11.19	Fracture Clinic	Conquest	Karen Manson
28.11.19	Speech and Language Therapy	Conquest	Karen Manson
December			
2.12.19	Crisis Response Team	Eastbourne DGH	Adrian Bull
2.12.19	Central Booking Team	Eastbourne DGH	Adrian Bull
2.12.19	Endoscopy Department	Eastbourne DGH	Jonathan Reid
3.12.19	EME Department	Eastbourne DGH	Jackie Churchward-Cardiff
5.12.19	Safeguarding Team	Conquest Hospital	Adrian Bull
9.12.19	Infection Control Team	Eastbourne DGH	Vikki Carruth
9.12.19	Rapid Access, Integrated Discharge and Crisis Response Teams	Eastbourne DGH	Vikki Carruth

Date	Service/Ward/Department	Site	Visit by
12.12.19	Community Nursing Team	Eastbourne	Jackie Churchward-Cardiff
12.12.19	Health Visitors	Hampden Park	Adrian Bull
13.12.19	Catering Department	Conquest Hospital	Adrian Bull
13.12.19	Community Nursing Rural Rother	Westfield	Adrian Bull
16.12.19	Rapid Access Team	Conquest Hospital	Karen Manson
16.12.19	Reception	Conquest Hospital	Karen Manson
17.12.19	Out Patients Department	Bexhill Hospital	Karen Manson
17.12.19	Joint Community Rehabilitation	Bexhill Hospital	Karen Manson
17.12.19	Infection Control Team	Conquest Hospital	Steve Phoenix
19.12.19	Hydrotherapy Department	Eastbourne DGH	Jonathan Reid
19.12.19	Buchanan Delivery Suite, Frank Shaw Ward and Murray Unit	Conquest Hospital	Catherine Ashton
23.12.19	Stroke Unit	Eastbourne	Vikki Carruth
30.12.19	Radiology Team Meeting	Eastbourne	Adrian Bull

EAST SUSSEX HEALTHCARE NHS TRUST

AUDIT COMMITTEE

**Minutes of the Audit Committee meeting held on
Thursday 26th September 2019 at 1300
in the Committee Room, Conquest**

Present: Mrs Nicola Webber, Non-Executive Director (Chair)
Mr Barry Nealon, Non-Executive Director
Ms Carys Williams, Associate Non-Executive Director

In attendance: Dr Adrian Bull, Chief Executive
Mr Jonathan Reid, Director of Finance
Dr David Walker, Medical Director
Mrs Lynette Wells, Director of Corporate Affairs
Mr Chris Hodgson, Associate Director of Estates and Facilities (for item 065/19 only)
Mr John Kirk, Facilities Manager – Governance, Performance & Security (for item 065/19 only)
Mr Chris Lovegrove, Counterfraud Manager, TiAA
Mr Adrian Mills, Audit Manager, TiAA
Mrs Emma Moore, Clinical Effectiveness Lead (for items 056/19-060/19 only)
Mr Giles Parratt, Audit Manager, TiAA
Ms Saba Sadiq, Deputy Director of Finance
Mr Darren Wells, Engagement Lead, Grant Thornton
Dr James Wilkinson, Deputy Medical Director (for items 056/19-060/19 only)
Mr Pete Palmer, Assistant Company Secretary (minutes)

Action

056/19 Welcome and Apologies for Absence

Mrs Webber opened the meeting. Apologies for absence had been received from:

Ms Vikki Carruth, Director of Nursing
Mrs Lisa Forward, Head of Governance
Mr Mike Townsend, TiAA

057/19 Minutes of the meeting held on 1st August 2019

The minutes of the meeting held on 1st August 2019 were reviewed. Ms Williams highlighted that she felt the minutes did not fully reflect the breadth of discussion that had taken place at the previous meeting. Mrs Webber agreed to send Mr Palmer an annotated set of minutes with proposed amendments.

NW

058/19 Matters Arising

012/19 – Tenders and Waivers

A plan and trajectory for reducing the number of waivers being issued by the Trust had been scheduled to be presented to the Committee. Mr Reid updated that a trajectory had would be presented in November.

045/19 – Clinical Audit Update

This item was included on the agenda.

047/19 – Internal Audit

The Director of Nursing has been asked to either attend future meetings of the Audit Committee or to send an appropriate deputy to provide assurance about safety and governance issues that arise. Dr Walker was in attendance to provide feedback on clinical risk.

049/19 – External Audit – Annual Audit Letter

Mr Wells reported that the external auditor's Annual Audit letter had been updated to reflect changes requested by the Audit Committee and had been reissued.

049/19 – External Audit – Quality Account External Audit Report

Mr Reid updated that a review of data quality within the Trust was being undertaken by the Associate Director for Performance.. An update would be presented to the Committee in November.

050/19 – Information Governance

Information Governance training information was included in the papers.

051/19 – Research

Mrs Wells explained that, following conversations with Executives, it was felt that the research should not report to the Audit Committee. They would instead either report at IPRs with Executives, or to the Quality and Safety (Q&S) Committee. A final decision was being taken by the Director of Strategy who was the executive lead for this area.

054/19 – Annual Review of Terms of Reference and Work Programme

A review of the Audit Committee's work programme had taken place. Mrs Webber, Mrs Wells and Mr Palmer had discussed the work plan, terms of reference and assurance processes for the Committee. The item would remain amber on the matters arising until the Committee was assured that the Terms of Reference were being met.

A meeting between Non-Executive Directors and Auditors had been arranged at 12:30 on 28th November 2019.

059/19 Clinical Audit Update

Mr Wilkinson provided an overview of clinical area with a focus on the completion of six nationally mandated audits:

Diabetes NADIA Harms Audit & National Adult Diabetes Audit

Both audits had issues with software and with data entry. An Audit Co-ordinator would be employed by cardiovascular medicine, who would help with the completion of these and other national audits. The Division were confident that this would resolve the issues with completion and were producing a business case for this position.

National Asthma and COPD Audit Programme (NACAP) - Adult Asthma

A resource had been found within the community respiratory team to facilitate completion of this audit, enabling the Trust to receive a best practice tariff for COPD care. Dr Wilkinson explained that he was confident that this audit would be completed in full from November with members of

staff undertaking training.

Inflammatory Bowel Disease Registry (Biologics / KPIs)

Dr Wilkinson recommended that the Trust should no longer participate in this audit. The Trust had to pay a fee to participate, and there was no penalty for non-participation. If this changed in the future then further consideration would be given to participating in the audit. Currently only around a third of NHS Trusts are fully participating in this audit.

Rheumatoid and Early Inflammatory Arthritis (NCAREIA)

Dr Wilkinson recommended continued participation in this audit as it was a requirement of GIRFT. Data submission has been poor over the past year however over recent months an improvement has been evidenced and the specialty appear to be engaged with the study. The CE Team will continue to track data submission to ensure it is meaningful and accurate.

Endocrine and Thyroid national audit

Continued partial participation in this audit was recommended, with a move to full participation when feasible. The case load of eligible surgeons would need to be increased to enable them to submit audit data. Dr Bull noted that the endocrine audit had been discussed in at a recent IPR.

Mrs Wells noted that previous discussion about the National Adult Diabetes Audit had focussed on the requirement for specific software to enable participation, asking whether this was no longer required. Dr Wilkinson explained that the Trust was currently not fully participating in the audit. He explained that the previously identified software only partially met the Medicine Division's requirements and further options were being evaluated.

Mrs Moore noted her concern that the employment of a single member of staff would not be sufficient to fully resolve the demands of entering audit data, leading to potential issues with participation in the 2020 audit. Mrs Webber asked how the Trust would monitor this and Mrs Moore explained that data entry took place in May and June of each year; checks could be made on whether an appropriate system had been implemented and whether data was available in advance of this time, but compliance could only be fully assessed during the data entry period.

Dr Wilkinson reported the Medicine division had provided assurance that employing an appropriate member of staff at Band 5 supporting clinicians to complete the audit would be sufficient to enable participation. Updates on progress would be requested on a regular basis.

Mrs Webber asked that appropriate representatives from the Medicine division attend the Audit Committee to provide assurance about their progress. Dr Wilkinson agreed to organise this in January 2020.

JW

Ms Williams noted that she was happy with the proposed measures. Mrs Webber noted that she was much more assured about clinical audit in the organisation than she had been at the previous meeting, and thanked the clinical audit team for their hard work.

Board Assurance Framework and High Level Risk Register

060/19 Mrs Wells presented the Trust's Risk Register. She reported that there were 42 risks on the register rated above 15 and six rated at 20. None were rated above 20.

Two new risks had been added to the register concerning a deterioration of imaging and mechanical performance of a Philips Skylight Gamma Camera in the radiology department at the Conquest, and a lack of air conditioning units in the Emergency department at EDGH.

Mrs Wells presented the Board Assurance Framework (BAF), noting that the new format continued to be strengthened following July's Board Seminar. There was one area rated red, relating to capital constraints.

Non-Executive Directors and Executives agree to meet following the Audit Committee to further discuss the Risk Register.

The Committee reviewed and noted the High Level Risk Register and Board Assurance Framework and were of the view that the main inherent/residual risks had been identified and that actions were appropriate to manage the risks. They supported the recommended changes to the Board Assurance Framework.

061/19 Internal Audit

Mr Parratt presented the Internal Audit progress report. A draft report on Cost Improvement Planning within the Trust had been issued since the previous meeting, giving reasonable assurance. Mr Reid explained that the Trust agreed with the findings, which had offered assurance about existing processes while also highlighting areas where improvement could be made.

Mr Parratt reported that a draft audit of Data Quality Framework had been issued. This carried no opinion but included a number of recommendations. Mr Reid explained that the audit would inform the review of data quality within the organisation and help with the development of a data quality framework. He anticipated that preliminary work on data quality would be presented at November's Audit Committee. Mr Mills reported that he had been unable to find any Trust that had a good working model for data assurance, and expected that this would take some time to be fully developed.

Dr Bull noted the importance of the Trust having confidence in the data that it presented. Dr Walker noted frustration that there were sometimes gaps in the data that was being produced, and Mrs Webber emphasised the importance of accurate data as this was being used to make strategic decisions about the future of the organisation.

Mr Parratt reported that the audit of business cases from the 2018/19 plan still awaited completion. He explained that a draft of the report had been completed; the delay in producing the report had been the fault of taaa and he provided assurance to Mrs Webber that the delay was not of concern.

Mr Parratt noted an error on page 3 of the internal audit report where audits should have been marked as 'to be commenced'. He explained that no audits had been planned for Quarters One and Two as a result of internal

audit provision being retendered by the Trust. As a result, all the 2019/20 audits would be undertaken in Quarters Three and Four.

Mr Parratt noted that appendix B provided a summary of recent briefing notes issued by tiaa. He highlighted that the briefing on cybersecurity asked for assurance about how the Trust was positioned to respond to DSP Toolkit submissions and to demonstrate working towards Cyber Essentials Plus Accreditation. Dr Bull reported that Daman Paton, who led on cybersecurity in the organisation, would be leaving the Trust in December, and an advertisement for his replacement would shortly be published.

Mr Parratt advised that a digest had recently been issued comparing policy use within Trusts in tiaa's client base. Mrs Webber asked whether any action would be taken as a result of the digest and Mr Reid explained that outcomes would be reviewed in order to benchmark the Trust against other organisations. Mrs Wells reported that a review of policies had been undertaken in the organisation a few years before, resulting in a large number of out of date, or irrelevant policies being removed. She was confident that every policy was now logged, managed and had an appropriate date for review. Mr Wells noted that it would be helpful for an annual update on policies in the Trust to be presented to the Audit Committee. It was agreed that this would be added to the planner.

PP

Ms Williams noted that two of the client briefings mentioned in the report erroneously shared the same CBN reference. She noted that the first asked the Audit Committee to obtain assurance about the use of CCTV across the organisation, and asked for clarification about whether management were being asked to provide this assurance to the Committee. Mr Parratt confirmed that this was the case, and Mr Reid suggested that space for Trust responses to client briefings and digests be added to the report moving forwards.

GP

Mr Mills reported that 20 audit recommendations were overdue a response from the Trust, with the oldest concerning cybersecurity. He explained that Mr Reid had recently provided an update on actions that were being taken by the Trust. Dr Bull noted that Executives reviewed the recommendations on a quarterly basis, providing feedback to auditors. Mr Mills advised that actions weren't removed from the tracker until appropriate evidence of their completion had been received.

Mrs Webber noted that the list of recommendations had reduced following two reviews by Executives. She asked whether Mr Mills was concerned about any issues that remained on the tracker. Mr Mills explained that he was assured that actions were being taken and that his only concern was why actions had taken so long in some cases.

Dr Bull noted that that conversations were taking place with auditors about a number of the recommendations as they had been superseded. Mr Mills confirmed that recommendations would only be closed once appropriate evidence had been submitted to them. He explained that auditors tried to take a reasonable view on when recommendations were no longer relevant. Those that were transferred to a risk register no longer required scrutiny, but again evidence of this action having taken place was required. Dr Bull noted the importance of auditors being very clear about the

evidence they required for a recommendation to be closed.

Mrs Webber agreed that recommendations would be reviewed again by the Audit Committee in January and hoped that progress in responding to action would continue.. If this was not the case, then the reasons for the lack of progress would be reviewed in greater detail. She asked that any items that had been on the tracker for more than six months be reviewed in detail at each meeting of the Audit Committee. Ms Williams noted that the quality of updates on the tracker for some recommendations was poor, and asked Executives to review these.

PP

062/19 Local Counter Fraud Service Progress Report

Mr Lovegrove explained that he had no concerns to raise with the Committee. He noted that the Local Counter Fraud Service annual report and self-review tool had been withdrawn from the Committee papers at short notice due to an error; these would be circulated outside of the meeting.

Mr Lovegrove reported that counter fraud presentations to staff continued; his team attended Trust inductions to speak to new members of staff. A Bank Mandate Fraud audit of the Trust had been undertaken, resulting in three low level recommendations. He noted that this constituted a key area of risk for organisations, explaining the importance of ensuring that payments were thoroughly scrutinised to ensure that they were made correctly. Mr Lovegrove had recently presented to Sussex Community's finance and procurement teams about bank mandate fraud and would organise presentations at ESHT.

CL

063/19 External Audit Progress Report

Mr Wells presented the report, explaining that external auditors regularly engaged with the Trust in order to remain updated on new developments within the organisation, building towards the annual audit in the new year. He noted that the report also contained highlights from the wider health sector.

064/19 Information Governance Update

Mrs Wells reported that the Information Governance (IG) steering group had met the previous week; the minutes were attached for the Committee's information. Good progress on meeting Data Security and Protection Toolkit (DSPT) requirements was being made, with new areas of compliance being added which were being addressed. IG training rates in the Trust were at around 83% having been at 85% at the end of 2018/19.

Members of staff inappropriately accessing medical records had been discussed at August's Audit Committee. Mrs Wells explained that she had requested a breakdown of these incidents from HR. The Trust's responses to the incidents were being reviewed. She suggested that an audit of staff access to medical records could be undertaken by internal auditors. Mr Mills confirmed that the matter had been discussed during a recent meeting with Mr Reid.

Mrs Webber voiced concern that 22 incidences of staff inappropriately accessing medical records had been identified in the previous five months. Dr Walker noted that everyone would soon be given access to their own health records through Patient Knows Best so felt that the issue of staff

looking at their own records would not exist for much longer. Mrs Wells agreed that a much bigger concern was if staff were looking at the records of colleagues or estranged family members; the consequences of this could be loss of their job or criminal proceedings..

Mrs Webber asked what the reporting mechanism for incidents was and Mrs Wells explained that these were identified through audits of health record systems. A checklist was consistently applied setting out the process of managing any incidents that were identified.

Mrs Wells noted that a potential issue on ward areas had been identified, where generic log-ins could lead to computers not being logged off properly. Dr Walker explained that asking clinical staff to log in and log out of computers could slow down work on wards.

Mr Reid noted that no systematic large scale issue had been identified and hoped that audit would clarify whether this should be an area of concern for the organisation.

065/19 Annual Reports

i) Fire 2018/19

Mr Hodgson presented the annual fire report, highlighting two key risks: fire compartmentation at EDGH and a lack of smoke detectors in residences at EDGH. He reported that the organisation employed two fire advisors who provided assurance and liaised with East Sussex Fire and Rescue Service on a monthly basis. 100% of fire risk assessments across Trust had been completed, fire drills were regularly undertaken and new fire wardens received training. Identified first responders, including porters, attended when there was a genuine fire alarm. A live evacuation exercise, Exercise Vulcan, had been undertaken in 2019 which had seen simulated casualties being moved around the hospital in order to test theoretical evacuation plans. Lessons learned from this exercise would be presented to the EPRR Steering Group.

Mr Hodgson reported that the Trust had committed just over £500k to resolving the issue with fire alarms in residences at EDGH, with work continuing through to early 2020/21. The Trust had received a loan of £13.86m from NHSI to address fire compartmentation issues within phase one of EDGH. This work would take place during a three year program, which would require decanting of wards as work progressed. Asbestos in the roof at EDGH would be removed at the same time, and the Trust would attempt to undertake clinical refurbishment of wards while they were empty. EDGH would be compliant with fire regulations once the work was completed. Existing risks would continue to be managed while the improvements were made. Mrs Webber thanked the estates team and colleagues across the organisation for their hard work in successfully bidding for money from NHSI.

Mrs Webber noted that her only outstanding concern was about the fire alarm system in the main building at EDGH. Mr Hodgson explained that this would be addressed during the fire improvement work at EDGH.

ii) Security

Mr Kirk presented the security annual report. He noted that there had been

a reduction in on-site crime during 2018/19. The Trust continued to follow NHS Protect's guidelines. All Trust policies relating to security were up to date, although two were under review; the violence and aggression policy, following the recent visit from Health and Safety Executive (HSE) and the patient property policy. Security was overseen by a cross-site security group who met on a bi-monthly basis.

Mr Kirk reported that people who damaged Trust property or assaulted staff were actively pursued by the organisation. He noted that it was not always possible to publicise the sanctions that were taken, and Mrs Webber asked why this was the case. Mr Kirk explained that data protection regulations meant that details of incidents could not always be shared.

Over 2,500 staff had undertaken conflict resolution training during 2018/19. Security guards within the Trust had been issued with body worn cameras, which had reduced incidents; clear instructions were given to patients when cameras were turned on, which acted as a deterrent for bad behaviour. A list of violent offenders was kept which ensured that they were identifiable and could be managed appropriately when necessary.

The security work plan for 2019/20 included counterterrorism training for staff and a focus on managing patients' property. Property pages in patient notes were not always completed, leading to items going missing; wards were regularly reminded of the importance of this. Dr Bull explained that patients were encouraged not to bring valuable items to hospital. Mrs Wells advised that patients should be asked to sign a form listing items that they had kept in their possession. If this was not completed then the Trust could be held as liable for the loss of possessions. Dr Walker noted that clinical reasons sometimes prevented the completion of the forms.

Mr Kirk noted that a summary of actions arising from the HSE inspection had been included within the report, including concerns about MSK and violence and aggression. An action plan was being developed to address these issues. Training would be delivered to enable staff to manage unintentional violence caused by medical conditions. Mrs Webber asked whether the outcomes from the inspection had been circulated within the Trust and Dr Bull explained that a report had been presented to the Q&S Committee. Mrs Webber asked if the outcomes could be shared widely within the Trust and Mrs Wells advised that the communications team were undertaking this.

Mr Kirk explained that a review of possible underreporting of violence and environmental factors contributing to violence and aggression would be undertaken. Guidance for managing violence and aggression would then be updated. Dr Bull noted that the importance of reporting all incidents of violence and aggression would be emphasised to staff, as some viewed abuse from patients as part of working life.

Ms Williams noted that the executive summary accompanying the annual report asked for the Committee's support with risks. Mr Kirk clarified that patient property posed a reputational and financial risk to the organisation. The position had improved since the annual report had been written, but additional work could be done to remind all staff of the importance of complying with the patient property policy. He asked the committee for their support in ensuring that this message was shared around the organisation.

Mrs Webber asked how actions being taken to address the issue would be tracked. Mr Kirk explained that the clinical audit team had indicated that progress could be monitored, which would enable areas that weren't complying with the policy to be identified.

Mr Kirk reported that the swipe card system on both sites was old and had an increased possibility of failure. A strategy would be developed to address the issue. Ms Williams noted that she had been very concerned when reading about the risk in the report, as it appeared that a request for funding to address the issue had been rejected by the Trust. Mrs Webber asked whether funding had been made available. Mr Hodgson explained that the issue had been discussed by the Finance and Investment Committee that morning. The organisation had limited capital funds and the priority of competing capital requirements had to be carefully balanced.

Ms Williams noted that the risk for the swipe card system had been rated as 12 and asked if this was low. Dr Bull noted that the issue had been previously discussed by the Audit Committee, explaining that it was the responsibility of management to ensure that the risk was appropriately managed. It would continue to be reviewed in the context of all the other risks that were on the capital programme. Mrs Wells noted that the issue was included on the division's risk register, but was not included on the Trust's risk register as it was not rated at over 15.

Mr Reid clarified that when the swipe card system reached capacity all the doors in the Trust would not automatically open; the report implied that this was the case. He explained that there was simply an increased risk that the system would fail. Mrs Webber noted that this demonstrated how vital it was that wording on the risk register accurately reflected the risks in the organisation. Dr Bull reported that the Senior Leader's Forum reviewed the Trust's risk register once a quarter to ensure that it remained accurate. As the risk associated with swipe cards escalated then the importance of updating the system would increase.

066/19 **Corporate Planning and Review Process**

Mrs Wells presented a paper written by Catherine Ashton, Director of Strategy, Innovation and Planning noting that the Audit Committee had asked for assurance about the process that underpinned ESHT 2020 in line with the Terms of Reference for the Committee.

Mrs Webber explained that she had discussed the paper with Ms Ashton in advance of the meeting. The Committee's Terms of Reference set out that progress against Trust objectives should be tracked, and there was no comprehensive place where this was being done in a single document. The information was available across a variety of different reports. She explained that Ms Ashton would produce a report setting out progress against all of the Trust's objectives in a single document.

067/19 **Strengthening Internal Financial Controls**

Mr Reid reported on two recent issues that had arisen with internal financial controls during the previous month.

The first issue had been a control issue involving the disposal of an MRI scanner when it had been replaced with a newer model. This was fully covered by in-month improvements in the financial position in Month Four,

but represented both an opportunity loss and a weakness in internal control, which had now been closed. A review of the case indicated that the loss was unavoidable, but that the timing and impact could have been managed better, and this would have been achieved through following Trust procedures more closely. A comprehensive investigation had been undertaken and reported to the Capital Review Group and a number of control improvements instigated as a result.

The second issue concerned compliance with overseas visitor regulations. These continue to be updated, and a manager of overseas patient processes had been recruited in 2018. The Trust was almost fully compliant as a result and was seeing increased recovery of money from overseas patients. Twelve historical and legacy cases had been identified where patients should have been charged for IVF. A compassionate decision had been taken to raise and then write off invoices in month due to the potential impact that chasing this money might have had on both patients and the Trust's reputation. This ensured that the Trust was legally compliant. Mrs Wells noted that the patients concerned would have been unaware that they needed to pay for their treatment, and had had no intention to defraud the Trust. The issue had been with the Trust's interpretation of guidelines. The money written off was between £5-6k for each patient.

Mr Nealon asked what checks were in place for overseas patients. Mr Reid explained that a new set of processes had been introduced. Patients had to identify as overseas patients and when they did this they were automatically flagged up on the Trust's systems. Work was taking place with primary care providers to improve this system.

Mrs Webber asked about the level of Mr Reid's ability to authorise waivers. She noted that the Standing Financial Instructions (SFIs) allowed him to authorise the waivers individually, but was unsure whether he could do so cumulatively. Ms Sadiq suggested that rather than including authorisation for a cumulative total for waivers within the SFIs, a report about write offs should be presented to the Audit Committee to ensure that appropriate scrutiny was received. Mrs Webber agreed that this would be an appropriate solution. Mr Reid noted that this was a unique set of circumstances, which was the reason for bringing it to the Committee's attention.

068/19 Tenders and Waivers

Mr Reid noted that there was continued work to improve the process of tenders and waivers. He reported that 38 waivers had been issued between 1st July and 31st August 2019 with a value of £2.9m, which was a reduction from the previously reported period. Mrs Webber noted that some of the waivers were still being miscategorised, citing printed stationary at £200k as an example. She remained concerned that the descriptions of waivers were either wrong, or that the items should have been tendered. Mr Reid agreed, explaining that descriptions would be reviewed to ensure that they better reflected why they had been issued.

Mr Nealon asked about the process of issuing waivers. Mr Reid explained that a series of forms need to be completed, signed by the operational manager seeking the waiver, a member of the procurement team and then either by himself or himself and Dr Bull depending on the value of the

waiver.

Mrs Webber asked for further information about the waiver issued with a £635k value to Booker and Best. Mr Reid explained that this related to the ambulatory care unit at the Conquest and Booker and Best were employed to complete the work for less money than the original contractors. The unit had to be completed before winter, so there had not been sufficient time to go out to tender. Mrs Webber explained that this information should have been included in the paper to provide appropriate assurance to the Committee. Mr Reid agreed to include greater detail in future papers.

069/19 Review of Losses and Special Payments

Mr Reid noted that while pharmacy losses remained high, overall control over pharmacy spending had improved.

070/19 Date of Next Meeting

The next meeting of the Audit Committee would be held on:
Thursday 28th November 2019, 1300 - 1500, St Mary's Boardroom, EDGH

Signed:

Date:

EAST SUSSEX HEALTHCARE NHS TRUST

PEOPLE & ORGANISATIONAL DEVELOPMENT (POD) COMMITTEE

Minutes of the People & Organisational Development (POD) Committee

Thursday 12 September 2019

14:30 – 16:30

St Mary's Boardroom, EDGH vc Room 3, Education Centre, Conquest

Present: Mrs Miranda Kavanagh, Non-Executive Director (MK) – Chair
Ms Monica Green, Director of HR (MG)
Ms Karen Manson, Non-Executive Director (KM)
Dr David Walker, Medical Director (DW)
Mr Jonathan Reid, Finance Director (JR)
Mrs Lorraine Mason, Assistant Director of HR - OD (LM)
Mrs Lynette Wells, Director of Corporate Affairs (LW)
Mrs Jo Gahan, Head of Operational HR (JG)
Mrs Vikki Carruth, Director of Nursing (VC)
Mrs Lesley Houston, Deputy GM – Medicine (LH)
Ms Emma Chambers, Assistant Director of Nursing (EC)
Mrs Beverli Rhodes, Workforce Efficiency Programme Manager (BR)
Mr Salim Shubber, Director of Medical Education (SS)
Mr Ben Probert, Education Leadership Fellow (BP)
Mrs Barbara Gosden, Head of Integrated Education (BG)

In Attendance: Mrs Nicky Hughes, EA to Director of HR (NH) (minutes)

No	Item	Action
1	<p>Welcome, introductions and apologies for absence</p> <p>The Chair welcomed all to the meeting and noted a quorum was present.</p> <p>Apologies for absence were received from:</p> <p>Dr Adrian Bull, Chief Executive (AB) Mr Jamal Zaidi, Associate Medical Director – Workforce (JZ) Mrs Kim Novis, Equality & Human Rights Lead (KN) Mrs Jan Humber, Staff Side Chair (JH) Mrs Michelle Elphick, Associate Director of Operations (ME) Mrs Brenda Lynes O'Meara, Associate Director of Operations (BLO) Ms Penny Wright, Head of Workforce Planning (PW) Ms Anne-Marie Newsholme, Lead Healthcare Scientist (AMN) Mrs Joe Chadwick-Bell Chief Operating Officer (JCB) Mr Pravin Sangle, Associate Specialist (PS) Mrs Tina Lloyd, Assistant Director of Nursing (TL) Mrs Hazel Tonge, Deputy Director of Nursing (HT) Mrs Dawn Urquhart, Assistant Director HR, Education (DU) Mrs Jeanette Williams, Staff Engagement & Wellbeing Manager (JW)</p>	
2	Minutes and Matters Arising	
2.1	<p>Minutes of the previous meeting held on 25 July 2019</p> <p>The minutes were reviewed and agreed as an accurate reflection of the meeting.</p>	

2.2	<p>Review of Action Log: The outstanding items on the Action Log were reviewed:</p> <p><u>Accountability Framework</u> Update to be provided January 2020 meeting.</p> <p><u>Learning lessons to improve our people practices</u> MG reported that the pre-formal action check for disciplinary investigations had been put in place, in line with national recommendations, to ensure consistency of staff going through a disciplinary or suspension; these checks will be undertaken by LW.</p> <p>JG reported that the intention is to achieve equity for BME staff compared to white staff going through these processes. The information would be shared in the BME and Equalities groups and would also be reported quarterly within the HR paper shared at POD.</p> <p><u>WRES Data</u> Incorrect data due to a glitch with the TRAC system to be resolved by PW. To receive assurance at the November 2019 meeting that this has been resolved.</p>	<p>LW</p> <p>PW</p>
2.3	<p>Decision Log: For information only.</p>	
3	<p>Integrated Care System (ICS) Workforce Agenda update</p>	
	<p>MG provided a verbal overview of the workforce agenda across the ICS and stated that there are a number of common issues, primarily workforce challenges in relation to recruitment and roles of staff across the ICS. An infrastructure had been set up in terms of workforce:</p> <ul style="list-style-type: none"> • Workforce Director, ICS, Andy Brown, takes a strategic direction on all workforce issues across the ICS • Local Workforce Action Board, jointly chaired by the CEO of Sussex Community and the local director from HEE • Joint Directors of Nursing and HR Directors Group – mechanism AHPs can report in and also primary care workforce • A number of sub-groups have been established and chaired by either HR Director or Director of Nursing: <ul style="list-style-type: none"> • <u>Leadership and Talent Management Group</u> Staff development, talent management, session planning, organisational development, dealing with change and culture. • <u>Best Place to Work Group</u> Retention issue, WRES, Health and Wellbeing. • <u>Securing Future Workforce Group</u> Main priority developing new roles. • <u>Strategic Workforce Planning Group</u> Numbers required to meet activity and where the gaps are. 	

	<ul style="list-style-type: none"> • <u>Collaborative Resourcing Group</u> Temporary workforce spend, reducing agency rates, bank rates, standardisation and streamlining. <p>MG highlighted that work was ongoing regarding the clinical priorities, how the workforce could meet these and any change in service provision. MG reported that this work links in with the Long Term Plan and NHS Interim People Plan.</p> <p>MK asked if there was any progress. MG replied that, linked to new roles, there would be a new way of working together across the system. There would also be the need to look at bank and agency rates across the system to offer similar rates of pay.</p>	
4	Leadership and Culture	
4.1	<p>Leadership Development & Succession Planning and Talent Management</p> <p>LM provided an overview on the Leadership & Succession Planning and Talent Management paper and stated that the report outlines the progress that has been made in implementing the Trust's leadership and talent management strategy. The strategy is due to be reviewed and refreshed by March 2020.</p> <p>Key points:</p> <ul style="list-style-type: none"> • Define leadership skills and development • Ensure capability and capacity to lead effectively • Ensure diversity in our approach and willingness to explore and embrace difference • Develop multi-disciplinary leadership capabilities to work across boundaries • Identify existing and emerging talent • Identify appropriate resources for effective leadership and talent development. <p>Focus for the next 6 months:</p> <ul style="list-style-type: none"> • Embed accountability framework • Refresh and develop a programme on business skills • Review option to introduce Leadership Apprenticeships partnering with Henley Business School • Review of workforce data • Introduce Ward Matron programme • Embed behavioural framework into appraisal and recruitment processes for Leaders • Review approach to succession planning • Review and refresh Leadership and Talent Management Strategy • Focus on embedding Talent Management conversations as part of the appraisal process. <p>MK referred to the ICS and queried how the Trust would equip the leaders for different ways of working. LM replied that the Trust was already actively promoting and participating in opportunities and further programmes were in place for communicating/introductions with people across the system.</p> <p>KM requested further quantitative information; looking at progress over a number of years, number of people, goals being set and how to achieve these goals. This data could be shared/compared wider across the system.</p>	

	LW commended the work undertaken and stated that a lot of thought had been put into this work.	
4.2	<p>Medical Engagement</p> <p>DW provided an update on medical engagement and referred to the programme “Getting it Right First Time” (GIRFT); a clinically led programme of improvement; the engagement and participation from the consultants had been very good.</p> <p>A document is in process for new consultants regarding induction and welcome. As part of this, DW confirmed that he would meet with all consultants appointed. Once appointed each consultant would have a formal mentor for the first 6 months which would be continued if necessary. AB and DW continue to hold regular meetings with all medical staff three times a year.</p> <p>Key highlights:</p> <ul style="list-style-type: none"> • Associate Specialist Programme, engagement was very good • BBQ was held in the summer for junior medical staff • Junior Doctor Forums continue; positive • LNC had agreed to adopt BMA Fatigue and Facilities Charter • Discussion continue regarding the site of the Doctors Mess; Options Appraisal being devised. <p>LW queried whether the Trust were planning to repeat the Medical Engagement Scale. DW replied that it was not mandated and was very expensive but the Trust would undertake this if it was felt necessary.</p>	
4.3	<p>Staff Survey 2019</p> <p>LM provided an update on the Staff Survey and stated that the next round was now due.</p> <p>Key points:</p> <ul style="list-style-type: none"> • This year, based on success of last year, increase percentage of on-line surveys • Continue to build on the success of the last 3 years data where there have been improvements • Follow up surveys and feedback • Bespoke work on focus and support • Aiming for 60% staff survey response • Rolling out 23rd September 2019 with a closing date of 28th November 2019 • Encouraging tea and coffee sessions to take a break to complete staff survey • IOU vouchers for people completing the survey in their own time. <p>LM stated that a letter would be sent from AB requesting the completion of the staff survey with a sentence “even if you want to say something negative, we want to hear your views”.</p> <p>LH queried the confidentiality of the staff survey. LM replied that it was national and therefore confidential.</p> <p>KH queried the length and content of the survey. LM replied that it was national; no questions unique to individual Trusts could be added except for general questions relating to values and leadership.</p>	

	KH highlighted that if the Trust was entering a cycle of change/challenges at the time of the survey, different responses would be received.	
5	Education	
5.1	<p>GMC Survey Action Plan</p> <p>SS provided an update on the GMC Survey Action Plan and highlighted that the National Trainee Survey had shown a significant decline in comparison to last year's survey. The aim of this survey is to enable the GMC to measure whether education is being provided in safe, effective and appropriately supportive training environments that meet the standards set by the GMC.</p> <p>Areas of good practice:</p> <ul style="list-style-type: none"> Obstetrics and Gynaecology, Ophthalmology, Geriatrics (EDGH site) <p>Areas of Improvement:</p> <ul style="list-style-type: none"> Diabetes and Endocrinology <p>Areas of poor practice:</p> <ul style="list-style-type: none"> Emergency Medicine cross site, Internal Medicine, Stroke, Cardiology (Conquest), Urology, Paediatrics (Conquest) <p>A GMC Survey 2019 review and action meeting has been organised and will be attended by both Divisional/Operational Clinical Leads, College Trainees, Educational Fellows, Trainee representation and the Undergraduate Sub Dean.</p> <p>BP referred to feedback from trainees on all speciality areas detailed on the action plan and highlighted the concerns.</p> <p>LW asked which other forums this GMC survey had been discussed. DW stated that this was the first meeting it had been brought to and further discussions were due to take place at the Executive Team meeting.</p> <p>BR stated that some areas had been resolved around job planning.</p> <p>MK requested that the GMC Survey be added as an agenda item for the next meeting for DW to provide an update.</p>	
5.2	<p>Apprenticeship update</p> <p>BG provided an update on the Apprenticeship paper and stated that the apprenticeship levy was introduced for all organisations with a pay bill of over 3 million. Each month's levy payment has a 24 month period to spend.</p> <p>The Trust currently supports employees on a wide range of programmes at different academic levels with the programmes ranging in length from 1-5 years.</p> <p>The department is working closely with finance and have commenced monthly meetings. JR commended the hard work undertaken by the team.</p> <p>BG referred to the maturity tool and stated that for 2018 the Trust were rated as "Developing with areas working towards Advanced" and for 2019 rated as "Advanced with areas working towards Mature".</p> <p>MG stated that the apprenticeship programme had been a huge success.</p>	

	<p>KM asked if the Trust were using the apprenticeship programmes in terms of recruitment. It was confirmed that the Trust Website advertises these programmes via the recruitment page; further discussions to take place regarding advertising.</p> <p>EC highlighted the challenge of backfill and other costs that are not included the whole apprenticeship programme; a vast amount of money for the division to fund for 4 years.</p>	
5.3	<p>Appraisal Compliance</p> <p>MG provided an update on the Appraisal Compliance paper and stated that despite significant interventions compliance rates continue to remain below 85% over a 12 month cycle. Appraisal monitoring documents are reliant on managers sending the final sign-off document to a generic email box; the Workforce Team manually transfer the data on to ESR. Recommendation: support for the pilot of Supervisor Self-Serve within ESR and the adoption in the long term of the ESR E-appraisal tool.</p> <p>MG also stated that the Appraisal Policy will be amended due to the changes in national pay arrangements regarding pay progression, which are now dependent on performance.</p>	
6	Workforce Efficiencies	
6.1	<p>Job Planning</p> <p>DW reported that the Trust were using "Allocate" electronic job planning system; a complete and comprehensive package with some areas proving complex. Once accurate data on Allocate, quality of data you can pull off and reports to run is an advantage.</p> <p>DW highlighted:</p> <ul style="list-style-type: none"> • 55% of signed job plans were up to date • 16-20% signed job plans from the previous year to be signed off for a further year if staff members remain happy with their individual job plan • 15% of staff members were in discussion regarding their job plans. <p>BR confirmed that 54% of consultants had fully signed job plans with 18 staff members to be added.</p> <p>DW reported that there were still some areas of dispute around job plans and some permanent staff members were not engaged; further action to be taken for staff not engaging.</p> <p>MK queried whether the Trust was an outlier on the job planning process. DW replied that Trust were not an outlier and confirmed that most of the consultants have a job plan that they work to; some paper based.</p>	
7	Items for Information:	
7.1	<p>Workforce Report</p> <p>Item noted.</p>	

7.2	Health & Safety update VC reported that amendments had been made to the terms of reference for the Health & Steering Group. This group would now report into POD to focus on the potential risk of the impact on staff and into Quality & Safety Committee for potential risks to patients.	
7.3	Minutes from sub-groups: <u>Organisational Development & Engagement Group</u> Item noted. <u>Education Steering Group</u> Group had not met. <u>Workforce Resourcing Group</u> Group had not met. <u>HR Quality & Standards Group</u> Item noted. <u>Workforce Equality meeting</u> Group had not met.	
8	Any other business There was no other business.	
9	The next meeting of the Committee will take place on: Thursday 21 November 2019 10:00 – 12:00 St Mary's Boardroom, EDGH vc Room 1, Education Centre, Conquest	

EAST SUSSEX HEALTHCARE NHS TRUST

PEOPLE & ORGANISATIONAL DEVELOPMENT (POD) COMMITTEE

Minutes of the People & Organisational Development (POD) Committee

Thursday 21 November 2019

10:00 – 12:00

St Mary's Boardroom, EDGH vc Room 1, Education Centre, Conquest

Present: Mrs Miranda Kavanagh, Non-Executive Director (MK) – Chair
Ms Monica Green, Director of HR (MG)
Ms Karen Manson, Non-Executive Director (KM)
Dr David Walker, Medical Director (DW)
Mrs Dawn Urquhart, Assistant Director HR, Education (DU)
Mr Brenda Lynes, Associate Director of Operations (BLO)
Ms Penny Wright, Head of Workforce Planning (PW)
Mrs Lorraine Mason, Assistant Director of HR - OD (LM)
Mrs Lynette Wells, Director of Corporate Affairs (LW)
Mrs Jo Gahan, Head of Operational HR (JG)
Mrs Lesley Houston, Deputy GM – Medicine (LH)
Mrs Kim Novis, Equality & Human Rights Lead (KN)
Mrs Hazel Tonge, Deputy Director of Nursing (HT)

In Attendance: Ms Claire Parnell, Senior HR Manager (CP) – Agenda Item 3.2
Ms Clare Hammond, HR Manager (CH) – Agenda Item 3.3
Ms Jilly Alexander, Project Manager (JA) – Agenda Item 5.1
Mrs Nicky Hughes, EA to Director of HR (NH) (minutes)

No	Item	Action
1	<p>Welcome, introductions and apologies for absence</p> <p>The Chair welcomed all to the meeting and noted a quorum was present.</p> <p>Apologies for absence were received from:</p> <p>Dr Adrian Bull, Chief Executive (AB) Mr Jamal Zaidi, Associate Medical Director – Workforce (JZ) Mrs Vikki Carruth, Director of Nursing (VC) Mrs Jan Humber, Staff Side Chair (JH) Mrs Michelle Elphick, Associate Director of Operations (ME) Ms Anne-Marie Newsholme, Lead Healthcare Scientist (AMN) Mrs Joe Chadwick-Bell Chief Operating Officer (JCB) Mr Pravin Sangle, Associate Specialist (PS) Mr Jonathan Reid, Finance Director (JR) Ms Emma Chambers, Assistant Director of Nursing (EC) Mr Salim Shubber, Director of Medical Education (SS)</p>	
2	Minutes and Matters Arising	
2.1	<p>Minutes of the previous meeting held on 12 September 2019</p> <p>The minutes were reviewed and agreed as an accurate reflection of the meeting.</p>	

2.2	<p>Review of Action Log: The outstanding items on the Action Log were reviewed:</p> <p><u>Accountability Framework</u> For discussion under agenda item 5.1.</p> <p><u>WRES Data</u> For discussion under agenda item 3.3.</p>	
2.3	<p>Decision Log: For information only.</p>	
3	Workforce Management	
3.1	<p>Employee Relations Report JG provided an update on the Employee Relations Report and explained that the paper described information relating to the number of formal staff complaints and conduct issues which had been raised during the period 1 April 2019 and 30 September 2019 (quarter 1 and quarter 2).</p> <p>Key points:</p> <ul style="list-style-type: none"> • 9 cases carried over from quarter 4 – all concluded. • 30 new formal incidents raised; a decrease from last year. • Conduct cases had increased by 4 compared to last year. • Dignity at Work cases decreased by 4 compared to last year. • Formal grievances had decreased by 2 compared to last year. • 12 Disciplinary hearings, resulting in 7 dismissals; a final written warning, 3 first written warnings and 1 case resulted in a strong counsel outcome. • 3 suspensions, which were carried forward relating to safeguarding and police matters. • Average length of suspensions - 18 weeks. • Average length of time taken for case investigations (31) - 10 weeks. • No formal whistleblowing cases reported. <p>LM asked what support was offered to staff following a suspension. JG explained that the staff member would be allocated a “buddy” from their division/department, formal meetings to take place every 4 weeks and a referral to occupational health if necessary. JG reported that a document containing suspension guidance was being created for staff.</p> <p>MK referred to the strong counsel outcome and asked what it meant. JG stated that a letter would be placed on the staff member’s personal file stating that this action was not acceptable and any further re-occurrences could result in a final warning or dismissal.</p> <p>JG referred to flexible working requests and the need for data to be recorded to ensure fair process for all staff, looking at protected characteristics between those that had been approved and rejected. MG reported that NHSI will be monitoring flexible working requests in the future; the number of applications and whether they have been rejected or approved. MK queried whether there was a policy in place. MG confirmed that the Trust had a Flexible Working Policy.</p> <p>MK requested a breakdown of disciplinary proceedings by protected characteristics.</p>	JG

<p>3.2</p>	<p>Pay Progression and Appraisal</p> <p>CP provided an update on the implementation of the new Agenda for Change pay structure and terms and conditions of employment including an update on the revision of the Appraisal Policy.</p> <p>CP reported that the first phase was to move staff from Band 1 to Band 2; successfully completed. The next phase would be the implementation of pay progression, which came into effect April 2019 for newly employed staff or staff who had changed banding from that date. For existing staff it will be April 2021.</p> <p>CP stated that the main change was that staff would remain on the same increment for a number of years as opposed to an annual increase with pay banding. When staff reach their pay affecting increment they have to satisfy certain criteria (i.e. successful appraisal, not be subject to performance, have no 'live' formal disciplinary sanction on their record, statutory and mandatory training to be up to date). New Pay Progression Policy being developed.</p> <p>MK asked what opportunities and non-pay benefits there were for staff who were already on the maximum increment. CP stated that for staff on bands 8c and above there is already a provision in place whereby the renewal of their extra last increment is linked to performance. This needs reinforcing although it only applies to a relatively small number of staff. For existing staff members on the maximum point of the scale they will continue with annual appraisals and remain at the top of the scale. For all other staff the appraisal date will be moved to 3 months prior to their increment date so that the appraisal and pay step progression can be undertaken at the same time and that notification can be put in place to ensure that they receive their increment in good time.</p> <p>MK stated that she was pleased that this would encourage managers to undertake appraisals and CP reported that the appraisal policy is being reviewed in connection with these changes. PW commented that it was important that we do not lose sight that it is not just finances that motivate staff and referred to work being undertaken around career pathways and opportunities for staff in terms of role extension and skills profiling.</p> <p>MK asked what Staff Side's view was on this policy. CP replied that Staff Side had agreed and the Pay Progression Policy had been sent to them for comment. CP stated that the unions had been contacted for any materials or communications which could be used to inform staff. MG confirmed that the unions had agreed and negotiated for staff nationally.</p> <p>KM highlighted that the new pay progression would be a significant change therefore communications to staff should be commenced in a timely manner. CP replied that a rolling communications plan was being proposed, commencing with the on-line pay journey, then introducing pay step meeting to be combined with their appraisal.</p>	
<p>3.3</p>	<p>WRES Metrics Action Plan</p> <p>CH provided an overview of the WRES Metrics Action Plan, which detailed data informing the declaration and the work to address the deterioration in the percentage. The implementation of the action plan would be monitored by the Trust BME Network. The data collected and declared for 2018/19 informed the number of BME staff entering the disciplinary process.</p>	

	<p>A deep dive exercise had been undertaken into the collection criteria reported for the 2019 return (1.81) and the scope of data collection had been expanded to include staff involved in any kind of investigation disciplinary process, including anti-harassment and bullying. Having re-run the data collection exercise, the revised figure was reported as 1.06. This figure places the Trust within the range set by NHS England and NHSI and of the Trusts across the South East.</p> <p>MK asked that the prior year figures be recalculated for comparison and trend in order to provide assurance to the Board that the trend was improving. KM agreed with MK and it was agreed that the previous years would be recalculated on the same basis.</p> <p>KM asked why the required data had not been submitted. JG replied that going forward they would address the whole issue of fairness. MG stated that the current data was correct and KN confirmed that it had been agreed that the data could be re-submitted in January.</p> <p>DW referred to the calculation in the table of figures and asked how the numbers of staff entering the process diminish in BME staff. CH replied that one member of staff had been double counted as two investigations were ongoing. CH stated that going forward good practice would be to re-visit using the fair experience paper and draft action plan along with the implementation of the pre-disciplinary checklist.</p> <p>LM stated that WRES had recognised that the guidelines were not as clear as they could have been regarding the collecting of data and each Trust had been asked to partake in a WRES Experts Programme.</p> <p>KM referred to the data on the tables; some data referred to employees and some data referred to cases. CH confirmed that the formula was the cases against the numbers of employees employed at that moment in time. It was agreed to have a footnote on the table "does not include those whose ethnicity is undisclosed".</p> <p>The WRES Report to be presented to the May 2020 POD Committee for assurance for the Board and then will be presented on a 6 monthly basis.</p>	<p>CH</p> <p>CH</p> <p>CH</p> <p>CH/JG</p>
4	Education	
4.1	<p>Revised Governance Structure</p> <p>DU provided a verbal overview of the Revised Governance Structure; an organogram developed to show how meetings inter-relate. An action tracker had also been developed. The purpose of educational governance is to embed quality, accountability, and a culture of continuous improvement within the medical education services within the Trust.</p> <p>MG confirmed that it was a much more positive robust structure.</p>	
4.2	<p>GMC Survey Action Plan update</p> <p>DU provided a verbal update of the GMC Survey Action Plan, which had been presented to POD in September 2019 detailing the results of the Junior Doctors Survey.</p>	

Progress to date:

Service Delivery and Educational Needs of the Trainee

A quality improvement approach had been adopted working in partnership with Staff Engagement Integrated Education and Service Transformation. Scoping work being undertaken to scope the service.

Integrated Education Team: Educational Governance

An organogram had been developed that details how Educational Governance will be managed and will triangulate the effectiveness of all educational meetings.

Quality Walks

Quality Walks undertaken in partnership with College tutors and service managers where possible; outcomes collated and action tracker devised.

Rota Issues

Focussed, specific meetings in place with trainees. A revised draft proposal of a rota has been designed by one of the Education Fellowes.

Support for Trainers

Additional training for Educational and Clinical Supervisors to explore leadership and coaching to be facilitated by an external provider.

MK asked when the GMC were due to return to the Trust. DU confirmed that specific programme visits would be made by the GMC and respective schools early 2020.

MK asked how improvement would be measured. DU replied that the Educational Quality and Standards meeting would identify improvements.

KM requested clarification and purpose of quality walks as well as assurance for the board. DU confirmed that the quality walks were undertaken jointly with college tutors, following the HEE Quality Framework. A dashboard for the Trust was in development detailing qualitative and quantitative data. MK asked when the dashboard would be finalised. DU stated that the draft dashboard would be circulated with the minutes and reviewed monthly.

DU

KM referred to the Trust being on the GMC enhanced list since 2016 and asked what metrics would be put in place to ensure active tracking. DU stated that this was a concern but with additional plans and a revised medical curriculum the Trust would be in a better position. MK requested a further update to be brought to the March 2020 POD Committee.

DU

LM stated that one of the challenges was also now linked to the fact that we have 5 generations of staff working within the organisation who all have different expectations and needs and that we need to be adaptive to this.

MK asked how the Trust would address the culture. DW reported that as well as the issues mentioned there can be problems within areas that are staffed by locums who do not have the same commitment to teaching and to the organisation as a whole. He also stated that another issue, that lies outside of the remit of the education department, is that the Trust is relatively understaffed in terms of doctors, particularly in medicine, and in some other hospitals the rotas are less onerous and there are more staff on the wards. This can lead to increases in exception reporting, however mitigations to this are being put in

	<p>place; for example, the introduction of doctors assistants, physicians associates and the use of nurse practitioners who will help alleviate the workload. DW also reported that if the Trust can get into a position whereby the trainees are saying that they get a good training experience the Trust would likely be allocated more trainees from the Deanery. MK said she was assured to hear that there was a short, medium and long terms plan in place with some quick wins.</p> <p>KM referred to educational trainers and asked if the doctors had to be employed by the Trust to offer training. DW replied that they did not have to be employed by the Trust and retired consultants had been used in the past. DW's view was the best education a Junior Doctor could receive would be seeing patients every day alongside a consultant, although time spent with Junior Doctors was compromised due to extra activity.</p>	
5	Engagement and Culture	
5.1	<p>Values Based Behaviour Framework</p> <p>MG referred to the Values Based Behaviour Framework paper and stated that it was important to determine and illustrate behaviours linked to the Trust values. The paper identified different levels of people within the organisation.</p> <p>JA reported that the paper outlines the research into the negative impact of behaviours on patient outcomes and staff experience. The framework had been developed; more than 400 staff had provided 1300 comments, which had been analysed into themes and summarised into positive behaviours. MK commended the work undertaken on this paper.</p> <p>LM emphasised that the paper would give staff clear guidelines of what was expected of them; having a measure and benchmark that is fair and consistent relating to patients as well as staff.</p> <p>DW referred to the HSE visit and highlighted the level of abuse and staff experience on a daily basis from patients.</p> <p>KM asked how this would be incorporated into the appraisal process. LM replied that a proposal was in place.</p>	
5.2	<p>Developing a Positive and Inclusive Culture – update on progress</p> <p>LM provided a verbal update of the Developing a Positive and Inclusive Culture paper. The Trust had been invited by the NHS Leadership Academy on behalf of NHSI to undertake an internally led cultural review of the organisation utilising their cultural improvement tools. The paper outlines the different stages involved along with the timescales.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Improvements in culture. • Review what has worked well and what hasn't worked well. • Inform refresh of the Organisational Development Strategy due 2020. • With changes NHSI and NHSE agreement on how to be handled by the Trust. • Engaging and involving our staff, by focus groups, interviews with the board, using current information i.e. GMC survey. 	

	<p>LM reported that three main areas would be explored:</p> <ul style="list-style-type: none"> • Collaborating and engaging staff with change • Why we do not always demonstrate the behaviours we should behave and what we can do • How we further develop our culture regarding raising concerns, debating them and moving forward in a positive way <p>Discovery - Stage 1 – complete by April 2020 Design - Stage 2 – 6 – 12 months Delivery – Stage 3 – over a 2 year period.</p> <p>The paper was endorsed by the POD Committee.</p>	
6	Accountability Framework	
	Item noted.	
7	Guardian of Safe Working Quarterly Report (August/September/October)	
	<p>DW provided a verbal overview of the Guardian of Safe Working Report which provided an update following the new intake of DiT (Doctors in training) since August 2019 to the Trust. There are 241 doctors at different grades of training.</p> <p>Key points:</p> <ul style="list-style-type: none"> • This quarter was a busy and crucial 3 months with the Trust intake of all new Foundation and GP trainees in August, followed by Speciality and CT trainees in September and higher trainees in October. • Exception report (ERs) submission often increases as new trainees adjust and settle and overcome challenges of new environments. A comparison of ERs submitted will be included in this report. • High volume of patient workload remains the main reason cited in ERs in the division of medicine. <p>MK reported that a lot of issues were being addressed via the GMC Survey Action Plan.</p>	
8	Items for Information:	
8.1	<p>Workforce Report</p> <p>The Workforce Report was provided for information.</p> <p>MK referred to the agency staff and asked why the Trust was off plan. PW highlighted key points:</p> <ul style="list-style-type: none"> • Nursing – ED, midwifery and theatres for nursing with the added increase due to escalation wards • Medics increased by 2.4% • Maintained the consultant staff level, increased SAS grades and trainee grades. <p>MK asked whether, given the relatively low appraisal rates, an innovative way should be found of conducting nurse appraisals, given the difficulty of undertaking a sit down session.</p>	

	<p>MK queried the trend in healthcare scientists. PW stated that the percentage of turnover looked high because the population of healthcare Scientists was quite small. There had been an increase of 2.8% this month which equates to 3 leavers and 16 fte leavers year to date (7 months).</p> <p>KM asked why the planned fte usage was trending down. MG replied that The Trust's spend on workforce over the year had actually remained stable; however the gap between budgeted establishment and staff in post had increased as some additional posts had been funded. It was suggested having commentary around this plan in future reports and to state budgeted usage rather than planned usage.</p>	
8.2	Health & Safety update Item noted.	
8.3	Minutes from sub-groups: <u>Organisational Development & Engagement Group</u> Item noted. <u>Education Steering Group</u> Item noted. <u>Strategic Workforce Resourcing Group</u> Group had not met. <u>HR Quality & Standards Group</u> Item noted. <u>Workforce Equality meeting</u> Group had not met. <u>Health & Safety Steering Group</u> Item noted.	
9	Any other business	
	There was no other business.	
10	Next meeting of the POD Committee	
	<p>The next meeting of the POD Committee will take place on:</p> <p>Thursday 23 January 2020 10:00 – 12:00 St Mary's Boardroom, EDGH vc Committee Room, Conquest</p>	

Date	Time	Venue	Call for Papers Date	Submission Deadline
Thursday 19 March 2020	10:00 – 12:00	St Mary's Boardroom, EDGH Room 3, Ed Centre, Conquest	21.02.20	06.03.20
Thursday 21 May 2020	10:00 – 12:00	Committee Room, Conquest St Mary's Boardroom, EDGH	24.04.20	08.05.20
Thursday 23 July 2020	10:00 – 12:00	Committee Room, Conquest St Mary's Boardroom, EDGH	26.06.20	10.07.20
Thursday 3 September 2020	10:00 – 12:00	Committee Room, Conquest St Mary's Boardroom, EDGH	07.08.20	21.08.20
Thursday 19 November 2020	10:00 – 12:00	Committee Room, Conquest St Mary's Boardroom, EDGH	23.10.20	06.11.20
Thursday 23 January 2020	10:00 – 12:00	Committee Room, Conquest St Mary's Boardroom, EDGH	27.12.19	10.01.20

Use of Trust Seal

Meeting information:

Date of Meeting:	4 th February 2020	Agenda Item:	15
Meeting:	Trust Board	Reporting Officer:	Chair

Purpose of paper: (Please tick)

Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
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Has this paper considered: (Please tick)

Key stakeholders:		Compliance with:	
Patients	<input type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The purpose of this paper is to provide an overview of the use of the Trust Seal since the last Board meeting.

19th December 2019 – Prime cost contract with Booker & Best Ltd., for building works over a three year period, with a further one year option.

19th December 2019 – Prime cost contract with PD Harris Ltd., for building works over a three year period, with a further one year option.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Not applicable.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is asked to note the use of the Trust Seal since the last Board meeting.

Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts

July 2019



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Introduction

Effective speaking up arrangements help to protect patients and improve the experience of workers. We know the main reasons workers do not speak up are because they fear they might be victimised or because they do not believe anything will change.

Since we first launched this guidance the NHS has published its [interim People Plan](#), setting out its vision for people who work for the NHS to enable them to deliver the best care possible. Ensuring that everyone feels they have a voice, control and influence is at the forefront of the plan.

This guide supports boards to create that culture; one where workers feel safe and able to speak up about anything that gets in the way of delivering safe, high quality care or affects their experience in the workplace. This includes matters related to patient safety, the quality of care, and cultures of bullying and harassment. To support this, managers need to feel comfortable having their decisions and authority challenged: speaking up should be embraced. Speaking up, and the matters that speaking up highlights, should be welcomed and seen as opportunities to learn and improve.

We have aimed this guide at senior leaders because it is the behaviour of executives and non executives (which is then reinforced by managers) that has the biggest impact on organisational culture. How an executive director (or a manager) handles a matter raised by a worker is a strong indicator of a trust's speaking up culture and how well led it is.

Meeting the expectations set out in this guide will help a board create a culture responsive to feedback from workers and focused on learning and improving the quality of patient care and the experience of workers. Our expectations are accompanied by a self-review tool. Regular and in-depth reviews of leadership and governance arrangements in relation to Freedom to Speak Up (FTSU) will help boards to identify areas for further development.

The Care Quality Commission assesses a trust's speaking up culture under Key Line of Enquiry (KLOE) 3 as part of the well-led domain of inspection. This guide forms part of the resource pack given to inspectors ahead of well-led inspections.

Completing the self-review tool and developing an improvement action plan will help trusts to reflect on their current speaking up culture as part of their overall strategy and create a coherent narrative for their patients, workforce and oversight bodies. Details of the support available to do this are on page 10.

About this guide

This guide has been produced jointly by NHS Improvement and the National Guardian's Office, with input from a group of executives and non-executive directors (which included chief executives and chairs), FTSU Guardians and leading academics in culture and leadership.

The guide sets out our expectations, details individual responsibilities and includes supplementary resources.

We expect the executive lead for FTSU to use the guide to help the board reflect on its current position and the improvement needed to meet our expectations. Ideally the board should repeat this self-reflection exercise at least every two years.

It is not appropriate for the FTSU Guardian to lead this work as the focus is on the behaviour of executives and the board as a whole. But obtaining the FTSU Guardian's views would be a useful way of testing the board's perception of itself.

The improvement work the board does as a result of reflecting on our expectations is best placed within a wider programme of work to improve culture. This programme should include a focus on [creating a culture of compassionate and inclusive leadership](#); the creation of meaningful values that all workers buy into; tackling bullying and harassment; [improving staff retention](#); reducing excessive workloads; ensuring people feel in control and autonomous, and building powerful and effective teams.

The good practice highlighted here is not a checklist: a mechanical 'tick box' approach to each item is not likely to lead to better culture. Equally, focusing on process and procedure at the expense of honestly reflecting on how you respond when someone speaks up will not improve the way the board leads the cultural improvement agenda. The attitude of the board to the review process and the connections it makes between speaking up and improved patient safety and staff experience are much more important.

We will review this guide in 2021. In the meantime, please provide any feedback to nhsi.ftsulearning@nhs.net

Our expectations

Behave in a way that encourages workers to speak up

All executive directors have a responsibility for creating a safe culture and an environment in which workers are able to highlight problems and make suggestions for improvement. FTSU is a fundamental part of that. They also understand that an organisational or department culture of bullying and harassment or one that is not welcoming of new ideas or different perspectives may prevent workers from speaking up which could put patients at risk, affect many aspects of their staff's working lives, and reduce the likelihood that improvements of all kinds can be made.

Executive directors understand the impact their behaviour can have on a trust's culture and therefore how important it is that they reflect on whether their behaviour may inhibit or encourage someone speaking up. To this end executive directors:

- are able to articulate both the importance of workers feeling able to speak up and the trust's own vision to achieve this
- speak up, listen and constructively challenge one another during board meetings
- are visible and approachable and welcome approaches from workers
- have insight into how [their power could silence truth](#)
- thank workers who speak up
- demonstrate that they have heard when workers speak up by providing feedback
- seek feedback from peers and workers and reflect on how effectively they demonstrate the trust's values and behaviours
- accept challenging feedback constructively, publicly acknowledge mistakes and make improvements.

Executive directors could test how their behaviour is perceived with direct and incidental feedback from staff surveys; pulse surveys; social media comments; reverse mentoring, 360° feedback and appraisals.

Demonstrate commitment

The board demonstrates its commitment to creating an open and honest culture where workers feel safe to speak up by:

- having named executive and non-executive leads responsible for speaking up, who can demonstrate that they are clear about their role and responsibility and can evidence the contribution they have made to leading the improvement of the trust's speaking up culture. **Section 1 of the supplementary information pack** sets out the responsibilities of the executive and non-executive lead
- including speaking up and other related cultural issues in its board development programme
- having a sustained and ongoing focus on the reduction of bullying, harassment and incivility
- sending out clear and repeated messages that it will not tolerate the victimisation of workers who have spoken up and taking action should this occur with these messages echoed in relevant policies and training. The executive lead for FTSU is responsible for gaining assurance that the experience of workers who speak up is a positive one
- investing in sustained and continuous leadership development
- having a well-resourced FTSU Guardian and champion model. **Section 2 of the supplementary information pack** sets out suggestions of how to assess your FTSU Guardian's capability and capacity
- supporting the creation of an effective communication and engagement strategy that encourages and enables workers to speak up and promotes changes made as a result of speaking up. **Section 3 of the supplementary information pack** sets out suggestions of how to evaluate the effectiveness of your communication strategy
- inviting workers who speak up to present their experiences in person to the board.

Have a strategy to improve your FTSU culture

Boards have a clear vision for the speaking up culture in their trust that links the importance of encouraging workers to speak up with patient safety, staff experience and continuous improvement. The vision is supported by a strategy that has been developed by the executive lead for FTSU; this sits under the trust's overarching strategy and supports the delivery of other relevant strategies.

The board discusses and agrees the strategy and is provided with regular updates. The executive lead for FTSU reviews the FTSU strategy annually, including how it fits with the overall trust strategy, using a range of qualitative and quantitative measures, to assess what has been achieved and what hasn't; what the barriers have been and how they will be overcome; and whether the right indicators are being used to measure success.

It doesn't matter whether the strategy document is called a plan or a strategy; as long as the executive lead has well-thought-out goals that are measurable and have been signed off by the board. **Section 4 of the supplementary information pack** sets out suggestions for what should be in your strategy and provides a checklist to help with the evaluation of your strategy.

Support your FTSU Guardian

Boards demonstrate their commitment to creating a positive speaking up culture by having a well-resourced FTSU Guardian, supported by an appropriate local network of 'champions' if needed. FTSU Guardians need access to enough ringfenced time and other resources to enable them to meet the needs of workers in your organisation. See **Section 2 of the supplementary information pack**.

The executive lead and the non-executive lead, along with the chief executive and chair meet regularly with the FTSU Guardian and provide appropriate advice and support. The FTSU Guardian has ready access to senior leaders and others to enable them to escalate urgent matters rapidly (preserving confidence as appropriate). **Section 1 of the supplementary information pack** sets out the individual responsibilities of relevant executives.

Relevant executive directors ensure the FTSU Guardian has ready access to applicable sources of data and other information to enable them to triangulate speaking up issues and proactively identify patterns, trends, and potential areas of concerns. **Section 5 of the supplementary information pack** sets out the kind of data and other information you could triangulate.

Finally, executive directors encourage and enable their FTSU Guardian to develop bilateral relationships with regulators, inspectors, and other FTSU Guardians, and attend regional network meetings, National Guardian conferences, training and other related events.

Be assured your FTSU culture is healthy and effective

The board needs to be assured that workers will speak up about things that get in the way of providing safe and effective care and that will improve the experience of workers. **Section 6 of the supplementary information pack** sets out the different elements that the board should consider seeking assurance for.

Boards may need further assurance when there have been significant changes, where changes are planned, or there have been negative experiences such as:

- before a significant change such as a merger or service change
- when an investigation has identified a team or department has been poorly led or a culture of bullying has developed
- when there has been a service failing
- following a Care Quality Commission (CQC) inspection where there has been a change in rating

It is the executive lead's responsibility to ensure that the board receives a range of assurance and regular updates in relation to the FTSU strategy.

An important piece of assurance is the report provided in person by the FTSU Guardian, at least every six months and **Section 7 of the supplementary information pack** sets out the kind of information the board should expect to be in the FTSU Guardian's report. To be clear this should not be the only assurance the board receives.

Another important piece of assurance is an audit report of the trust's speaking up policy. The trust's speaking up arrangements must be based on an up-to-date speaking up policy that reflects the minimum standards set out by NHS Improvement and should be audited at least every two years. **Section 8 of the supplementary information pack** sets out what a comprehensive audit should cover. The audit report should not focus solely on FTSU Guardian activity but on the effectiveness of all the speaking up channels as well as the whole speaking up culture.

If the board is not assured its workers feel confident and safe to speak up, it should consider getting external support to understand what is driving that fear.

Be open and transparent with external stakeholders

A healthy speaking up culture is created by boards that are open and transparent and see speaking up as an opportunity to learn. Executives routinely discuss challenges and opportunities presented by the matters raised via speaking up with commissioners, CQC, NHS Improvement and their local quality surveillance groups. The board welcomes engagement with, and feedback from, the National Guardian and her staff.

The board regularly discusses progress against the FTSU strategy and (respecting the confidentiality of individuals) themes and issues arising from speaking up (across all the trust's speaking up channels) at the public board. The trust's annual report contains high level, anonymised data relating to speaking up, as well as information on actions the trust is taking to support a positive speaking up culture.

To enable learning and improvement, executive directors discuss learning from speaking up reviews, audits and complex cases among their peer networks. To support this learning, ideally, reviews and audits are shared on the trust's website.

The executive lead for FTSU requests external improvement support when required.

Conclusion

Meeting the expectations in this guide will help boards to send the message that ideas, concerns, feedback, whistleblowing and complaints are all seen as opportunities to stop and reflect on whether something could be done differently.

Valuing workers' opinions and acting on them, publicising the good that comes from speaking up, and making clear and unequivocal statements that you will not tolerate staff being victimised for speaking up, will all encourage workers to use their voice for the benefit of patients and their colleagues.

We have provided [useful resources as supplementary information to this guide](#) but if having completed your review you would like further support to improve aspects of your FTSU arrangements, please get in touch with:

- nhsi.ftsulearning@nhs.net for the following support to the executive lead:
 - review FTSU policy, strategy or action plans and provide feedback to bring them in line with national policy or recognised best practice
 - design and facilitate workshops to develop board understanding of speaking up and behaviour that encourages or inhibits it
 - host online surveys and facilitate focus groups with workers to identify issues, causes and solutions
 - facilitate an assessment of your trust's FTSU arrangements against national guidance and support the executive lead to build a FTSU improvement action plan
- enquiries@nationalguardianoffice.org.uk who will arrange for support for the FTSU Guardian in relation to their role.

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This publication can be made available in a number of other formats on request.

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Supplementary information on Freedom to Speak Up in NHS trusts and NHS foundation trusts

July 2019



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About this resource

This supplementary information accompanies the [Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts](#) and the [Freedom to Speak Up review tool for NHS trust and foundation trusts](#).

We are happy to provide further explanation about any of the following information. Please contact nhsi.ftslearning@nhs.net

1. Individual responsibilities

Chief executive and chair

The chief executive is responsible for appointing the Freedom to Speak Up (FTSU) Guardian and is ultimately accountable for ensuring that FTSU arrangements meet the needs of the workers in their trust. The chief executive and chair role-model high standards of conduct around FTSU, and are responsible for ensuring the annual report contains information about FTSU and the trust is engaged with both the regional FTSU Guardian network and the National Guardian's Office.

Both the chief executive and chair are key sources of advice and support for their FTSU Guardian and meet with them regularly.

The chief executive should approve all confidentiality clauses that appear in settlement agreements to ensure they are assured that their use is in accordance with the good practice set out by NHS Employers. If the chief executive is party to the settlement agreement, the chair should obtain this assurance.

Executive lead for FTSU

The executive lead is responsible for:

- role-modelling high standards of conduct around FTSU
- ensuring they are aware of the latest guidance from the National Guardian's Office
- overseeing the creation of the FTSU vision and strategy
- ensuring the FTSU Guardian role has been implemented, using a fair recruitment process in accordance with the example job description and other guidance published by the National Guardian
- ensuring the FTSU Guardian has a suitable amount of ringfenced time and other resources and there is cover for planned and unplanned absence

- ensuring their FTSU Guardian has access to any emotional and psychological support they may need
- conducting a biennial review of the strategy, policy and process
- operationalising the learning from speaking up issues
- ensuring instances where individuals may have suffered detriment for speaking up are promptly and fairly investigated and acted on
- providing the board with a variety of assurances about the effectiveness of the trust's strategy, policy and process.

Non-executive lead for FTSU

The non-executive lead is responsible for:

- role-modelling high standards of conduct around FTSU
- ensuring they are aware of the latest guidance from National Guardian's Office
- challenging the chief executive, executive lead for FTSU and the board to reflect on whether they could do more to create a healthy and effective speaking up culture
- acting as an alternative source of advice and support for the FTSU Guardian
- overseeing speaking up matters regarding board members – see below.

We appreciate it can be challenging to maintain confidentiality and objectivity when investigating issues raised about board members. This is why the role of the designated non-executive lead is critical. Therefore, in exceptional circumstances, we would expect the non-executive lead to take the lead in determining whether:

- sufficient attempts have been made to resolve a speaking up concern involving a board member(s) and
- if so, whether an appropriate fair and impartial investigation can be conducted, is proportionate, and what the terms of reference should be for escalating matters to regulators, as appropriate.

Depending on the circumstances, it may be appropriate for the non-executive lead to oversee the investigation and take on the responsibility of updating the worker. Wherever the non-executive lead does take the lead, they inform the FTSU Guardian, confidentially, of the case; keep them informed of progress; and seek their advice around process and record-keeping.

The non-executive lead informs NHS Improvement and CQC that they are overseeing an investigation into a board member (depending on the circumstances we may require you to provide the name of the board member under investigation). NHS Improvement and CQC can then provide the non-executive with support and advice. The trust needs to consider how to enable a non-executive lead to commission an external investigation (which might need an executive director to sign-off the costs) without compromising the confidentiality of the individual worker or revealing allegations before it is appropriate to do so.

Human resource and organisational development directors

The human resource (HR) and/or organisational development (OD) directors are responsible for ensuring that:

- Values and behaviours associated with FTSU, such as courage, impartiality, empathy and learning, are embedded throughout the recruitment, appraisal and termination processes.
- All workers have the capability and the access to appropriate resources to enable them to role-model high standards of conduct around FTSU.
- Speaking up is understood and interpreted in the broadest sense: there is no artificial distinction made between 'whistleblowing' and other speaking up activities, or between 'formal' and 'informal' 'concerns'. Workers and managers understand that speaking up encompasses matters that might be referred to as 'raising concerns', 'complaining', 'raising a grievance' or 'whistleblowing'. It also includes making suggestions for improvement.
- The trust understands the impact that worker experience, including bullying and harassment, engagement levels, and other 'cultural' issues, can have on patient safety, staff health and wellbeing, and on trust performance.

- The trust has a robust process to review claims that workers have suffered detriment as result of speaking up, which could include asking the non-executive lead for FTSU to review the claims.
- The trust evaluates all speaking up routes (including speaking up to the FTSU Guardian) and assesses why particular routes are used, addressing any barriers that prevent workers from using non-Guardian routes. Similarly, the FTSU Guardian monitors and responds to any barriers that may prevent workers speaking up to them, as well as looking more broadly at barriers to speaking up in the organisation
- Values and behaviours associated with FTSU such as courage, impartiality, empathy and learning, are role-modelled and assessed during recruitment and appraisals.
- The FTSU Guardian has the full support of HR staff and appropriate access to information to enable them to triangulate intelligence from speaking up issues with other cultural and worker experience indicators.
- The trust has a leadership development programme that supports managers to have meaningful and compassionate conversations; give and receive feedback constructively; and support others to work productively and develop themselves.
- Managers and executives are able to evidence how they reflect on the impact of their behaviour in 1-1s and appraisals. This self-reflection could be supported by a range of peer and staff feedback.
- Effective and, as appropriate, immediate action is taken when potential worker safety issues are highlighted by speaking up.

Medical director and director of nursing

The medical director and director of nursing are responsible for ensuring:

- role-modelling high standards of conduct around FTSU
- the FTSU Guardian having appropriate support and advice on clinical, patient safety and safeguarding issues
- effective and, as appropriate, immediate action taken when potential patient safety issues are highlighted by speaking up

- learning in relation to patient safety being disseminated across the trust
- learning operationalised within the teams and departments they oversee.

2. Evaluating Guardian resource

FTSU Guardians should be able to demonstrate they have the capacity and capability to fulfil the requirements of the National Guardian's FTSU Guardian [job description](#). Ultimately, this means the board must satisfy itself that the way the role is implemented meets the needs of workers in the organisation.

Capability

The National Guardian's Office has developed an [education and training pack](#) to help FTSU guardians assess their strengths and weaknesses and identify potential training needs. FTSU Guardians should be given the time and access to the right support to enable them to address any areas for improvement and build on their strengths.

Wellbeing

Given the nature of the post, FTSU Guardians should be given the opportunity and time needed to access supervision, mentoring, and other sources of emotional and psychological support and advice.

Capacity

As the FTSU Guardian role is driven by the needs of workers, there is no minimum standard amount of time and support FTSU Guardians need. However, the National Guardian expects that the trust will allocate ringfenced time.

Other considerations

When considering the amount of ringfenced time required for the role, boards should consider:

- the needs of the job in the round, including the reactive elements (responding to workers who speak up) and the proactive elements (looking at barriers to speaking up and working in partnership to help reduce them, communicating the role, ensuring there is appropriate training on speaking up)

- the number of workers in the organisation, geographic spread, diversity, and, in particular, the needs of the most vulnerable
- the need to fulfil the expectations of the National Guardian, including recording cases, reading and carrying out gap-analyses based on case review reports, writing and presenting board reports, reporting data locally and nationally, supporting information-gathering exercises, ensuring contact details are kept up-to-date
- playing an active part in the FTSU Guardian network regionally and nationally, including attending regional and national meetings, training, and other events
- the requirement to, where necessary, liaise with external partners including CQC, NHS Improvement and the NGO
- the general environment in which the trust is currently operating – FTSU Guardians may have an increased workload at times of change, such as mergers, organisational and operational restructuring, changes in CQC rating, and entering special measures or being placed on the challenged provider list.

The board may also want to seek advice from trusts that provide similar services and have a similar size workforce, geographical spread and regulatory circumstances.

3. Communication strategy

Why a strategy is important

To create a positive FTSU culture, workers need to know how to speak up and to whom. They need regular messages that reinforce the message that speaking up is welcomed and actions result from speaking up.

Demonstrating the impact of speaking up, the improvements made and learning generated as a result are therefore important elements of any FTSU communications strategy.

Communications strategies need to consider ways in which more inaccessible workers can be reached and also how appropriate messages can be tailored to, and reach, vulnerable workers and those who may face particular barriers to speaking up. They should also be accompanied by measures so that impact can be assessed. Strategies should be regularly refreshed so that messaging remains effective and impactful.

Any FTSU-branded communication should be in line with NGO guidelines (for details contact enquiries@nationalguardianoffice.org.uk)

Ways to communicate across a dispersed trust

Written communication	Verbal communication
Intranet pages	All staff events
Electronic newsletters	Executive/senior leader drop in sessions
Screen savers	Executive/senior leader walkabouts
Posters/ flyers/business cards	Senor leader surgeries
Payslips	Directorate/Team meetings
Social media	Staff forums/ network meetings
Electronic message boards	Working groups to develop change ideas

Mobile phone app	Speaking Up culture awards
Paper newsletters	Speaking Up managers network
E learning	Pop up market stalls
Merchandise – mouse mats, pens, coasters, calendars, lanyards	Training webinars
Pop up PC/laptop screen alerts	Induction/training on FTSU as well as references within other training on bullying and harassment, effective communication

Ways to evaluate a communication strategy

Ways to track engagement
Email tracking tools – count how many people have opened, clicked through or deleted FTSU-related emails.
Polls/pulse surveys – track response rates and how knowledge and confidence increase. Quantify the number of positive versus negative verbatim comments.
Number of concerns – count the number of concerns raised via each speaking up channel. Identify which directorates they are coming from.
Track social media – count comments, likes and retweets and video views in relation to FTSU posts. Quantify the number of positive versus negative verbatim comments.
Intranet analytics – count page views or document downloads in relation to FTSU.
Online discussion forum – number of participants/comments. Quantify the number of positive versus negative verbatim comments.
Listen to what people are talking about!!!

4. FTSU improvement strategy

Creating your strategy

- Your strategy could be a separate document or a distinct section within a relevant policy or strategy (ie a quality or OD strategy). Regardless of presentation, it needs to set out clearly how it fits in with the trust's overall strategy and how it supports the delivery of related strategies.
- It aligns to your gap analysis against the recommendations from the National Guardian.
- It describes ambitions and aims based on a diagnosis of the issues the trust currently faces in relation to FTSU.
- It includes clear objectives, measures and targets to demonstrate improvement.
- The objectives include a focus on the development of leadership values, behaviours, skills and knowledge that would support the delivery of the speaking up vision. Any training in FTSU should be in accordance with national guidance from the National Guardian.
- It contains information about the systems needed to support delivery (ie IT, HR, quality, governance, communication and data analysis).
- Ideally, it will be co-produced with a diverse range of relevant stakeholders (including the FTSU Guardian) but at a minimum the draft plan should be shared with key stakeholders (eg staff side and employee representative groups) and their feedback acted on.

Evaluating your strategy

Strategy
What does our FTSU strategy describe?
Does the strategy contain an effective set of measures?
How have workers and managers been involved in the production of the strategy?
How has the board been involved in sign off the strategy?
Oversight
How is the implementation of the strategy monitored?
How have we tested the effectiveness of our assurance?
Systems to support delivery
What are we doing to support delivery of the strategy?
How are we evaluating the effectiveness of that support?
Managers
How are we involving managers in the implementation of the strategy?
Values and behaviours
What values and behaviours are we monitoring in relation to FTSU?
How effectively are we challenging when values and behaviours are not upheld?
Skills/capability/knowledge
What skills/capabilities/knowledge are we looking to develop to deliver the FTSU strategy?
How are workers being provided with these skills/capabilities/knowledge?
How are we assessing the capability of workers, managers and senior leaders in this respect?

5. Triangulating data

Data that could be compared to identify wider issues

Patient safety	Employee experience
Patient complaints	Grievance numbers and themes
Patient claims	Employment tribunal claims
Serious Incidents	Exit interviews themes
Near misses	Sickness rates
Never Events	Retention figures
	Staff survey results
	Polls/pulse surveys
	Workforce Race Equality Standard and Workforce Disability Equality Standard data
	Levels of suspension
	Use of settlement agreements

Questions to ask of your data

- Why do some departments and staff groups have no issues?
- Who are the outliers and why?
- Which departments and staff groups have consistently occurring issues?
- Why have some departments been able to reduce the number of issues?
- What is the cause of unexpected spikes?
- Do patient and employee issues overlap in a department or directorates?

People should be supported by experts to interpret statistical significance and all data and other intelligence should be presented in a way that maintains confidentiality.

6. Board assurance

Elements a board should seek assurance on

- Workers know how to speak up.
- Workers speak up with confidence and are treated well.
- Workers are not victimised or do not suffer reprisals after they have spoken up.
- Managers and senior leaders role-model the right behaviour to encourage speaking up.
- Confidentiality is maintained.
- Concerns are processed in a timely manner.
- Risks are quickly escalated.
- Action is taken to address any evidence that workers have been victimised as a result of speaking up.
- Workers who have suffered victimisation as a result of speaking up are provided with appropriate support and redress.
- Appropriate patient safety and worker experience data is triangulated with the themes emerging from speaking up channels to identify wider concerns or emerging issues.
- Learning is identified and shared across the trust.
- Improvement actions are monitored and evaluated to ensure they lead to improvements.
- The trust's FTSU arrangements are compliant with guidance from the National Guardian and NHS Improvement.

Examples of assurance

- Speaking up concerns: numbers and themes
- Incident reporting: numbers, quality of reports, levels of feedback
- Grievances: numbers and themes
- Initiatives like [Safety Huddles](#) or [Listening into Action](#): number and quality
- FTSU Guardian user feedback
- Polls/surveys/focus group reports
- Analysis of exit interview themes
- Analysis of social media comments including internal electronic message boards
- Reports from boards doing walk-about
- FTSU focus group/steering group reports
- Gap analysis against case reviews produced by the National Guardian
- National staff experience surveys
- FTSU Guardian board report
- Internal audit reports
- Employment tribunal judgements
- National Guardian Office case reviews
- CQC/NHS Improvement led focus groups
- External culture reviews
- CQC inspection reports

7. Guardian report content

Assessment of cases

- Information on the number and types of cases being dealt with by the FTSU Guardian and their local network.
- Analysis of trends, including whether the number of cases is increasing or decreasing; any themes in the issues being raised (such as types of issue, particular groups of workers who speak up, areas in the trust where issues are being raised more or less frequently than might be expected); and information on the characteristics of people speaking up.
- Information on what the trust has learnt and what improvements have been made because of workers speaking up.

Potential patient safety or worker experience issues

- Information on how FTSU matters fit into a wider patient safety/worker experience context, so that a broader picture of FTSU culture, barriers to speaking up, potential patient safety risks, and opportunities to learn and improve can be built.

Action taken to improve FTSU culture

- Actions taken to increase the visibility of the FTSU Guardian and promote all speaking up channels.
- Actions taken to identify and support any workers who are unaware of the speaking up process or who find it difficult to speak up.
- Assessments of the effectiveness of the speaking up process and individual case handling – including user feedback; pulse surveys and learning from case reviews.

- Information on instances where workers feel they have suffered detriment – including what the detriment was; what action has been taken, whether the issue has been resolved, and any learning.
- Information on actions taken to improve the skills, knowledge and capability of workers to speak up; to support others to do so, and respond to the issues they raise effectively

Recommendations

- Suggestions for any priority action needed.

Data and other intelligence must be presented in a way that maintains confidentiality.

8. Speaking Up policy audits

What a comprehensive audit report could include
Do workers feel safe to speak up?
Is the trust acting on allegations of victimisation or perceived detriment?
Is confidentiality being effectively maintained?
Do all workers, bank and agency staff, temporary workers, volunteers and governors know about the policy? How does the trust measure this?
Are managers responding effectively to workers who speak up?
Is the FTSU Guardian responding effectively to workers who speak up?
Are the executive and non executive leads for FTSU responding effectively to workers who speak up?
Are issues that raise patient safety concerns escalated quickly?
Is the training for workers and managers in relation to speaking up effective?
Do workers know about the support that is available to them to speak up?
Are workers thanked, updated and given feedback?
Is the FTSU Guardian collating, evaluating and responding to user feedback?
Is the trust identifying, compiling and sharing learning effectively?
Is the impact of change being measured?
Do board meeting minutes evidence informed and rigorous discussion on FTSU matters?
Are the trust's FTSU arrangements based on the latest guidance from NHS Improvement and the National Guardian?

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Freedom to
Speak Up
Index Report
2019

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Foreword by Simon Stevens



Speaking out when you see something going wrong at work takes courage no matter what your job. When you work in the NHS – as a nurse, doctor, physio or in any other role – it can sometimes also feel a lonely and daunting experience. That is why we are determined to ensure we do everything possible to support those who make their voices heard on behalf of patients.

Freedom to speak up guardians can be a very powerful presence to ensure that NHS organisations – their management and boards – listen to concerns. NHS England is tripling funding and we now have 500 guardians in place across the country.

In the past, however, not every NHS organisation has done enough to make staff feel that they can speak out. That is why last year I asked the National Guardian to help measure how free nurses, doctors and other staff felt to raise concerns at different organisations.

Twelve months on there is encouraging progress in making NHS organisations more open and transparent. Our staff are world-class but if we want to help them to deliver the improvements in care and treatment set out in the NHS Long Term Plan we need to show them the same duty of care, compassion and empathy that we provide our patients.

A porter, nurse or consultant surgeon who speaks up is an invaluable part of any NHS organisation – they do so because they want the very best for their patients and their colleagues. And trusts that allow staff to speak out about issues are likely to deliver better outcomes for patients and will have happier staff.

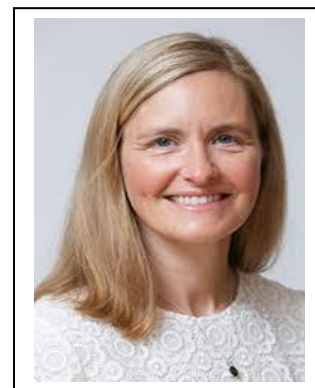
The Freedom to Speak Up Index helps trusts understand how their staff perceive the speaking up culture. Trusts can compare their scores to others, buddy up with those that have received higher index scores and promote learning and good practice.

Already the index is having a significant impact, with 180 trusts (82%) having made progress in making it easier for staff to speak out since 2015, with London Ambulance improving its rating by 18%. This means more staff than ever before feel secure raising concerns if they see something unsafe and feel confident that if they were to make a mistake, they would be treated fairly by their trust.

But a more open and transparent working culture will not just mean happier staff, it will also mean happier patients too. Evidence consistently shows that a positive speaking up culture leads to better CQC ratings, and ultimately better care for our patients. And this is what drives over a million people to go to work for the NHS every day. It is everyone's responsibility to speak up when they see something that doesn't look right – and now more than ever, staff are doing exactly that.

Foreword by Dr Henrietta Hughes

Everyone needs to be valued and listened to and feel fairly treated at work. Nowhere is this more important than in health when it can be a matter of life or death. A positive environment and a supportive culture are key elements of the People Plan¹. We have shown that a positive speaking up culture is often associated with higher performing organisations. Workers are the eyes and ears of an organisation and they should be listened to when considering patient safety and experience. The best leaders understand how important this is. These leaders create an inclusive speaking up culture where everyone's insight and expertise is valued, and all workers are empowered to speak up and contribute to improvements in patient care.



Culture is a term which can be interpreted in different ways. To some it might seem vague and difficult to pin down. Some organisations want their culture to change but do not know where to start or how to change. In our Freedom to Speak Up Guardian Surveys, we showed that guardians in organisations rated Outstanding by the Care Quality Commission were more positive in their perceptions of the speaking up culture². To ensure speaking up becomes business as usual, the voices of other workers must also be involved. We have therefore created a single measure from four questions from the 2018 NHS Staff Survey³.

This new Freedom to Speak Up Index, brought together by my office and NHS England, identifies the view of the staff on the speaking up culture in NHS Trusts and Foundation Trusts (FTs). For trust boards to be able to use a measure to learn more about their own Freedom to Speak Up culture, as experienced by their workforce, is an opportunity for improvement. This is not a perfect tool, as it is based on a sample of staff and there are additional limitations as students, volunteers and others are not included.

When it comes to establishing effective speaking up cultures, the highest scoring NHS trusts and Foundation Trusts featured in this report have shared their experience for the rest of the health system to learn from. They have had meaningful conversations with their workers, embraced opportunities to improve, followed guidance from my office and developed innovative ways to create and sustain a positive speaking up culture for their workforce.

The average FTSU Index score nationally has increased since 2015 and I am optimistic that this will continue to improve but not complacent about the organisations in which there is significant room for improvement. I call on leaders and Freedom to Speak Up Guardians in NHS trusts and FTs to use the index as a new measure for assessing the speaking up culture in their organisation. The insights of the organisations featured in this report will help you find comparable organisations with whom you can buddy up and learn from the best in the NHS. I encourage commissioners and regulators to use the FTSU Index to ask providers about their speaking up arrangements and to encourage improvement.

¹ <https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan/>

² https://www.cqc.org.uk/sites/default/files/20171115_ngo_annualreport201617.pdf

³ <https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2018/>

Introduction

The Interim People Plan aims to ‘to grow the NHS’s workforce, support and develop NHS leaders and make our NHS the best place to work’. The plan says that in addition to recruiting extra staff, much more needs to be done to improve staff retention and transform ways of working. Secretary of State Matt Hancock MP has said that ‘we need a more supportive culture to make that plan a reality’⁴. A positive speaking up environment where workers feel valued and listened to is fundamental to developing a supportive culture.

The events at Mid Staffs⁵ and Gosport War Memorial Hospital⁶ serve as reminders of the harm that can occur to patients when this type of culture does not exist. Following the publication of the Francis Freedom to Speak Up Review in 2015⁷ Trusts and Foundation Trusts in England have appointed Freedom to Speak Up Guardians⁸. The network has now grown to over 1000 guardians, champions and ambassadors in NHS trusts and FTs, independent sector providers, national bodies and primary care organisations. Thousands of cases have been brought to Freedom to Speak Up Guardians since April 2017⁹.

The National Guardian’s Office has previously published survey reports that indicate that a positive speaking up culture is associated with higher performing organisations as rated by CQC. The annual NHS staff survey contains several questions that serve as helpful indicators of the speaking up culture. Working with NHS England, the National Guardian’s Office has brought four questions together into a ‘Freedom to Speak Up (FTSU) index’. This is to enable trusts to see at a glance how their FTSU culture compares with others. This will promote the sharing of good practice and enable trusts that are struggling, to ‘buddy up’ with those that have recorded higher index scores.

The results throughout are based on the results of the 2018 NHS annual staff survey. Where percentage point improvement is recorded, this is based on the overall changes recorded between 2015 and 2018.

Nationally the median FTSU score has improved since 2015. Some trusts have seen a rapid improvement in their FTSU index score and in others there has been a reduction in the score. We have included case studies from the best performing trusts of each type and those that have made the most significant improvement. These case studies detail the changes that trusts have made to engage with their workforce and develop a positive speaking up culture and the impact that this has made.

The Freedom to Speak Up Index for each trust and the CQC ratings for Overall and Well Led are included in Annex 1. The information is taken from the CQC website¹⁰ and the annual NHS Staff Survey at the time of publication.

⁴ <https://www.england.nhs.uk/2019/06/more-staff-not-enough-nhs-must-also-be-best-place-to-work-says-new-nhs-people-plan/>

⁵ <https://www.bbc.co.uk/news/health-21244190>

⁶ <https://www.bbc.co.uk/news/topics/cx2pw2r8yp9t/gosport-hospital-deaths>

⁷ <http://freedomtospeakup.org.uk/the-report/>

⁸ https://www.cqc.org.uk/sites/default/files/20180213_ngo_freedom_to_speak_up_guardian_jd_march2018_v5.pdf

⁹ https://www.cqc.org.uk/sites/default/files/CCS119_CCS0718215408-001_NGO%20Annual%20Report%202018_WEB_Accessible-2.pdf

¹⁰ <https://www.cqc.org.uk/>

Survey questions and FTSU Index



The FTSU index was calculated as the mean average of responses to four questions from the NHS Annual Staff Survey.

The survey questions that have been used to make up the FTSU index are:

- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)



Summary of results

Overall, the national median FTSU index has increased since 2015, and this pattern is reflected for all trust types:

Trust type	FTSU index			
	2015	2016	2017	2018
National	75%	77%	77%	78%
Acute Specialist Trusts	79%	79%	79%	81%
Acute Trusts	75%	76%	76%	77%
Ambulance Trusts	66%	69%	69%	74%
Combined Acute and Community Trusts	76%	77%	77%	78%
Combined Mental Health / Learning Disability and Community Trusts	78%	77%	79%	80%
Community Trusts	79%	80%	81%	83%
Mental Health / Learning Disability Trusts	74%	76%	77%	79%

The following represent the trusts with the highest FTSU index result for 2018, broken down by trust type:

Trust type	Trust	FTSU index value 2018
Community	Cambridgeshire Community Services NHS Trust	87%
Combined mental health / learning disability and community trust	Solent NHS Trust	86%
Acute Specialist	Liverpool Heart and Chest Hospital NHS Foundation Trust	86%
Acute	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	84%
Combined acute and community	Gateshead Health NHS Foundation Trust	83%
Combined mental health / learning disability	Surrey and Borders Partnership NHS Foundation Trust	81%
Combined mental health / learning disability	Northumberland, Tyne and Wear NHS Foundation Trust	81%
Combined mental health / learning disability	Tees, Esk and Wear Valleys NHS Foundation Trust	81%
Combined mental health / learning disability	Tavistock and Portman NHS Foundation Trust	81%
Ambulance	Isle of Wight NHS Trust (ambulance sector)	79%

Cambridgeshire Community Services NHS Trust: Visible leadership in action

“Our transparent and open culture has been built up over a number of years and during that time we have developed a style across the organisation that puts our people first. We have a long

‘it is in the DNA of the organisation for all our leaders to be out and about every week, talking and listening to staff in an informal and low-key way. We have lots of examples through these visits of our staff sharing concerns and issues and feeling very comfortable and confident to speak up’.

standing systematic ‘back to the floor’ programme in place that our senior leaders prioritise each month and this visibility and approach is positively received by our staff. Additionally, it is in the DNA of the organisation for all our leaders to be out and about every week, talking and listening to staff in an informal and low-key way. We have lots of examples through these visits of our staff sharing concerns and issues and feeling very comfortable and confident to speak up.

We support our managers to be leaders and have embedded compassionate leadership into our internal development programmes and our appraisal systems and processes.

‘We support our managers to be leaders and have embedded compassionate leadership into our internal development programmes and our appraisal systems and processes’.

We developed our values with our staff over 8 years ago and we continually check that they remain valid today through talking with our staff. Our values and agreed set of behaviours are embedded in all that we do, and we spend time and energy on making sure we encourage people to speak up if they are concerned about anything. How our staff speak up is entirely up to them, there is never a wrong way. We are explicit at induction about

them never worrying about telling the wrong person the most important thing if they are concerned about anything is to tell someone! They can raise concerns informally or formally and we work with them directly to agree how they wish their concern to be handled.

They can speak with their line manager; another member of their team; contact our Freedom to Speak Up Guardian or one of our Freedom to Speak Up Champions; link with our full-time staff side chair; speak with one of our Cultural Ambassadors or share directly with our Chief Executive or another member of our Executive team and we have lots of examples of when our staff have done this. We always provide feedback to individuals who raise concerns so that they are assured and confident that their issue/s have been dealt with. We

‘...through the results our staff have fed back that they feel secure in raising concerns; that they are confident that we would deal with these and that they feel engaged and valued’.

also deal with concerns anonymously if requested to do so - the most important thing for us is that the concern is being heard and acted upon.

We are very proud of our annual national staff survey results and have seen year on year improvements. We focus on a small number of improvement areas each year rather than everything and through the results our staff have fed back that they feel secure in raising concerns; that they are confident that we would deal with these and that they feel engaged and valued. We continue to make further improvements to ensure that we are an excellent employer and one of the NHS Best Places to Work.”

‘We are explicit at induction about them never worrying about telling the wrong person the most important thing if they are concerned about anything is to tell someone!’

Liverpool Heart and Chest Hospital NHS FT: Learning and Sharing to create an open and safe culture



Freedom to Speak Up Guardian Helen Turner with Mr Sanjay Ghotkar and the FTSU Charter

“Liverpool Heart and Chest Hospital is committed to FTSU and its principles, patient safety and staff experience are at the heart of everything we do. Our Board of Directors takes an active interest in concerns raised by staff, the process in which these are dealt with and supports an ethos of learning and sharing. The Trust’s approach to FTSU is summed up by the Chief Executive’s 3-point pledge which is widely communicated:

Please Speak Up – when you do:

I will listen

I will investigate, and if you let me know who you are you will receive feedback

I will keep you safe

A quarterly 'Freedom to Speak Up Summit' is chaired by the Director of Corporate Affairs /Executive Lead for FTSU and attended by the Chief Executive, Medical Director, Director of Nursing, Director of Workforce, Deputy Director of Nursing, Freedom to Speak up Guardian and Deputy Freedom to Speak up Guardian. The commitment of the Trust towards empowering staff to speak up, keeping both patients and staff safe is demonstrated by the membership of the group.

The purpose of the summit is to review the quarter's speak ups and triangulate data from staff experience and patient safety looking for trends, themes and any areas that maybe hotspots in order that any action can be identified and swiftly taken.

'The Trust is constantly innovating to ensure patient safety, the data produced for the summit includes the usual serious incidents, never events, incident reporting but also data from the daily trust wide safety huddle convened in the Chief Executive's office where current issues are raised and escalated immediately'.

Patient Safety

The Trust is constantly innovating to ensure patient safety, the data produced for the summit includes serious incidents, never events and incident reporting but also data from the daily trust wide safety huddle convened in the Chief Executive's office where current issues are raised and escalated immediately. Other data shared at the summit include HALT an innovation that was introduced at the Trust in 2015.

HALT is an acronym that stands for

Have you seen this?

Ask – did you hear my concern?

Let them know it is a patient safety issue

Tell them to **STOP** until it is agreed it is safe to continue

HALT empowers all staff no matter what grade and whether clinical or not to use the HALT process if they see a potential patient or staff safety incident. HALT has not only prevented 92 safety incidents to date, since its inception but has broken down hierarchical barriers that have traditionally existed in healthcare.

A monthly Learning and Sharing Forum brings together senior leaders, including ward and departmental managers to cascade learning, share examples and promote an open and safe culture.

*HALT is an acronym that stands for
Have you seen this?
Ask – did you hear my concern?
Let them know it is a patient safety issue
Tell them to **STOP** until it is agreed it is safe to continue*

Staff Experience

'The "grass is greener" is an initiative which encourages staff who are leaving or thinking about leaving the Trust to understand their reasons and look at what we could do to reduce turnover and improve staff safety and experience'

Workforce data is shared at the summit including an HR relations report, which includes the number of bullying and harassment, grievances/ET claims, disciplinaries, suspensions etc. Also, innovations such as 'grass is greener' data is shared and discussed. The 'grass is greener' is an initiative which encourages staff who are leaving or thinking about leaving the Trust to understand their reasons and look at what we could do to reduce turnover and improve staff safety and experience.

Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian (FTSUG) reports to the membership not just on concerns raised and action taken but also on national guidance and any actions the Trust needs to take to ensure best practice, this means benchmarking against case reviews, information from the latest NGO guidance and reporting on pertinent issues from the regional network groups and the national conference.

Learning from Freedom to Speak Up

Feedback from our staff has revealed that at times managers and those with supervisory roles have felt vulnerable about staff speaking up against them, sometimes as a result of unpopular management decision. In response to this we have worked with staff to develop an 'FTSU Charter' setting out clearly what can be expected both when you speak up and when you are spoken up about.

'we have worked with staff to develop an 'FTSU Charter' setting out clearly what can be expected both when you speak up and when you are spoken up about'.

The focus on FTSU and Board level membership of the summit means that the Trust is proactive and not just reactive in dealing with matters of patient and staff safety and is constantly pushing the agenda forward through innovation."

Tees Esk and Wear Valleys NHS Foundation Trust: Speaking Up drives improvement



Freedom to Speak Up Guardian Dewi Williams

“We are using the principles identified within the 2017 Freedom to Speak Up Guardians survey as a framework for the description of how Tees, Esk and Wear Valleys NHS Foundation Trust has sought to make Freedom to Speak Up arrangements business as usual.”

-
- **FAIRNESS.** The Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Freedom to Speak Up Guardian (FTSUG) Dewi Williams, was appointed in October 2016 following interview as part of a post retirement redeployment process. He currently works 18 ½ hours a week, and this is his sole employment.

- REACH AND DIVERSITY.** We have a developing network of 'Dignity at work champions,' who support the FTSUG and who will be key to the success of our new Bullying and Harassment Resolution Procedure. We currently have 16 champions but hope to have around 40 by the end of the year. It is intended that they are present within each of the TEWV geographical localities and will be representative of protected characteristic groups. We also have a deputy FTSUG working one day a week, Barry Speak, who is a psychologist and works in a staff wellbeing service.
- COMMUNICATION.** We have a monthly awareness raising message attached to our electronic staff newsletter which communicates key messages and reminds staff about where they can get support with Speaking Up. The FTSUG also has an intranet page where staff can get contact details, see the policy, and get downloadable posters.
- PARTNERSHIP.** We have developed a monthly in-house support forum. Staff from a range of staff wellbeing services get together to share intelligence, debrief, and support each other in what could otherwise be very isolated and challenging roles. Part of the FTSUG role is to meet as many people as possible to raise awareness. The FTSUG conducts regular staff training in all our sites. The opportunity is taken to conduct informal meetings with teams in those sites.
- LEADERSHIP.** Board of Directors and Executive Management Team members undertake a series of planned visits each month to individual wards and departments throughout the Trust to engage directly with staff about service and workplace issues, including speaking up. The FTSUG meets at least bi-monthly with the chief executive and the director of human resources. He also meets regularly with many other senior managers as part of the role. He meets at least twice yearly with the executive and non-executive directors with responsibility for Speaking Up. They also deliver twice yearly board reports. Demonstrating board commitment to Speaking Up can be seen by our [staff] video which shares directors' values, beliefs, and commitment to ensuring that staff can feel safe to come forward.

'We have a monthly awareness raising message attached to our electronic staff newsletter which communicates key messages and reminds staff about where they can get support with Speaking Up'.

'Board of Directors and Executive Management Team members undertake a series of planned visits each month to individual wards and departments throughout the Trust to engage directly with staff about service and workplace issues, including speaking up'

-
- **FEEDBACK.** At the conclusion of cases the FTSUG has asked two questions; would you do it again, and did you experience any detriment? Whilst getting many complimentary replies, the specific questions have been sporadic. We will be addressing this issue as part of an upcoming process review day. In addition to approaching their line manager, the Dignity at Work Champions and the FTSUG all TEWV staff can raise concerns electronically and anonymously, should they choose to do so. Each of these concerns are published within the TEWV e-bulletin along with the responses that are agreed by the Executive Management Team under the heading of 'You said, we did.'
 - **PROACTIVE AND REACTIVE ROLE. We are constantly reviewing how we are doing and improving practice.** We are to hold an event with some of those who have experience of conducting whistleblowing investigations, and some who have experienced being investigated, to look for opportunities to standardise and improve the experience for all involved. Initially the FTSUG role was predominantly reactive. However, are using our Staff 'Friends and Family' results to identify teams that may benefit from proactive support awareness raising, and training.
 - **ATTENDING SUPPORT NETWORKS.** On appointment the FTSUG attended the initial training provided by the National Guardian's Office and has since attended updates delivered within the regional network. To date the FTSUG has been to three national conferences, and regularly attends the very useful and supportive regional meetings.
 - **DATA MANAGEMENT.** We have a confidential data storage system. It has benefitted from being audited. Currently we only log issues raised with the FTSUG and we know that many more issues are raised with line managers and are successfully handled. However, we do not know exactly how many, and therefore are not able to quantify, or benefit from the potential shared learning. We aspire to developing an acceptable data gathering approach that will help us develop a library of experience from which we can share more learning."

In addition to approaching their line manager, the Dignity at Work Champions and the FTSUG all TEWV staff can raise concerns electronically and anonymously, should they choose to do so. Each of these concerns are published within the TEWV e-bulletin along with the responses that are agreed by the Executive Management Team under the heading of 'You said, we did.'

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust: Reach and visibility to engage staff



Freedom to Speak Up Guardian Helen Martin with Tom Beaumont, Sally Papworth and Catherine Bishop

"In 2013 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust faced a number of significant challenges, including a poor CQC rating. A programme of improvement and culture change was introduced by our Board. Within this journey we heard staff in our cultural audit say that they wanted to feel safer in raising concerns, so we developed our culture of safety.

A major part of this was the creation of our first Freedom to Speak Up Guardian (FTSUG) post. The Trust took guidance from the National Guardian Office (NGO) conference to ensure that the role was ring-fenced to meet its full requirements and

'we heard staff in our cultural audit say that they wanted to feel safer in raising concerns, so we developed our culture of safety'.

'The Trust took guidance from the National Guardian Office (NGO) conference to ensure that the role was ring-fenced to meet its full requirements and that networking with national and local colleagues was encouraged to help develop and evolve the role'.

that networking with national and local colleagues was encouraged to help develop and evolve the role.

We used feedback from our cultural audit to shape our own [framework]. Staff wanted easy access, more face-to-face interactions and visibility irrespective of ethnicity or background. Our Guardian devised a clear policy around speaking up, supported by a communications strategy.

Our guardian attended team meetings, delivered presentations including to trust induction, facilitated focus groups, as well as deployed our highly successful (and decorated) roaming trolley. The trolley rounds of our wards were often accompanied by our diversity team or one of our executives, demonstrating that we wanted to hear the voices of all our staff and as part of our Board commitment. Our Board developed a public statement of commitment and benchmarked our progress within interactive Board development session. They also receive regular feedback from our Guardian and support her wellbeing through supervision.

'The trolley rounds of our wards were often accompanied by our diversity team or one of our executives, demonstrating that we wanted to hear the voices of all our staff and as part of our Board commitment'.

The Trust built on our local and trust governance structure, with a renewed focus on learning from errors. This was underpinned with new incident reporting forms which encourage sharing and learning of good practice from errors as well as raising improvement ideas and issues. Both have made significant impacts to the reporting culture of RBCH.

Helen Martin, the Trust's Freedom to Speak Up Guardian, said: 'The key to all our work has been listening to our staff to develop a culture of safety and feedback. Raising concerns is something that should routinely be done and as part of an ongoing conversation. We continue to evolve our model and feel that we are in the best position to support our staff in our future organisation change.'

'..new incident reporting forms which encourage sharing and learning of good practice from errors as well as raising improvement ideas and issues. Both have made significant impacts to the reporting culture of RBCH'.

Our guardian has now expanded the role to a team of six ambassadors across a variety of professional backgrounds which has made speaking up more accessible. Helen is now also working across Royal Bournemouth and Poole hospitals, as our two trusts move towards merger. This ensures staff have access to FTSU teams while undergoing significant organisational

changes.

Six years on and RBCH is seeing the benefits of the Trust-wide programme of improvement, including national leaders for safety culture and staff engagement. Helen Martin added, 'We are proud to see that RBCH is recognised as having the highest index score for 2018 for acute trusts further demonstrating the success of our cultural journey over the last six years'."



The 'Roaming Trolley' at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Increase and decrease in the FTSU index by individual trust

The table below shows the percentage point increase and decrease in FTSU Index value during the period 2015 – 2018 for 220 trusts.

Of these 220 trusts:

- 180 recorded an overall increase 2015 - 2018 in FTSU index (82%)
 - 40 recorded an overall decrease 2015 – 2018 in FTSU index (18%)
 - The highest overall increase was recorded by London Ambulance Service NHS Trust (18 percentage points)
 - The greatest overall decrease was recorded by Wrightington, Wigan and Leigh NHS Foundation Trust (-4 percentage points)
-

Trusts with greatest overall increase in FTSU index

Trust	2015	2018	2015 - 18
London Ambulance Service NHS Trust	57	75	18
Isle of Wight NHS Trust (ambulance sector)	62	79	17
North East Ambulance Service NHS Foundation Trust	64	76	12
East Sussex Healthcare NHS Trust	66	78	12
South East Coast Ambulance Service NHS Foundation Trust	64	74	10
The Royal Orthopaedic Hospital NHS Foundation Trust	73	82	9
Sherwood Forest Hospitals NHS Foundation Trust	70	79	9
Isle of Wight NHS Trust (mental health sector)	69	77	8
Gloucestershire Care Services NHS Trust	74	82	8
Lincolnshire Partnership NHS Foundation Trust	72	80	8

Trusts with greatest overall decrease in FTSU index

Trust	2015	2018	2015 - 18
Great Western Hospitals NHS Foundation Trust	81	79	-2
Salisbury NHS Foundation Trust	82	80	-2
East and North Hertfordshire NHS Trust	75	73	-2
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	74	72	-2
King's College Hospital NHS Foundation Trust	77	75	-2
Great Ormond Street Hospital for Children NHS Foundation Trust	80	78	-2
James Paget University Hospitals NHS Foundation Trust	79	76	-3
Wrightington, Wigan and Leigh NHS Foundation Trust	81	77	-4

London Ambulance Service: 100 Voices Case Study

At London Ambulance Service NHS Trust (LAS), a paramedic spoke up to the Freedom to Speak Up Guardian, Katy Crichton, about a number of matters. The issues reported to Katy ranged from challenging behaviours to service-wide problems, such as a lack of training for new staff and inadequate capacity to deal with call volumes.

'I have seen significant changes in my place of work. It is a much more pleasant place to be. People are listened to and actions have been taken'

The paramedic told Katy, "I had sat in the office for several weeks worrying if I should speak to a colleague, a manager or a friend outside work. Occasionally, I would convince myself that I was exaggerating the state of affairs. Feeling isolated, I decided to contact the LAS guardian.

"My brief email prompted a very quick reply back from the guardian. We met a few days later in a coffee shop away from work and I already felt I was going to be taken seriously."

Katy escalated the matters and, with the involvement of the leadership team, including the Chief Executive, an action plan was established. After a couple of months, a review of the issues revealed that the actions had not gone far enough, and further measures were put in place, taking into account advice from the paramedic who spoke up.

'Listening to staff and learning from them is hugely important'

The paramedic said, "I have seen significant changes in my place of work. It is a much more pleasant place to be. People are listened to and actions have been taken."

As a result of the issues raised, the trust increased staffing levels in some areas, developed a new operational structure for the service, invested in additional training for staff, and monitored calls through a regular audit. Feedback from commissioners reported positive changes to the service and outcomes for patients.

Katy said, "We are very grateful that the paramedic felt able to come forward. By speaking up they have improved the working environment for themselves and for our patients.

"Listening to staff and learning from them is hugely important. It was particularly gratifying that the leadership team continued to listen, even after they had drawn up an action plan, and modified it based on further feedback. The ongoing experiences of the paramedic who spoke up really helped to address the problems in a comprehensive way."

'an email to the Guardian changed a lot, making the trust a better place to work and providing safer care for our patients'

The paramedic remarked when reflecting on their experience of speaking up, "One thing is for sure – an email to the guardian changed a lot, making the trust a better place to work and providing safer care for our patients."

Surrey and Borders Partnership NHS Foundation Trust: Joy at work



Freedom to Speak Up Guardian Lynn Richardson with Roopavathay Krishnan

“Surrey and Borders Partnership NHS Foundation Trust appointed its Freedom to Speak Up Guardian (FTSUG) through open competition in October 2016. The FTSUG came into post from April 2017 and since then has worked with the senior leadership and staff teams as part of our work to further develop the culture within our Trust.

SABP is a mental health and learning disability Trust with many sites spread across Surrey and North East Hampshire.

We have always aspired to be a diverse and inclusive Trust; one of our first activities when we were formed in 2005, led by our Chief Executive and Chair, was to coproduce our Vision and Values through a series of conversations with people who use our services, carers and families, other stakeholders and our staff. Our Values have guided us, as our “compass”, and formed the foundations for our aspirations ever since. Building upon them we have placed great importance on our staff’s

‘one of our first activities when we were formed in 2005, led by our Chief Executive and Chair, was to coproduce our Vision and Values through a series of conversations with people who use our services, carers and families, other stakeholders and our staff. Our Values have guided us, as our “compass”, and formed the foundations for our aspirations ever since’.

responses through the national staff survey and working closely with our Staff Networks to develop our practice as part of staff engagement.

Once our FTSUG was in post, we began to gain a rich intelligence through our quarterly Speaking Up reports. These enabled the senior leadership team to begin thinking about building upon Speaking Up, as part of our quality improvement approach, to build a workforce where our employees enjoy coming to work, are encouraged to develop their skills and by so doing, create a compassionate, caring culture for the people who use our services.

Our Senior Leadership team undertook a programme of staff consultations with our workforce in the summer of 2018 in order to understand what gave our employees 'Joy At Work' but also where we needed to do better to improve their working experience. We took

away actions such as improved information technology needs and the re-introduction of water coolers. The important part of this exercise was for the voice of our staff to be heard by our senior

leaders and this has been built upon since then. For example, we used to organise our own programme of Board and Governor "walkaround" visits with a checklist of things to look out for in our services. Since really listening to our staff, we now ask our teams to invite us to their service and encourage them to show us the things they are really proud of.

'we now ask our teams to invite us to their service e.g. to showcase for us the things they are proud of, rather than them feeling that we are checking up on them'

'Our Senior Leadership team undertook a programme of staff consultations with our workforce in the summer of 2018 in order to understand what gave our employees 'Joy At Work' but also where we needed to do better to improve their working experience'.

We also really wanted to welcome our new recruits into the organisation effectively and instil our belief in a speaking up culture. We changed our induction programme to make it shorter, based on feedback, and since our FTSUG has been speaking at that programme, we have had some excellent intelligence from our new staff on things we can improve upon. Our staff gain confidence by meeting our Guardian in person, either through induction or at team meetings/formal training events and we are pleased with our achievements to date in the first two years of our Raising Concerns approach.

'Our staff gain confidence by meeting our Guardian in person, either through induction or at team meetings/formal training events and we are pleased with our achievements to date in the first two years of our Raising Concerns approach'.

Conclusions and next steps

Listening to the voice of workers is fundamental to improving patient safety and experience and improving the working lives of our colleagues. At a time when the NHS workforce is under extreme pressure and trusts are seeking to recruit and retain staff the annual NHS Staff survey can provide vital insights into the experience of workers.

In our previous publications we have shown that the perceptions of Freedom to Speak Up Guardians are linked with the performance of organisations as shown by their overall CQC rating. Freedom to Speak Up is inspected as part of the CQC Well Led Domain. For trust Boards to be able to use information to learn more about their own Freedom to Speak Up culture, as experienced by their workforce, is an opportunity for improvement. This may help to open a new conversation with their workforce, as many of the trusts featured in this report have done, developing their own innovations, borrowing the innovations identified here or buddying with similar trusts with higher FTSU index scores.

For commissioners and regulators, this is potentially a lead indicator which can be viewed together with other information about safety, workforce and culture. The system needs to offer support, guidance and expertise to organisations where the workforce has indicated that there is room for improvement in the speaking up culture.

Not all organisations in the health service ask their workforce the same questions as in the NHS staff survey, therefore we have not been able to use the FTSU Index for primary care organisations, independent sector providers and national bodies who have Freedom to Speak Up Guardians. For these organisations, there are insights to learn from this report, in terms of leadership behaviours and listening to the ideas and concerns from the workforce. Similar survey questions could potentially be devised to develop a FTSU Index for national bodies and others. We will continue to track the progress of NHS trusts and Foundation Trusts as they develop positive speaking up cultures for their workforce. In this way we work towards speaking up being business as usual.

Annex 1

FTSU Index

FTSU index	Name of trust
87%	Cambridgeshire Community Services NHS Trust
86%	Solent NHS Trust
86%	Liverpool Heart and Chest Hospital NHS Foundation Trust
85%	Hounslow and Richmond Community Healthcare NHS Trust
85%	Northamptonshire Healthcare NHS Foundation Trust
84%	Leeds Community Healthcare NHS Trust
84%	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
84%	The Royal Marsden NHS Foundation Trust
84%	Lincolnshire Community Health Services NHS Trust
83%	The Christie NHS Foundation Trust
83%	Hertfordshire Community NHS Trust
83%	Sussex Community NHS Foundation Trust
83%	Gateshead Health NHS Foundation Trust
83%	Royal Brompton and Harefield NHS Foundation Trust
83%	Moorfields Eye Hospital NHS Foundation Trust
83%	Derbyshire Community Health Services NHS Foundation Trust
83%	Norfolk Community Health and Care NHS Trust
83%	Shropshire Community Health NHS Trust
82%	The Royal Orthopaedic Hospital NHS Foundation Trust
82%	Wirral Community NHS Foundation Trust
82%	Surrey and Sussex Healthcare NHS Trust
82%	Frimley Health NHS Foundation Trust
82%	Guy's and St Thomas' NHS Foundation Trust
82%	Northern Devon Healthcare NHS Trust
82%	Gloucestershire Care Services NHS Trust
82%	The Clatterbridge Cancer Centre NHS Foundation Trust
82%	Cambridgeshire and Peterborough NHS Foundation Trust
82%	Berkshire Healthcare NHS Foundation Trust
82%	Northumbria Healthcare NHS Foundation Trust
82%	Cumbria Partnership NHS Foundation Trust
82%	Harrogate and District NHS Foundation Trust
81%	Kent Community Health NHS Foundation Trust
81%	Cambridge University Hospitals NHS Foundation Trust
81%	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT
81%	South Warwickshire NHS Foundation Trust

81%	Airedale NHS Foundation Trust
81%	City Hospitals Sunderland NHS Foundation Trust
81%	Worcestershire Health and Care NHS Trust
81%	Tavistock and Portman NHS Foundation Trust
81%	East Lancashire Hospitals NHS Trust
81%	Surrey and Borders Partnership NHS Foundation Trust
81%	Kingston Hospital NHS Foundation Trust
81%	St Helens and Knowsley Teaching Hospitals NHS Trust
81%	University Hospital Southampton NHS Foundation Trust
81%	North Tees and Hartlepool NHS Foundation Trust
81%	The Newcastle upon Tyne Hospitals NHS Foundation Trust
81%	Northumberland, Tyne and Wear NHS Foundation Trust
81%	Royal Devon and Exeter NHS Foundation Trust
81%	Pennine Care NHS Foundation Trust
81%	West Suffolk NHS Foundation Trust
81%	Somerset Partnership NHS Foundation Trust
81%	Royal Surrey County Hospital NHS Foundation Trust
81%	North East London NHS Foundation Trust
81%	Midlands Partnership NHS Foundation Trust
81%	Tees, Esk and Wear Valleys NHS Foundation Trust
80%	Leicestershire Partnership NHS Trust
80%	Oxford Health NHS Foundation Trust
80%	Salisbury NHS Foundation Trust
80%	Dorset HealthCare University NHS Foundation Trust
80%	University Hospitals Coventry and Warwickshire NHS Trust
80%	Cheshire and Wirral Partnership NHS Foundation Trust
80%	Dudley and Walsall Mental Health Partnership NHS Trust
80%	Hertfordshire Partnership University NHS Foundation Trust
80%	Lincolnshire Partnership NHS Foundation Trust
80%	Mersey Care NHS Foundation Trust
80%	Central London Community Healthcare NHS Trust
80%	Oxleas NHS Foundation Trust
80%	North West Anglia NHS Foundation Trust
80%	University Hospitals Plymouth NHS Trust
80%	2gether NHS Foundation Trust
80%	Sheffield Children's NHS Foundation Trust
80%	Nottingham University Hospitals NHS Trust
80%	Tameside and Glossop Integrated Care NHS Foundation Trust
80%	Southern Health NHS Foundation Trust
80%	Queen Victoria Hospital NHS Foundation Trust
80%	East London NHS Foundation Trust
80%	East Cheshire NHS Trust
80%	Royal Papworth Hospital NHS Foundation Trust
79%	University Hospitals Bristol NHS Foundation Trust
79%	Poole Hospital NHS Foundation Trust

79%	South West Yorkshire Partnership NHS Foundation Trust
79%	Luton and Dunstable University Hospital NHS Foundation Trust
79%	Mid Cheshire Hospitals NHS Foundation Trust
79%	Sandwell and West Birmingham Hospitals NHS Trust
79%	Leeds Teaching Hospitals NHS Trust
79%	Isle of Wight NHS Trust (ambulance sector)
79%	North West Boroughs Healthcare NHS Foundation Trust
79%	Royal Berkshire NHS Foundation Trust
79%	North Staffordshire Combined Healthcare NHS Trust
79%	Central and North West London NHS Foundation Trust
79%	Great Western Hospitals NHS Foundation Trust
79%	Sherwood Forest Hospitals NHS Foundation Trust
79%	Chelsea and Westminster Hospital NHS Foundation Trust
79%	Cornwall Partnership NHS Foundation Trust
79%	Blackpool Teaching Hospitals NHS Foundation Trust
79%	Royal National Orthopaedic Hospital NHS Trust
79%	Leeds and York Partnership NHS Foundation Trust
79%	Sheffield Teaching Hospitals NHS Foundation Trust
79%	University Hospitals of Morecambe Bay NHS Foundation Trust
79%	Bolton NHS Foundation Trust
79%	Portsmouth Hospitals NHS Trust
79%	Bradford District Care NHS Foundation Trust
79%	Calderdale and Huddersfield NHS Foundation Trust
79%	The Walton Centre NHS Foundation Trust
79%	Homerton University Hospital NHS Foundation Trust
79%	West Hertfordshire Hospitals NHS Trust
79%	Gloucestershire Hospitals NHS Foundation Trust
79%	Devon Partnership NHS Trust
79%	Camden and Islington NHS Foundation Trust
79%	Sussex Partnership NHS Foundation Trust
79%	Yeovil District Hospital NHS Foundation Trust
79%	Bridgewater Community Healthcare NHS Foundation Trust
78%	Manchester University NHS Foundation Trust
78%	Buckinghamshire Healthcare NHS Trust
78%	Lancashire Teaching Hospitals NHS Foundation Trust
78%	Barnsley Hospital NHS Foundation Trust
78%	Wye Valley NHS Trust
78%	The Princess Alexandra Hospital NHS Trust
78%	Birmingham Community Healthcare NHS Foundation Trust
78%	West London NHS Trust
78%	Hull and East Yorkshire Hospitals NHS Trust
78%	Kettering General Hospital NHS Foundation Trust
78%	Alder Hey Children's NHS Foundation Trust
78%	Kent and Medway NHS and Social Care Partnership Trust
78%	Milton Keynes University Hospital NHS Foundation Trust

78%	Southend University Hospital NHS Foundation Trust
78%	Torbay and South Devon NHS Foundation Trust
78%	University College London Hospitals NHS Foundation Trust
78%	Greater Manchester Mental Health NHS Foundation Trust
78%	East Sussex Healthcare NHS Trust
78%	Bradford Teaching Hospitals NHS Foundation Trust
78%	Great Ormond Street Hospital for Children NHS Foundation Trust
78%	University Hospitals of Derby and Burton NHS Foundation Trust
78%	South Tyneside NHS Foundation Trust
78%	Birmingham Women's and Children's NHS Foundation Trust
78%	Warrington and Halton Hospitals NHS Foundation Trust
78%	Essex Partnership University NHS Foundation Trust
78%	Taunton and Somerset NHS Foundation Trust
78%	Dartford and Gravesham NHS Trust
78%	Northampton General Hospital NHS Trust
78%	Coventry and Warwickshire Partnership NHS Trust
78%	Barnet, Enfield and Haringey Mental Health NHS Trust
77%	Western Sussex Hospitals NHS Foundation Trust
77%	Rotherham Doncaster and South Humber NHS Foundation Trust
77%	Bedford Hospital NHS Trust
77%	Ashford and St Peter's Hospitals NHS Foundation Trust
77%	Stockport NHS Foundation Trust
77%	Brighton and Sussex University Hospitals NHS Trust
77%	The Royal Liverpool and Broadgreen University Hospitals NHS Trust
77%	Barts Health NHS Trust
77%	Nottinghamshire Healthcare NHS Foundation Trust
77%	East Suffolk and North Essex NHS Foundation Trust
77%	Hampshire Hospitals NHS Foundation Trust
77%	Mid Essex Hospital Services NHS Trust
77%	George Eliot Hospital NHS Trust
77%	Lancashire Care NHS Foundation Trust
77%	Isle of Wight NHS Trust (mental health sector)
77%	Wrightington, Wigan and Leigh NHS Foundation Trust
77%	Lewisham and Greenwich NHS Trust
77%	Basildon and Thurrock University Hospitals NHS Foundation Trust
77%	Imperial College Healthcare NHS Trust
77%	Walsall Healthcare NHS Trust
77%	Chesterfield Royal Hospital NHS Foundation Trust
77%	Dorset County Hospital NHS Foundation Trust
77%	Royal Free London NHS Foundation Trust
77%	Oxford University Hospitals NHS Foundation Trust
77%	Derbyshire Healthcare NHS Foundation Trust
77%	Humber Teaching NHS Foundation Trust
77%	The Royal Wolverhampton NHS Trust
76%	South Central Ambulance Service NHS Foundation Trust

76%	Salford Royal NHS Foundation Trust
76%	South London and Maudsley NHS Foundation Trust
76%	The Rotherham NHS Foundation Trust
76%	York Teaching Hospital NHS Foundation Trust
76%	The Hillingdon Hospitals NHS Foundation Trust
76%	North East Ambulance Service NHS Foundation Trust
76%	Sheffield Health and Social Care NHS Foundation Trust
76%	London North West University Healthcare NHS Trust
76%	Avon and Wiltshire Mental Health Partnership NHS Trust
76%	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
76%	Isle of Wight NHS Trust (community sector)
76%	Black Country Partnership NHS Foundation Trust
76%	University Hospitals of Leicester NHS Trust
76%	James Paget University Hospitals NHS Foundation Trust
76%	Whittington Health NHS Trust
76%	Liverpool Women's NHS Foundation Trust
76%	Birmingham and Solihull Mental Health NHS Foundation Trust
76%	South West London And St George's Mental Health NHS Trust
76%	Barking, Havering And Redbridge University Hospitals NHS Trust
75%	Countess of Chester Hospital NHS Foundation Trust
75%	North Bristol NHS Trust
75%	Croydon Health Services NHS Trust
75%	Mid Yorkshire Hospitals NHS Trust
75%	King's College Hospital NHS Foundation Trust
75%	University Hospitals Birmingham NHS Foundation Trust
75%	Royal United Hospitals Bath NHS Foundation Trust
75%	County Durham and Darlington NHS Foundation Trust
75%	Maidstone and Tunbridge Wells NHS Trust
75%	Aintree University Hospital NHS Foundation Trust
75%	The Dudley Group NHS Foundation Trust
75%	Royal Cornwall Hospitals NHS Trust
75%	Norfolk and Norwich University Hospitals NHS Foundation Trust
75%	Weston Area Health NHS Trust
75%	Norfolk and Suffolk NHS Foundation Trust
75%	Epsom and St Helier University Hospitals NHS Trust
75%	London Ambulance Service NHS Trust
75%	Pennine Acute Hospitals NHS Trust
75%	East Kent Hospitals University NHS Foundation Trust
74%	North Middlesex University Hospital NHS Trust
74%	St George's University Hospitals NHS Foundation Trust
74%	South East Coast Ambulance Service NHS Foundation Trust
74%	University Hospitals of North Midlands NHS Trust
74%	Worcestershire Acute Hospitals NHS Trust
74%	West Midlands Ambulance Service NHS Foundation Trust
74%	Northern Lincolnshire and Goole NHS Foundation Trust

74%	North West Ambulance Service NHS Trust
73%	Wirral University Teaching Hospital NHS Foundation Trust
73%	Isle of Wight NHS Trust (acute sector)
73%	South Tees Hospitals NHS Foundation Trust
73%	East and North Hertfordshire NHS Trust
73%	Southport and Ormskirk Hospital NHS Trust
72%	United Lincolnshire Hospitals NHS Trust
72%	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
72%	Medway NHS Foundation Trust
72%	South Western Ambulance Service NHS Foundation Trust
71%	North Cumbria University Hospitals NHS Trust
71%	Yorkshire Ambulance Service NHS Trust
70%	The Shrewsbury and Telford Hospital NHS Trust
70%	East of England Ambulance Service NHS Trust
68%	East Midlands Ambulance Service NHS Trust

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