

Meeting of the Board of Directors

10:00 – 12:30 on Tuesday 1 December 2020

Virtual Meeting via Microsoft Teams

AGENDA – MEETING IN PUBLIC

1.	10.00	Welcome and Apologies for Absence To note	Verbal	Chair
2.	10.00	Declarations of Interests To note	Verbal	All
3.	10.00	Minutes of Board Meeting held on 29 September 2020 To approve	Enclosure	Chair
4.	10.00	Matters Arising from the Minutes None	Enclosure	Chair
5.	10.05	Report from Chief Executive To receive and note overview of the Trust's activities	Presentation	Marianne Griffiths
		<u>INTEGRATED PERFORMANCE REPORT</u>		
6.	10.20	Quality Improvement To receive and agree any necessary actions	Enclosure	Carolyn Morrice Rob Haigh
7.	10.40	Systems and Partnerships To receive and agree any necessary actions	Enclosure	Jayne Black
8.	11.00	Sustainability To receive and agree any necessary actions	Enclosure	Karen Geoghegan
		<i>After these two sections the Chair of Finance and Performance Committee will be invited to provide their report included at item 12.</i> <i>To receive assurance from Committee and recommendations from the Committee.</i>		
9.	11.20	Our People To receive and agree any necessary actions	Enclosure	Denise Farmer
		<i>At this point the Chairs of the Committees will be invited to provide any additional assurance from the work of their committee.</i>		
		<u>ASSURANCE REPORTS FROM COMMITTEES</u>		

10.	-	Report from Finance and Performance Chair - from the meetings on the 27 October & 24 November To receive assurance from Committee and recommendations from the Committee	Enclosure	Lizzie Peers
11.	-	Report from Audit Committee Chair - from the meetings on the 6 October To receive assurance from Committee and recommendations from the Committee	Enclosure	Kirstin Baker
12.	11.50	Board Assurance Framework To approve	Enclosure	Glen Palethorpe
		<u>QUALITY</u>		
13.	11.55	Infection Prevention & Control Board Assurance Tool To note	Enclosure	Carolyn Morrice
		<u>WELL LED & COMPLIANCE</u>		
14.	12.10	Company Secretary Report To note	Enclosure	Glen Palethorpe
		<u>OTHER</u>		
15.	12.15	Any Other Business To receive and action	Verbal	Chair
16.	12.20	Questions from the public To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Chair
17.	12.30	Date and time of next meeting: The next meeting in public of the Board of Directors is scheduled to take place at 10:00 on Tuesday 2 February 2021	Verbal	Chair

Trust Board of Directors Quoracy

A meeting of the Board shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that at least half of the Board must be present, including one Non-Executive Director and one Executive Director. This means that at least 6 voting members must be present. A Director shall be deemed as present if he joins the meeting by telephone or other means, provided that he can hear and be heard by all other Directors present at the meeting

Minutes

Minutes of the Board of Directors (Public) meeting held at 10:00 on Tuesday 29 September 2020 in via Microsoft Teams Live.

Present:	Alan McCarthy Mike Rymer Lizzie Peers Patrick Boyle Joanna Crane Jackie Cassell Dame Marianne Griffiths Jayne Black Carolyn Morrice Denise Farmer Rob Haigh	Non- Executive Director (Chair) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Officer Chief Operating Officer Chief Nurse Chief Workforce & Organisational Development Director Medical Director
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In attendance:	Glen Palethorpe Tamsin James Alex Harrison	Group Company Secretary Board and Committee Administrator Clinical Lead for Organ Donation (item 14)
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- | B/09/20/1 | WELCOME AND APOLOGIES | Action |
|------------------|--|---------------|
| 1.1 | The Chair welcomed those present to the meeting and apologised for the slightly later start than advertised due to technical issues. | |
| 1.2 | Apologies of absence were received from Pete Landstrom, Clare Stafford and Robert Cairney. | |
| 1.3 | The Board was confirmed as quorate. | |
| B/09/20/2 | DECLARATIONS OF INTEREST | |
| 2.1 | There were no declarations of interest. | |
| B/09/20/3 | MINUTES FROM THE PREVIOUS MEETING HELD ON 4 AUGUST 2020 | |
| 3.1 | The minutes of the meeting held on 4 August 2020 were APPROVED as a correct record. | |
| B/09/20/4 | MATTERS ARISING | |
| 4.1 | There were no Matters Arising for the Board to discuss. | |
| B/09/20/5 | CHIEF EXECUTIVE'S REPORT | |
| 5.1 | Dame Marianne Griffiths presented the Chief Executive's report, drawing out the key events and activities that have occurred in the last month. | |
| 5.2 | Marianne began the update by sharing a huge thank you to all the Trust staff for their extraordinary support throughout the pandemic, particularly with role changes, putting patients at the centre and ensuring they are all as safe as possible. Marianne shared that she was proud of everything that has been achieved so far and for what the Trust continues to achieve together. | |

- 5.3 Marianne shared that whilst it's been a rollercoaster of a year, the Trust was pleased to announce that there were currently no patients with Covid-19 within RSCH or PRH hospitals, in spite of all the current surges nationally. For those patients who have been treated in our hospitals the prevalence and outcome rates have been good across the Trust. Marianne stated that the Trust is not naïve to think the surge will not affect us in the future and surge plans are being instigated across the Trust for to ensure the Trust remains ready to deliver its high standards of care.
- 5.4 Marianne stated that the Trust's goal is to restore activity to 90% by November 2020 and highlighted that the Trust's current activity compared to pre-Covid levels are being restored. Restoration rates were noted as:
- Referrals were noted at 92%;
 - Outpatients 82%;
 - Day Case 59%;
 - Inpatients Elective 67%;
 - A&E 94%;
 - Inpatient non-elective 100%.
- 5.5 Marianne went on to confirm that the Trust must focus on patients in most urgent need of treatment, particularly within Cancer and Emergency treatment pathways.
- 5.6 Marianne confirmed that the Trust is also focusing on increased communication to encourage patients to come back to the hospitals for treatment. The Trust has necessary infection prevention measures in place through red and green pathways and highlighted that it is safe to return to hospital.
- 5.7 In relation to Covid testing, Marianne confirmed the Trust has introduced testing capacity for elective patients and symptomatic staff or anyone in their household.
- 5.8 Regarding Winter planning, the Trust is working closely with health and care system partners whilst taking in to account the complexity and challenges Covid-19 poses. The Trust's key objective is to ensure bed occupancy rates ensure we can admit patients in a timely way and ensuring we can continue to protect our elective capacity.
- 5.9 Marianne was delighted to state that the Trust has been allocated an additional £3.7m to improve its Emergency Department and invest in new measures to protect patients and staff from Covid-19 ahead of Winter.
- 5.10 In recognition of the public support for the Trust during the pandemic, Marianne highlighted that the BSUH Charity had received £350k from direct donations as well as the central NHS Charities Together Fund which incorporated national initiatives including Captain Sir Thomas Moore's fundraising efforts. These funds are being invested in staff rest areas and increasing the Trust's psychological support to staff, all while focusing on supporting staff health and wellbeing.
- 5.11 Marianne was delighted to highlight some good news stories:
- A patient has been discharged after spending 109 days in RSCH after receiving lifesaving treatment for Covid-19.
 - The BSUH Maternity team have embraced social media to develop antenatal classes from the safety of people's homes.
 - The Trust welcomed 250 foundation and year one doctors, and 31 student nurses who joined the Trust throughout the peak of the

- pandemic have now joined the Trust as newly qualified nurses.
- Relaunch of the Trust BAME network SOAR and welcoming Yvonne Coghill as Chair to support the new network.
- BSUH was proud to take part in a digital Brighton Pride this year celebrating the trust's diverse workforce.
- The Trust introduced its new Health Passport for staff enabling anyone with a long term health condition to have and record meaningful conversations about their health with their managers.
- The Trust celebrated Organ Donation week shining a light on the recent law change and the importance of registering your donation decision.
- The Trust marked World Physiotherapy day and how they contribute to delivering outstanding care.

- 5.12 In relation to Leadership and Innovation, Marianne shared a few examples that have triumphed through the pandemic:
- Improving discharge processes through the formation of an Integrated Discharge Hub
 - Implementing Patienttrack across all wards across the Trust to capture bedside observations and patient assessments digitally and alert clinicians to deteriorating patients.
- 5.13 Marianne went on to comment on the WSHFT and BSUH proposed merger and highlighted that work continues to progress the workstreams which has received national approval and the Trust continues to be in a position to merge on the 1 April 2021. The name for the new Trust is in progress ensuring alignment to national guidance.

Diary Highlights

- 5.14 The Board was advised of some key meetings that the Executive team have been involved with in August and September 2020.

Looking ahead

- 5.15 Marianne stated the annual flu season is fast approaching and the Trust flu campaign launches in early October. The Trust has 150 workplace trained vaccinators visiting wards and departments to distribute the vaccine to staff. The target for this season is 90%. With Covid it is more important than ever we protect ourselves.
- 5.16 Marianne confirmed the Annual Staff Survey is due to launch this week and the Trust was hoping to better last year's response rate of 65%.
- 5.17 Joanna Crane stated it was positive to hear of the Trust's Covid testing capacity for patients and staff alike and asked how the system works particularly with the NHS test and trace app. George Findlay confirmed the Trust is currently offering tests in two pillars; firstly the Trust has a capacity of 1000 tests per day, predominantly directed to patients in hospital and focusing on symptomatic staff and their families. The pillar 2 capacity was focused on the external test centres such as the Brighton Amex testing centre and is now challenged since the close of that service. George stated the Trust is managing to flex its internal capacity to meet the demand in the short term.
- 5.18 George went on to confirm that BSUH is one of five Trusts in the South-East to offer at home Covid-19 test kits, and the Trust continues to work through the demand in order to make this a success for patients.
- 5.19 The Chair thanked Marianne for the update; and encouraged all the Board and public attendees to download the NHS test and trace app.

5.20 The Board **NOTED** the report.

B/09/20/6 INTEGRATED PERFORMANCE REPORT

6.1 Dame Marianne Griffiths presented the Board with an introduction to the report, which provided the structure for the integrated performance report and provided information on the activity that is being undertaken by the Trust and how this links to the Trust's True North Objectives.

B/09/20/7 QUALITY IMPROVEMENT

7.1 Rob Haigh introduced the Quality report, highlighting the key benchmarked indicators relating to Quality & Safety aligned to the organisational True North objectives.

7.2 The current Hospital Standardised Mortality Ratio (HSMR) for the Trust in the 12 months to May 2020 was 97.19, it was confirmed that BSUH remains ranked within the top 33% of Trusts for HSMR. Rob confirmed the data shows significant volatility, but excludes Covid diagnoses from the analysis so that this ratio is more reflective and comparative to the data to the pre-Covid period.

7.3 As a result of the Covid-19 pandemic, current guidance from NHS Digital is that standardised mortality tools such as HSMR and SHMI mortality models, should not be used to monitor or compare Covid-19 mortality rate and risk.

7.4 Carolyn Morrice, Chief Nurse, informed the Board that the rate of inpatient falls for the past 12 months is 3.68 falls per 1000 bed stay days; equating to 892 falls in the past year compared to 931 in the previous year. The National Falls rate is 6.62 falls per 1000 bed days. Whilst the Trust is below the national target, focus remains on reducing those further throughout 2020/21, which will continue to be monitored through the Quality Assurance Committee.

7.5 The pressure damage rate continues to be assessed and the focus remains on the breakthrough objectives in 2020/21.

7.6 The current data of Friends & Family recommended rates was not available given a pause in the recording of this data due to the Covid-19 pandemic, this will recommence on the 1 October and a further update would be provided later this year once the final drafts from both BSUH and WSHFT had been reviewed.

7.7 Alan McCarthy asked the Chair of the Quality Assurance Committee to present the update from the Committee. Mike Rymer confirmed the Quality Assurance Committee had met on the 22 September 2020 and through its work it was able to assure the Board over the Trust's delivery of these objectives.

7.8 In September 2020, the Committee, focused on key quality matters, including Mortality, Serious Incidents, Patient delay reviews and Infection Prevention and Control.

7.9 In September 2020, the Committee, working towards its normal cycle of business, received reports covering quality performance, patient experience a report on the outcome and actions being taken in respect of a Invited Service Review into Neurosurgery, an in-depth review of the ophthalmology seriously incident report and the actions being undertaken as a result of the investigations, Maternity Peer Review and reviewed the Covid-19 Covid research paper. The Committee received and approved the Infection

Prevention Control Annual Report. The Committee also considered the risks within the BAF for which it has oversight for and agreed their current scores fairly represented these risks.

- 7.10 Mike confirmed that at the conclusion of the meeting the Committee was assured over the quality of care being provided to the Trust's patients.
- 7.11 The Chair asked whether the Quality Assurance Committee were assured over the process of patient harm reviews, Rob Haigh confirmed that the Trust has been working with colleagues in the CCG and neighbouring Trusts on a standardised approach to 52-week harm reviews and any patients that breach the 62 day cancer treatment pathways. Rob confirmed all patients are reviewed in their respective specialties and a report is noted that the monthly QGSG for escalation.
- 7.12 The Board **NOTED** the report.

B/09/20/8 SYSTEMS AND PARTNERSHIPS

- 8.1 Jayne Black updated the Board in respect of a range of performance indicators and provided the Board with assurance that whilst Covid-19 had impacted the Trust the development of plans to restore performance were being monitored through the delivery of the Trust's restoration plans.

A&E

- 8.2 Jayne informed the Board that the Trust achieved a performance of 87.8% for August 2020, 5.8% higher than August 2019; but this was against a 12.5% drop in A&E attendances compared to last year and a 8.6% drop in non-elective admissions.
- 8.3 Patients attending A&E has increased in August 2020 to 91%, and Jayne highlighted that the sites must maintain patient flow whilst maintaining their red and green Covid pathways.
- 8.4 The Trust bed occupancy is increasing at both RSCH and PRH sites. Jayne confirmed the Winter plan preserves the emergency department pathways and supports planned care and the Trust continues to work with system partners in relation to the LLOS and ensuring patients are able to be cared for at home or in the community once medically fit to leave our hospitals.

RTT

- 8.5 The Trust's RTT Performance position in June was at 49.8% across all specialties, recognising the impact Covid has on this measure.
- 8.6 In relation to 52-week breaches the Trust has a prioritisation schedule in place for elective procedures through both the Trust's own pathways and the use of the independent sectors. As with other measures this delivery continues to be monitored through the Refresh, Restore, and Recover Board.
- 8.7 Jayne confirmed that the Trust reviews 52-week breaches to ensure no patient physical harm is attributed to the delays, the outcomes of which are reported to the Quality Assurance Committee as reported earlier by Rob Haigh.

CANCER

- 8.8 The Trust was compliant with 3 of the 8 cancer metrics in July 2020. The Trust was non-compliant against the 62-day urgent referral to treatment at 81.5%.
- 8.9 The backlog of patients diagnosed with cancer has increased sharply as a

result of Covid-19. Whilst the Trust has maintained its delivery of very urgent treatments, there have been constraints in the overall level of treatment provision possible, particularly within diagnostic services which has contributed to this rise in waits. Plans are now in place to restore services to pre-Covid levels. This service area remains a high priority for restoration.

DIAGNOSTICS

- 8.10 Jayne confirmed the Trust has a robust Patient Tracking List in place and has significantly improved the overall performance recovery to achieve its internal restoration target at the end of August 2020, whilst recognising challenges in particular within Endoscopy.
- 8.11 The Trust's performance for August 2020 was 49.3%, and continues to remain significantly challenged.
- 8.12 Jackie Cassel questioned the difficulties experienced in Endoscopy and how the improvement plans are progressing. Jayne confirmed this area was already challenged prior to the pandemic and a lot of work has progressed to improve efficiency and reduce wait times across the Trust. The Trust is continuing to work with its system partners in becoming more productive and efficient. The Trust continues to receive support from the independent sector.
- 8.13 George Findlay confirmed that the introduction of FIT along with changes in process at an ICS and Primary Care level was a precursor to endoscopy recovery. Every opportunity has been taken to work with the system in a more coordinated way. George went on to confirm that the Trust has a capacity issue in respect of Endoscopy and the Trust is working to improve insourcing and through a bid of £4m received the Trust will be looking to reduce waiting times for all specialties.
- 8.14 The Chair questioned the progress on the utilisation of the GP and Consultant service. George confirmed that a joint programme across Sussex is progressing with a view to target challenges with a reduction in referrals due to Covid. Marianne Griffiths confirmed that the Trust restoration plans were shared with the Sussex Acute Collaborative last week.
- 8.15 Jackie went on to question the Long Length Of Stay (LLOS) patients and the work being done to reduce risks on their pathway return to the Community, certainly through Winter when pathways become more strained. Jayne confirmed that the Trust continues to work hard in reducing LLOS patients through the use of a dedicated discharge hub at RSCH and PRH and through working with partners to streamline the process of discharge. The Trust continues to build on these processes and will work through the winter with system support to ensure these remain effective.
- 8.16 The Board **NOTED** the report.

B/09/20/9 SUSTAINABILITY

- 9.1 Karen Geoghegan reported to the Board the Trust's financial performance, whilst reminding the Board of the NSHEI announcement in March 2020 that operational planning for 2020/21 would be suspended and interim financial arrangements would be put in place for April – October 2020. The purpose of which was to simplify contracting and negotiations to allow focus on Covid readiness and response.
- 9.2 Karen stated that all Trusts are being provided with a guaranteed level of income from April to October 2020, in the form of block payments. All

providers are able to claim additional costs to reflect incremental costs due to Covid-19.

- 9.3 In summary, Karen stated that the Trust is reporting a breakeven position at the end of June, in line with NHSEI supported financial framework.
- 9.4 The Trust has incurred £8.1m of incremental costs to date due to the impact of Covid, which was entirely expected due to bulk purchases of testing kits and increased nursing and medical staffing requirements.
- 9.5 Karen confirmed the Trust currently had a healthy cash position due to the advance receipt of the M5 block payments.
- 9.6 To finalise Karen asked the Board to note that confirmation had been received from NHSEI that new financial arrangements would be introduced from the 1 October 2020, which will be managed through a plan submission to the ICS, and will be monitored through the Finance & Performance Committee.
- 9.7 The Chair asked Lizzie Peers, as Chair of the Finance & Performance Committee for September, to provide the Board with assurance from the two previous Committee meetings.
- 9.8 Lizzie confirmed the Committee meetings on the 25 August and 22 September, working towards its normal cycle of business, received reports covering performance and financial matters, a review of the Trust's 2019/20 efficiency programme delivery and any lessons for the 2020/21 programme, and a review of the Trust workforce update.
- 9.10 The Committee reviewed the BAF risks for which it has oversight and agreed these were fairly represented with the increase in risks 2.1 and 2.1 and the others remaining at their quarter 1 scores.
- 9.11 The Board **NOTED** the report.

B/09/20/10 OUR PEOPLE

- 10.1 Denise Farmer presented an update on workforce developments.
- 10.2 The Trust has developed the staff Health & Wellbeing programme throughout the pandemic to support staff in a number of ways from psychological support, provision of food and hydration to staff working longer shifts and has been working on improving staff rest areas and offering activities to support staff general physical wellbeing. This workstream is supported by the BSUH Charity who work to align the allocation of donations from the Community and NHSEI to support staff welfare.
- 10.3 The NHS staff survey opens on 28 September for 8 weeks until 27 November 2020. Timelines for the results have yet to be confirmed but initial Trust results are expected by February 2021, with national results issued in March 2021.
- 10.4 Denise drew the Board's attention to the following key metrics:
 - STAM, whilst levels have been maintained, further improvement work will continue through the Refresh, Restore & Recovery plans.
 - Appraisals, focus will continue on this through the new people plan.
 - Sickness, non-Covid related absence has reduced over recent months; Covid absence continues to be monitored separately.
- 10.5 The Board **NOTED** the information received from the Integrated Performance

Report.

B/09/20/11 REPORT FROM QUALITY ASSURANCE COMMITTEE

- 11.1 Mike Rymer, Quality Assurance Committee Chair asked the Board to note the update from the September 2020 meeting he had provided earlier in the meeting along with the attached report for the Board's information.
- 11.2 The Board confirmed they were **ASSURED** following the update of the report.

B/09/20/12 REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

- 12.1 Lizzie Peers as Chair of the Finance and Performance Committee for September 2020, asked the Board to note the update from the August and September 2020 meetings she had provided earlier in the meeting.
- 12.2 The Board confirmed they were **ASSURED** following the update of the report.

B/09/20/13 BOARD ASSURANCE FRAMEWORK

- 13.1 Glen Palethorpe drew the Board's attention to the summary of the key strategic risks within the Board Assurance Framework (BAF) and noted that the information received through the integrated performance report and assurance reports from Committee Chair's link to the details in the BAF.
- 13.2 The Board **APPROVED** the Board Assurance Framework recognising that the Quality Assurance and Finance and Performance Committees both had recommended the risk scores as being a fair reflection of the risks facing the Trust.

B/09/20/14 ANNUAL ORGAN DONATION REPORT

- 14.1 The Board welcomed Dr Alex Harrison, the Trust's Clinical Lead for Organ Donation and highlighted the following key points:
- 14.2 In 2019/20, from 24 consented donors the Trust facilitated 17 actual organ donors resulting in 31 patients receiving a life-saving or life-changing transplant. In addition to the 17 proceeding donors there were 7 consented donors that did not proceed.
- 14.3
 - There has been a reduction in transplant activity nationally due to Covid
 - BSUH is increasingly referring patients who meet the relevant criteria to the SNOD (Specialist Nurse in Organ Donation).
 - Improvements are being seen in Organ Donation due to increase in awareness
 - Future recruitment campaign to on-board further specialist nurses.
 - SNODs are regularly representing improvement huddles and provide an opportunity to celebrate outcomes and feedback where there have been challenges.
- 14.4 An introduction of deemed consent "Max & Keera's Law" was introduced in May 2020 with the presumption of an organ donor after death unless indicated otherwise.
- 14.5 Alex stated the future challenges focus around Covid and the ability to have a larger space for families and the SNODs within the 3Ts new build programme.
- 14.6 Alex confirmed the Trust has deferred the annual Thanksgiving service for

donor families due to pandemic restrictions. Alex added that Board support for the provision of a focal point for donations and donors would be beneficial for the Trust.

- 14.7 George Findlay added that the Organ Donation team work well with others in the Trust and are all committed to supporting families with the process of donation.
- 14.8 Patrick Boyle thanked Alex and the Organ Donation team for all their hard work and asked for a further understanding of the impact of Deemed Consent. Alex confirmed this is an introduction of an 'opt-out' system, which assumes every adult has agreed to donate their organs unless they register not to do so, amending the previous 'opt-in' approach and its impact is expected to be positive but donor conversations with families remain key.
- 14.9 The Board agreed that Alan McCarthy and Marianne Griffiths would lead on an Organ Donation memorial programme on behalf of the Trust Executives and Lizzie Peers agreed to investigate the use of Charity Funds for this programme.
- 14.10 The Board thanked Alex for the presentation and **NOTED** the report.

B/09/20/15 ANNUAL INFECTION PREVENTION AND CONTROL REPORT

- 15.1 Carolyn Morrice presented the Infection Prevention and Control Annual Report to the Board, and shared her thanks to the IPC team who have worked tirelessly during the pandemic protecting patients from harm.
- 15.2 Carolyn presented the highlights from the report:
 - During 2019-2020 the Trust met key standards and regulatory requirements for Infection Prevention and Control:
 - The Trust met the objective reduction set for Clostridioides difficile Infections.
 - Only one outbreak of norovirus, which was well contained and occurred for a short period only.
 - Mitigation and monitoring continued to control Pseudomonas aeruginosa and Legionella in water.
 - There were 6 "Trust apportioned" MRSA bacteremia cases in 2019-2020.
 - There were 28 cases of Methicillin sensitive Staphylococcus aureus blood stream infections.
- 15.3 In relation to Hand hygiene, Carolyn confirmed that performance is reported and monitored at the Divisional clinical governance meetings and is subject to IPC stringent audits. Carolyn agreed to continue to report this data at the Quality Assurance Committee.
- 15.4 Rob Haigh shared that the Trust is proud of its IPC team who have been ever present throughout the pandemic and a true organisational resource. The Trust has benefited from their responsive expertise across a whole range of Covid related issues and innovative approach using Antimicrobial Stewardship.
- 15.5 The Committee **NOTED** the report.

B/09/20/16 COMPANY SECRETARIAL REPORT

- 16.1 Glen Palethorpe asked the Board to note the agreement to the Chief Nurse becoming the executive sponsor for the BSUH Charity. The Committee's

terms of reference has been adjusted to reflect this change.

- 16.2 Glen updated the Board on a decision it had taken in-between the last Board meeting and this and sought ratification of the decision to committee Charitable Funds Committee donated for staff welfare, which included monies from NHS Charities together. It was noted that the Board, via email, approved the use of the donated funds based on the recommendation of the established reference groups and the approval group chaired by the Chief Nurse.
- 16.3 The Board is asked to note that the Annual General Meeting has been set for the 29 September 2020 after this public board meeting.
- 16.4 The Board **APPROVED** the change to the Charitable Funds Committee terms of reference and **RATIFIED** its decision to commit funds for staff health and wellbeing.

B/09/2017 QUESTIONS FROM THE PUBLIC

- 17.1 No questions were received from the Public.

B/09/2018 ANY OTHER BUSINESS

- 18.1 There was no other business discussed.

B/09/2019 DATE AND TIME OF NEXT MEETING

The next meeting in **PUBLIC** of the Board of Directors is scheduled to take place on **Tuesday 1 December 2020, at 10:00**, virtually via **Microsoft Teams Live**.

**Tamsin James
Board and Committee Administrator
September 2020**

Signed as a correct record of the meeting

.....Chair

.....Date

ACTIONS ARISING

Public Board

Date of meeting	Minute Reference	Minute Title	Action	Person Responsible	Deadline	Status
			There are no matters arising			



Brighton and Sussex
University Hospitals
NHS Trust

Chief Executive's Report

Dame Marianne Griffiths
December 2020

Content

- Headlines
- Diary highlights
- Looking ahead

Thank you to all our staff



“It’s been an unprecedented year.

“I’m incredibly proud of the work everyone has done to restore services across the trust and we are encouraging patients to continue to attend appointments.

“Thank you again for all your ongoing hard work and commitment to outstanding patient care.”

Dame Marianne Griffiths, Chief Executive

Headlines: COVID-19

- We are currently caring for 56 patients with COVID-19 across our hospitals.*
- We have cared for 690 Covid patients this year.
- As part of our planning response, we have reintroduced the bronze workforce meetings, silver situation meetings and gold decision making meetings that worked so effectively in the early weeks and months of the pandemic.



Headlines: Restoration)

Our goal was to restore activity to more than 90% of last year's activity by October.

The Trust is marginally behind that aim. At the end of October, activity compared to pre-COVID levels* was:

- Referrals: 94% (down from 96% last month)
- Outpatients: 87% (up from 85% last month)
- Inpatient elective and DC : 84% (up from 79% last month)
- A&E: 86% (the same as the prior month)
- Inpatient non-elective: 84% (compared to 98% last month)

* This comparison is Oct 2020 to October 2019 (adjusted for working days)

Headlines: Lockdown

Keeping patients and staff safe

- Encouraging colleagues to work from home when appropriate
- Supporting clinically extremely vulnerable staff to stay at home
- Introduced mandatory mask wearing by everyone in our hospitals
- Providing regular updates to our PPE guidance for colleagues
- All colleagues regularly reminded to stay at home and tell their manager if they develop COVID symptoms
- Limited visiting to reduce the number of people in our hospitals. Families encouraged to use digital means to keep in touch with patients.

Headlines: Workforce planning

Testing

- At home rapid Covid staff testing rolled out across BSUH
- Staff will test themselves twice a week for 12 weeks

Winter planning

- Learning & listening from first wave
- Maintaining elective services
- ITU 'PODS'
- Surge planning & supporting our RED areas.



Long Term Planning

- Workforce Transformation Programme
- Improving our recruitment and retention strategies
- New pathways and models of care

Headlines: Supporting staff and communities

Our colleagues continue to showcase excellent team work and a culture of inclusion

Annual campaigns make headway

- **Flu:** We have a team of 150 trained workplace vaccinators within the Trust who are holding drop-in clinics and visiting wards and departments to distribute the vaccine to staff. Roaming vaccinators are also on hand to provide the jab to staff on shifts and in their departments. So far, we have vaccinated 69% of staff, which is a great result compared to this time last year.
- **Staff Survey 2020:** Open from 28 September - 27 November, the Staff Survey provides the chance for staff to once again have their say with additional COVID questions included this year. To date, 54% of staff have completed the survey.



Spotlight on inclusion and our BAME champions

- In October we celebrated Black History Month, a nationwide celebration of the influence of black people in shaping our society. Workplace was a hive of activity with updates around cultural events in Sussex, the BAME Staff and Communities conference, the launch of our BAME staff network (SOAR), and information about our BAME Covid support volunteers.
- We were also delighted that Renal practice educator in the Sussex Kidney Unit, Ferdinand Bravo, was awarded the South East Royal College of Nursing Black History Month 'Making a Difference Award' for the role he has played in supporting BAME staff during COVID.
- Finally, the BSUH Equality, Diversity and Inclusion (EDI) team welcomed Senior Midwife Maggie Myatt, who has joined on secondment for 12 months as the Race Equity Lead and EDI Associate.



Ferdinand Bravo



Maggie Myatt

Headlines: Supporting staff and communities

Happy AHP Day to our third biggest staff group

Wednesday 14 October marked Allied Health Professionals (AHP) Day for everyone working in one of the 14 professions represented by the group. Across BSUH we have 570 AHPs including orthoptists, physiotherapists, occupational therapists, speech and language therapists, diagnostic radiotherapists, therapeutic radiographers, dieticians and operating department practitioners. To celebrate the day, all our AHPs received a reusable water bottle filled with treats from Carolyn Morrice and funded by BSUH Charity.



Charity support for wellbeing

- [BSUH Charity](#) was delighted to be chosen as the local charity partner for the 2020 Brighton Marathon which was held virtually this year. A 'Fantastic Five' team of supporters took part and raised £2436 to go towards improvements for our patients and staff.
- The Health and Wellbeing and BSUH Charity Team joined forces with the Senior Nursing Team to distribute around 200 "pamper hampers" containing a variety of toiletries and biscuits donated to the Trust. The hampers were donated to wards, housekeeping, hospitality services and estates colleagues. The Spread Christmas Smiles Campaign has launched with a goal to raise £5000 to provide a treat for patients and staff who will be in one of our four hospitals on Christmas Day.



Runner Zeina Clare

Congratulations to....

BSUH Chair, Alan McCarthy, who has been awarded an MBE for his services to the NHS.



Headlines: Leadership and innovation

Leadership, teamwork and innovation have triumphed during this difficult time. Here are a couple of examples.

Cancer & Haematology research team celebrate successful year of research

The Cancer and Haematology research team and all staff involved in research for the department enjoyed a social distanced celebration to mark a successful year of research. Thanks to their hard work, 561 patients were recruited to studies in the cancer portfolio – an increase of 117 on the previous year and well in excess of the target set. The research conducted is diverse, from observational questionnaire studies examining the impact on the quality of life following new interventions, to early phase clinical trials.



Research team win Patient Safety Award

Congratulations to researchers from the Trust and Brighton and Sussex Medical School (BSMS) who, as part of a wider collaborative team across a number of NHS organisations, have won a Health Service Journal (HSJ) Patient Safety award for developing a ground-breaking tool to reduce medication related harm.



Diary highlights

- QVH Programme Board
- Leaders Mergers Briefing
- Sussex BAME Health & Care Staff Conference
- Brighton & Hove Local Outbreak Engagement Board Meeting
- Staff Briefings
- Sussex Acute Collaborative Network
- WSHT MPs Briefing – COVID, Restoration & Merger
- Sussex Health and Care Partnership Executive meeting
- BSUH BAME Event / WSHT BAME Event
- Chairs & CEO Workshop with Good Governance Institute
- South East Leaders Calls



Looking ahead: Merger

Our Full Business Case sets out the rationale for Brighton and Sussex University Hospitals and Western Sussex Hospitals becoming one trust in 2021.

Our ambition is to:

- Bring together the best of both Trusts to deliver outstanding, compassionate care
- Invest in innovation and the expertise to make Sussex a leader in healthcare excellence
- Strengthen Patient First and empower all staff to make improvements
- Support all teams to provide excellent care, every time

Looking ahead: Merger

The FBC addresses the case for change, benefits of merger, scope and scale of the new organisation and the merger process.

Our merger survey, completed by more than 3,000 members of staff and 750 members of the public, informed much of this work.

This includes the new trust's vision and values, Patient First strategy, organisational priorities and name.

Thank you to everyone who took the time to share your feedback and help shape our new organisation.

We look forward to sharing much more about the new trust's vision and values, priorities and Patient First approach in due course.



Merger

What do you think?



Looking ahead: Merger

Next steps include:

- FBC to Department of Health and Social Care (DHSC) for approval
- NHSEI stage 2, stage 3 and Board-to-Board process
- DHSC approval and amendment order for new name
- Development of new Clinical Strategy
- Continuing staff and stakeholder engagement
- Go-live preparedness
- Post-transaction integration plan





Brighton and Sussex
University Hospitals
NHS Trust

Thank you – any questions?

Agenda Item:	6-9	Meeting:	Board	Meeting Date:	01/12/20
Report Title: Integrated Performance Report					
Sponsoring Executive Director:		Carolyn Morrice, Jayne Black, Karen Geoghegan, & Denise Farmer			
Author(s):		Carolyn Morrice, Jayne Black, Karen Geoghegan, & Denise Farmer			
Report previously considered by and date:		Individual elements considered by relevant Board Committee			
Purpose of the report:					
Information		<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	
Review and Discussion		<input checked="" type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality		<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	
Patient confidentiality		<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>	
Link to Trust Strategic Themes:					
Patient Care		<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>	
Our People		<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	
Systems and Partnerships		<input checked="" type="checkbox"/>			
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe		<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	
Caring		<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>	
Well-led		<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>	
Communication and Consultation:					
Executive Summary:					
Attached is the Trust's integrated performance report for December 2020.					
Key Recommendation(s):					
To note the content and following receipt of the Committee assurance reports consider if there are areas for referral back to the Committees where enhanced assurance is required.					



Integrated Performance Report

December 2020



Brighton and Sussex
University Hospitals
NHS Trust

Contents

Structure of the report

Introduction - Patient First

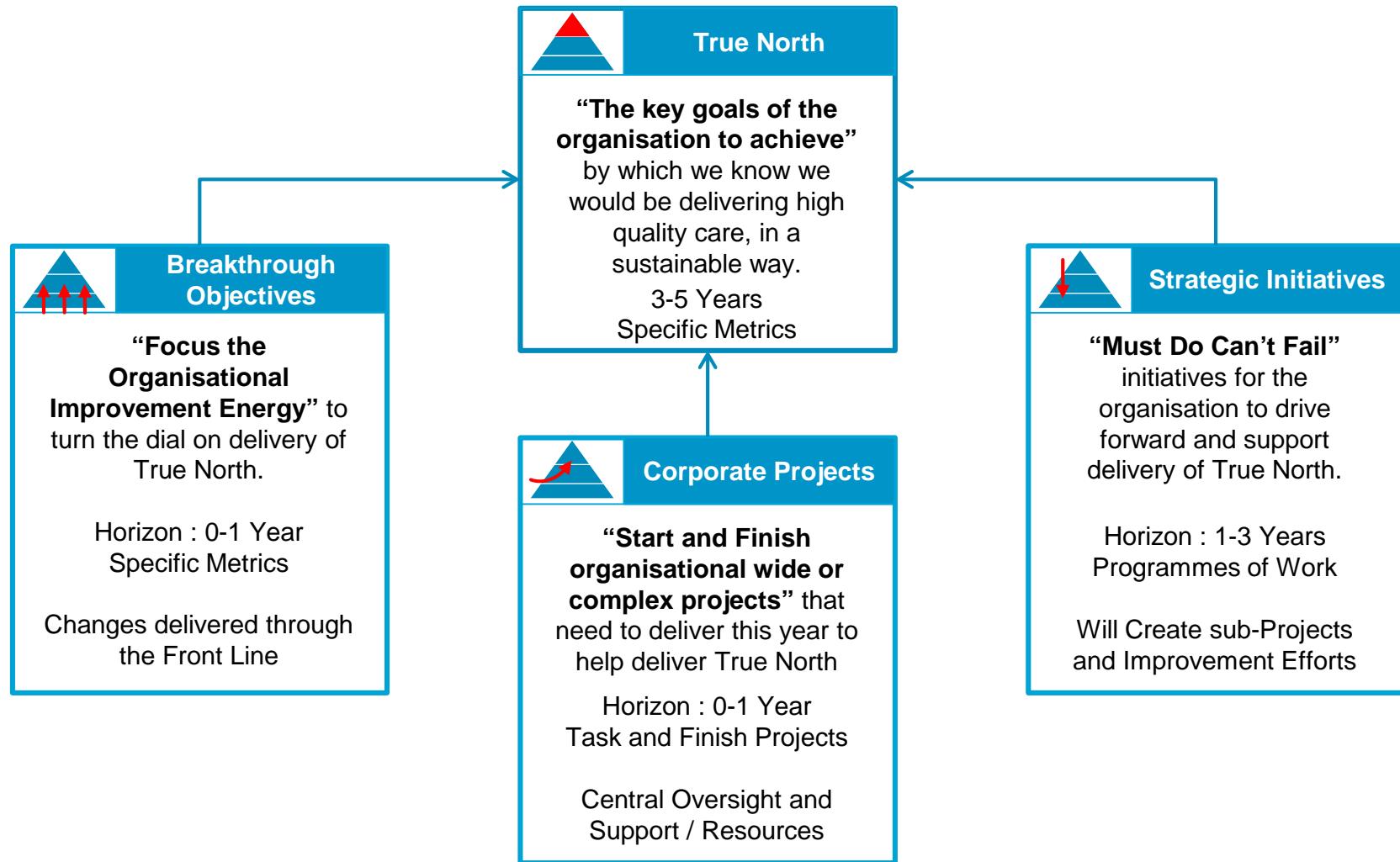
Quality Improvement

Systems and Partnership

Sustainability

People

Patient First Strategy Deployment Framework



Patient First True North

Key Goals for the Organisation to achieve sustainably



Sustainability	People	Quality	Systems & Partnerships
Financial Management Target: Break Even	Staff Engagement Target: Engagement Score Top 20% in the Country	Preventable Mortality Target: HSMR Top 20% in the Country Avoidable Harm Target: Patient Safety Thermometer 95% Harm Free Care	Non Elective Care Target: A&E 95% <4hrs Elective Care Target: RTT 92% <18wks

Quality Performance

Preventable Mortality

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

HSMR data is available up to August 2020 when 46 patients died in hospital against the expected number of 57 giving an in-month HSMR of 81.10. The rolling 12 month HSMR to August was 97.99.

However, current national guidance states that the usual, comparative mortality indicators (HSMR & SHMI) are not suitable for monitoring Covid 19 mortality rates, because these risk adjusted monitoring systems are not designed to benchmark pandemic mortality. SHMI & HSMR rely on prolonged, sequential data collection and as the Covid 19 code has only been in place since March, 'expected' mortality rates cannot be determined.

This is further compounded by the significant changes in volume and case-mix of non Covid patients emergency admissions during the pandemic so far.

After pausing during the pandemic phase the Trust Mortality Review Group is recommencing with a strengthened emphasis on clinician led structured judgement reviews, which focus on learning and the identification of both good practice and areas for improvement.

The Trust is currently recruiting two Medical Examiner Officer (MEO) posts to support the Medical Examiners in improving the robust scrutiny of all deaths not directly referred to the coroner. The MEOs will ensure that all unexpected deaths are systematically reviewed at the Serious Incident Review Group and that Structured Judgement Reviews are allocated as appropriate.



Quality Performance

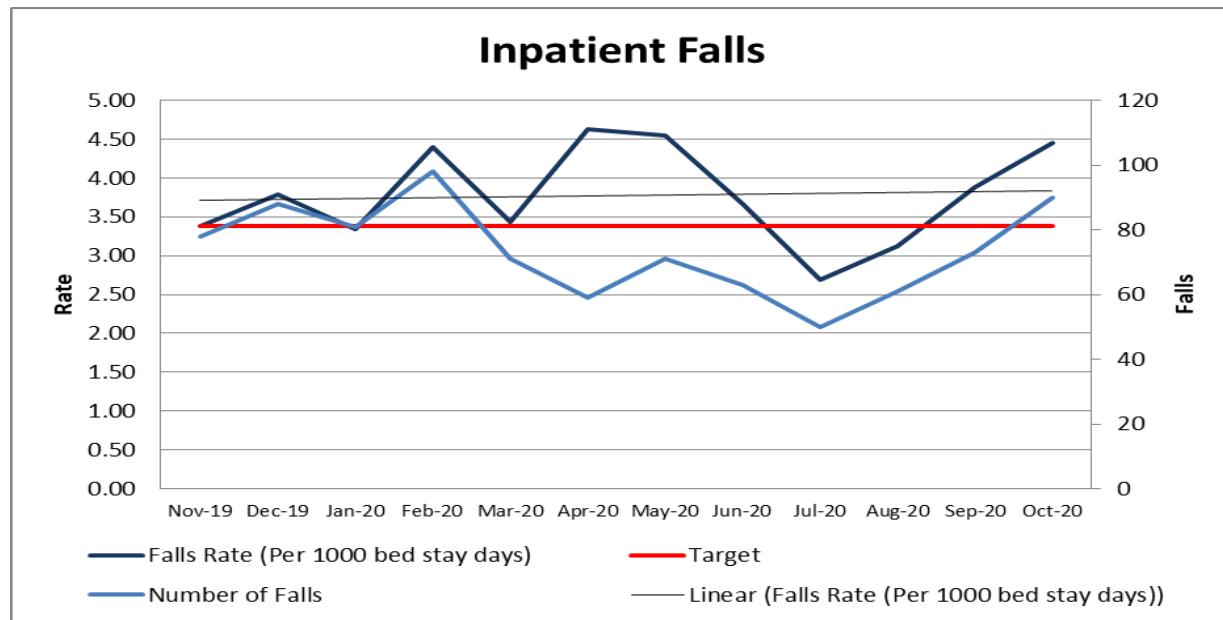
Quality

Inpatient Falls

Target: 3.38 falls per 1000 bed stay days

Pressure Ulcers

Target: 1.05 rate of acquired pressure ulcers per 1000 bed stay days



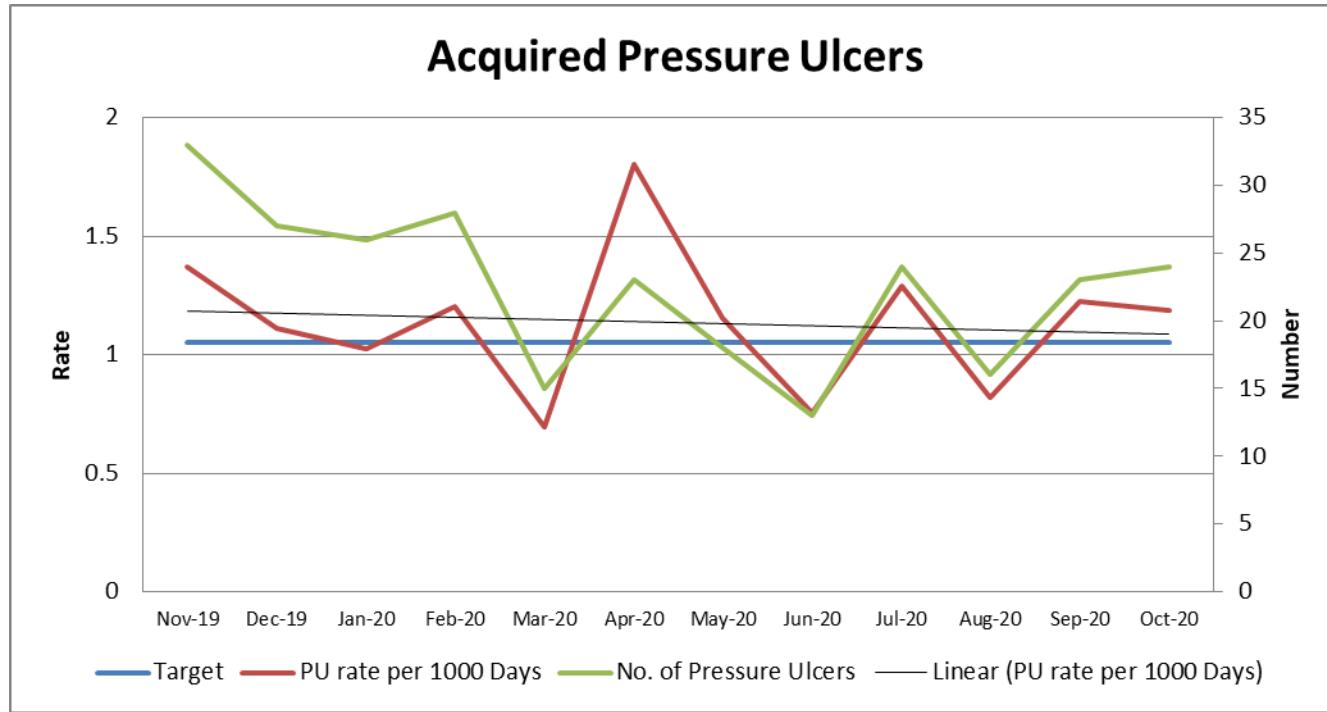
The rate of inpatient falls for the past 12 months is 3.67 falls per 1000 bed stay days; this equates to 878 falls in the past year. The National Falls rate is 6.62 falls per 1000 bed days. Over the past 12 months the number of falls reported each month has dropped significantly (p-value 0.0015).

However, this reduction is primarily driven by the reduction in inpatient activity due to Covid19 as the falls rate per 1000 bed stay days was 3.54 a year ago. In the past 12 months 24 falls have been reported as serious incidents, this compares to 20 in the previous 12 months.

All falls will be reviewed at the new Harm Free Care Panel and the use of Falls Preventative measures will be audited via the Perfect Ward App and triangulated with the use of the risk assessments currently being incorporated into the electronic observation system - Patienttrack.



Quality Performance



In October 2020 there were 24 incidents of hospital acquired pressure ulcers. Over the past 12 months the number of patients developing hospital acquired pressure ulcers has decreased. In the past 12 months 24 hospital acquired pressure ulcer incidents have met the threshold for being declared as a Duty of Candour incident.

All hospital acquired pressure ulcers will be reviewed by the Harm Free Care Panel and Pressure Ulcer Preventative measures will be audited via the Perfect Ward App and triangulated with the use of the risk assessments currently being incorporated into Patienttrack. National Stop the Pressure Day (19 November 2020) focussing on identifying and treating pressure ulcers, was promoted using the Intranet, Covid secure displays and promotional material on both BSUH sites.

Quality Performance

Last recorded FFT rates prior to the suspension of national submission due to covid19 (February 2020) :

Inpatient 93.3% A&E 88.8% Outpatient 94.7%

NHS England has directed Trusts to recommence FFT collection and national submission from 1 December 2020 for publication in January 2021.

FFT collection recommenced across all BSUH areas on 1 October 2020 for local review:

October internal FFT recommend rates:

FFT Area	Recommend Rate
Inpatient	92.49%
Outpatient	93.58%
Emergency Department	85.91%
Maternity (birth)	95.24%

Whilst there is no overall reason for the decrease in recommend rates across all areas patient comments regarding environment and cleanliness are noted. These have been appropriately escalated and are being triangulated with patient feedback collated via plaudits, PALS enquires and complaints.

Friends and Family Test

Target: 96% of inpatients who would recommend the trust to their family and friends



Quality Performance: Safer staffing

- In September 2020 there were 319 whole time equivalent (WTE) qualified nursing vacancies . The qualified nursing vacancy rate is currently 12% which is set against a national background of 40,000 Nursing shortages, national political changes to the Nursing Training Bursary and the impact of Brexit; covid-19. The local and national recruitment programmes at BSUH have not kept pace with the number of Leavers i.e. in the last twelve months 177 WTE Nurses started and 274 WTE Nurses left the Trust.
- The NHS Interim People Plan acknowledges and recognises the need to include ethical overseas recruitment as part of a short/medium term robust and well-rounded workforce supply plan. The national drivers to support for international recruitment has also changed and this is now been supported by a funding package from NHSi in conjunction with HEE, & BSUH have been successful in their bid and will be commencing international recruitment in 2021.We aim to recruit between 150-200 registered nurses in 2021



Quality Performance: Safer staffing

To address the current qualified nursing workforce shortfalls, the nursing leadership team have made significant workforce improvements including:

- Reviewed and changed workforce model – number of wards piloting Band 4/6 model to support need for change.
- Active trainee nurse associate programme plus
- Active conversion of international nurses working as HCAs into qualified nurses
- Merging smaller wards' management teams
- Providing structured career pathways
- Introduced "itchy feet" conversations
- Introduction of Band 5 forums.
- Maximising student placements
- Leadership Programmes for Band 6 & Band 7 Nurses
- Encouraging flexible working in all areas
- Internal Transfer Protocol for easy inter-departmental moves.
- Active Return to Practice programme.
- Successful bid to NHSE/I and the BCSP to commence international recruitment



Quality Performance: Vacancy Data (October 2020)

Site	RSCH	PRH	Total Vacancy	Vacancy Factor	Total Pipeline (not WTE)
RN (Band 5, 6 & 7)	219.2 WTE	77.2 WTE	296.4 WTE	12.2%	49 Candidates
HCA (Band 2)	76.4 WTE	55.9 WTE	132.3 WTE	21.9%	78 Candidates



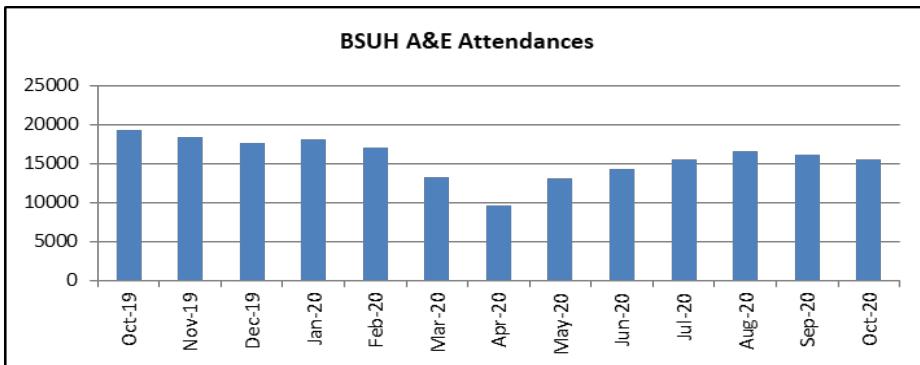
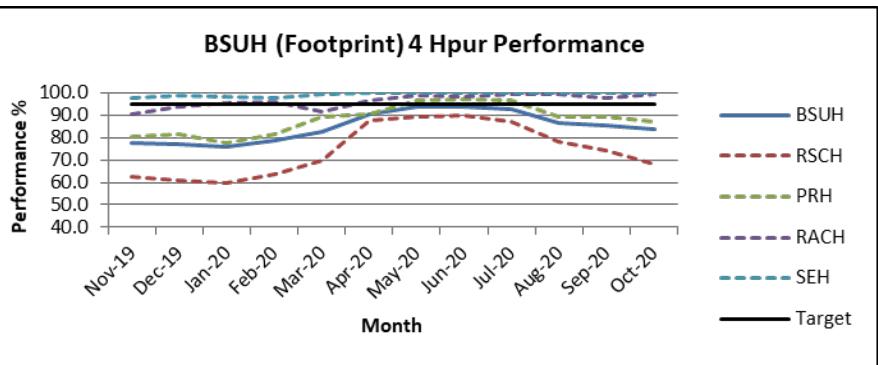
Quality Performance: Safer staffing – HCAs

- Focused HCA recruitment and improved on-boarding through Covid-19 resulted in a reduction in vacancies from a peak of 188 WTE in January 2020 to 44 in July 2020 . The turnover rate reduced from 16.7% in Sept 19 to 12.6% in Sept 2020
- The number of vacancies has increased to 102 WTE in Sept 2020
- There was a peak in April of staff leaving with no destination which is likely to be due to the impact of covid-19 and change in working environment. We have also seen a peak in September for HCA's leaving to go into education, this appears to be a regular trend and will be planned for with future recruitment.
- An HCA pooled recruitment campaign has commenced with 60 HCA's being offered posts and a further recruitment event for late November with the aim that all HCA vacancies are recruited to by December 2020 – this is being run by the Matron for Workforce
- Recruitment, retention and on-boarding will all be monitored and reviewed through the Nursing, Midwifery and Therapies transformation steering group

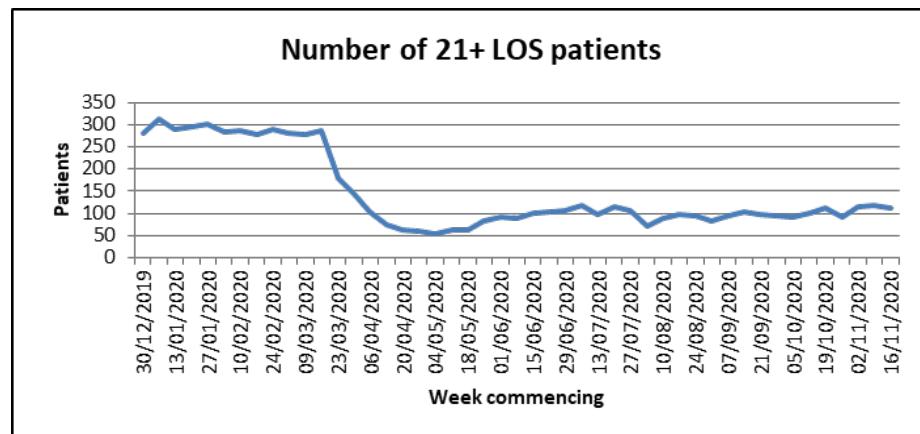
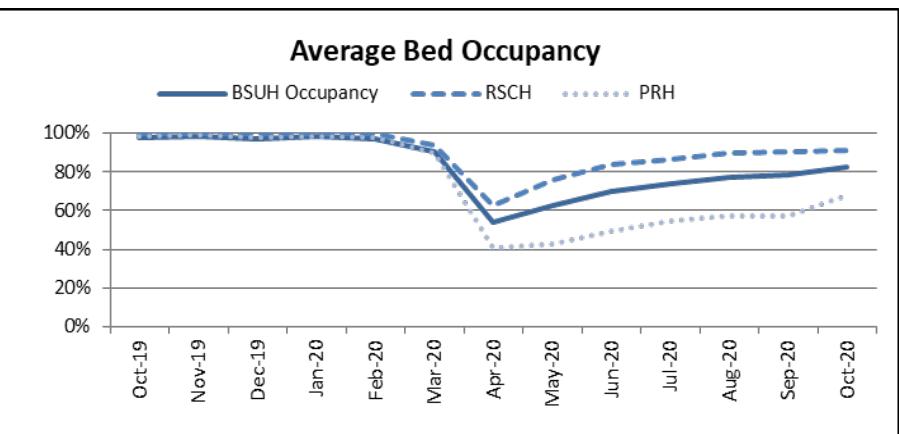


Non Elective Care
Target: A&E 95% <4hrs

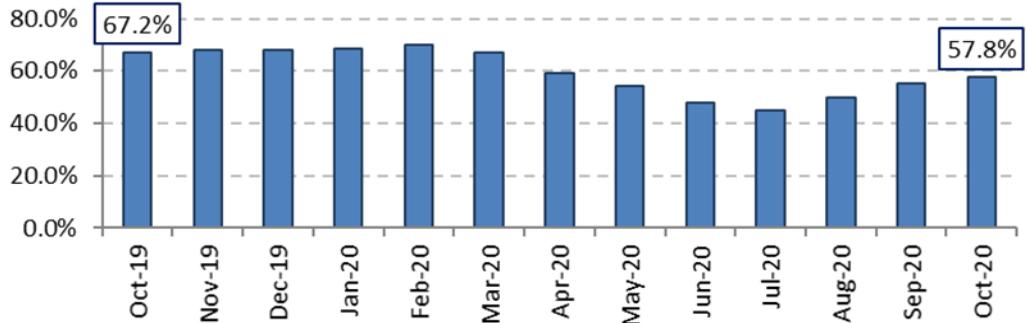
Elective Care
Target: RTT 92% <18wks



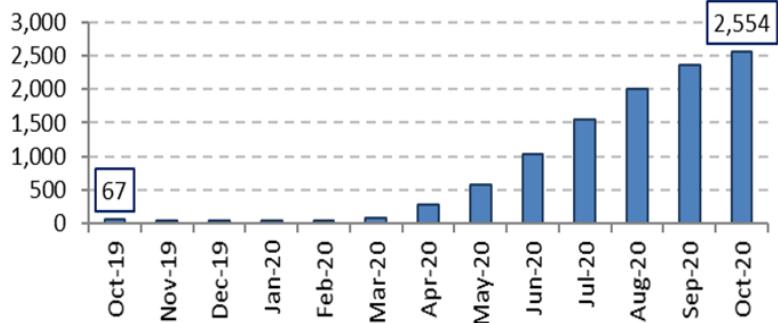
- The Trust achieved 83.1% in October 2020, 0.5% higher than October 2019 but below the National performance of 84.4%.
- This was in the context of a 14% drop in A&E attendances compared to the same month last year and a 12% drop in non-elective admissions.
- Bed occupancy at both RSCH and PRH has been increasing since the low observed in April and in October was circa 82% (91.2% at RSCH).
- The number of patients with a long length of stay dropped but has remained circa 100 patients.
- Following the early reductions on A&E attendance and non elective admissions demand has now been stable. October restoration figures demonstrate that A&E attendances returned to 86% of pre-Covid levels and non elective admissions to 88% of pre-Covid levels.



18 Week Performance

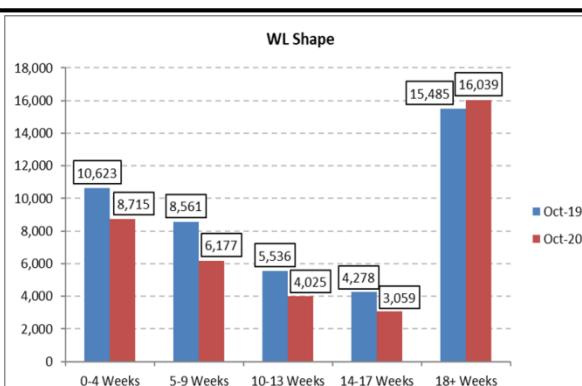


52 Week Breaches

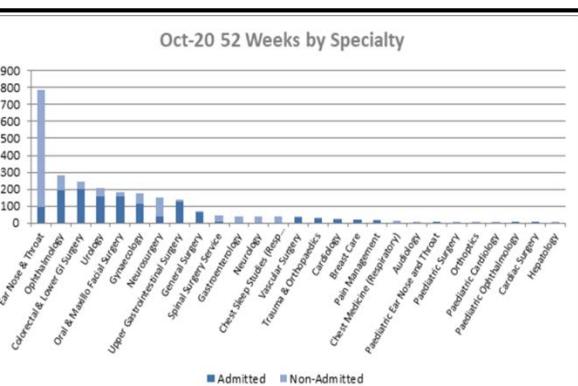


- RTT performance for October 2020 is 57.8%, a decrease of 9.4% compared to October 2020. Performance has increased by 2.8% compared to the prior month. The total volume of patients waiting more than 52 weeks increased to 2554 but is below the phase 3 plan..
- October referral demand returned to 94% of pre-Covid levels. Clock stops in October are 64.1% restored when compared with the same period last year.
- The waiting list size grew to 38,015 as demand has caught up with supply but remains circa 6,500 less than October 2019.
- The Trust is focusing on restoration with the aim to meet phase 3 restoration targets, with particular focus around outpatient and theatre restoration and productivity, with support from the Independent Sector where possible.
- A validation of the admitted waiting list is underway and will include undertaking harm reviews for patients over 52 weeks.

WL Shape

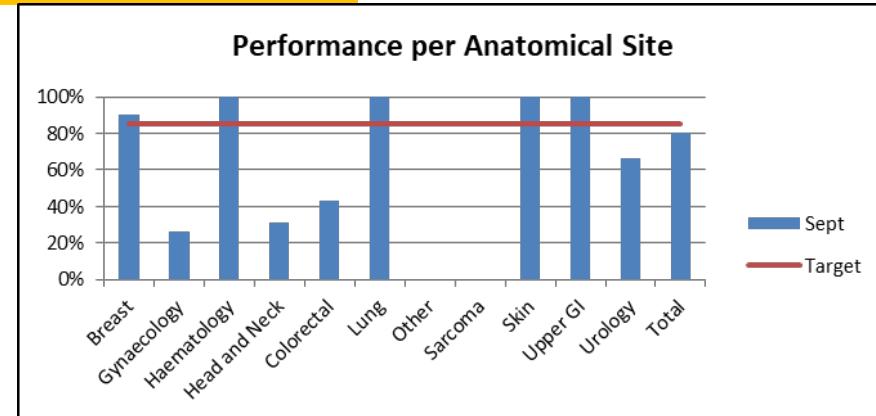


Oct-20 52 Weeks by Specialty

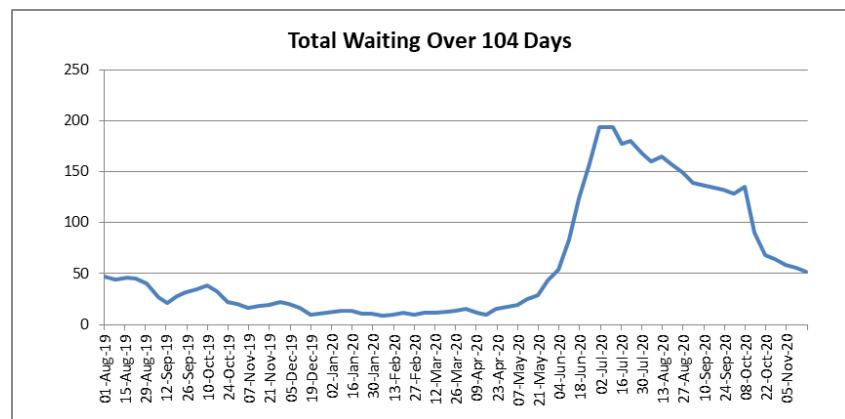
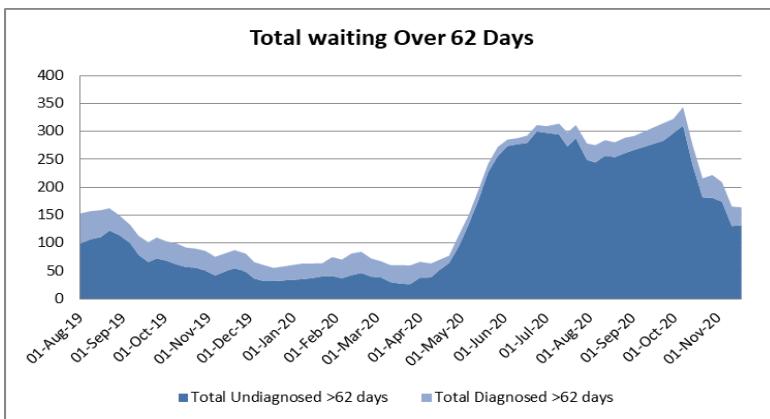


Cancer

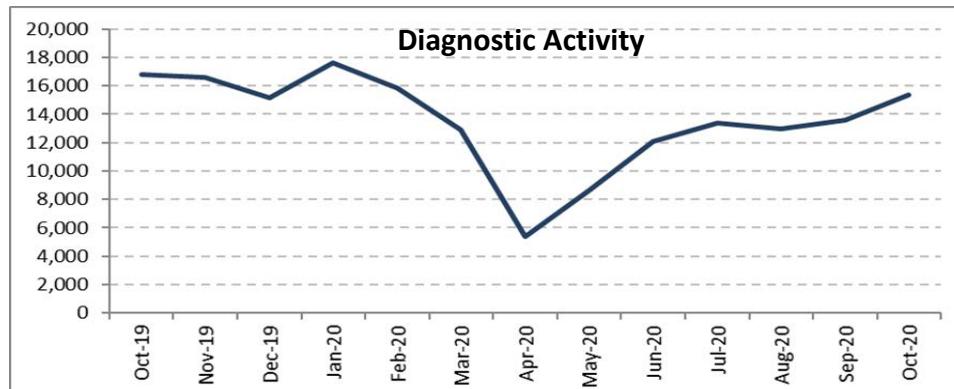
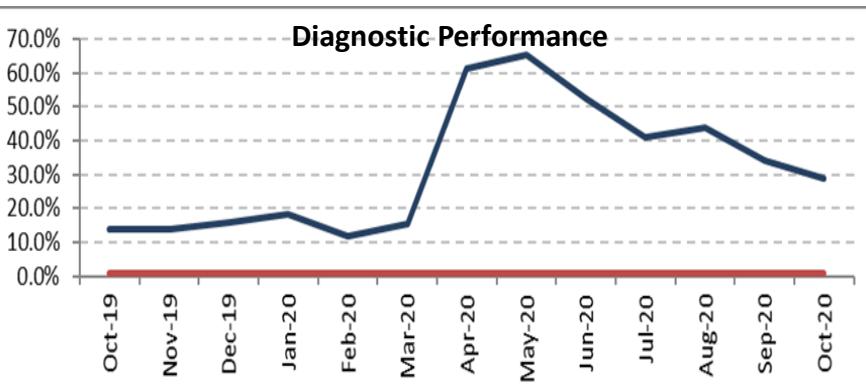
	Target	2020/21 YTD	Sep-20
Monthly and YTD			
2 week GP ref to 1st OP	93.0%	87.2%	90.6%
2 week GP ref to 1st OP - breast symptoms	93.0%	95.6%	95.4%
31 day 2nd or subs trtmnt - surgery	94.0%	96.2%	96.4%
31 day 2nd or subs trtmnt - drug	94.0%	99.0%	100.0%
31 day 2nd or subs trtmnt - radiotherapy	94.0%	86.9%	74.6%
31 day diag to trtmnt all cancers	96.0%	98.1%	94.1%
62 day ref to trtmnt: screening	90.0%	59.3%	61.9%
62 day ref to trtmnt : upgrade	85.0%	84.1%	67.9%
62 days urgent GP ref to trtmnt : all cancers	85.0%	80.2%	80.6%
28 Day Faster Diagnosis	75%	N/A	79%



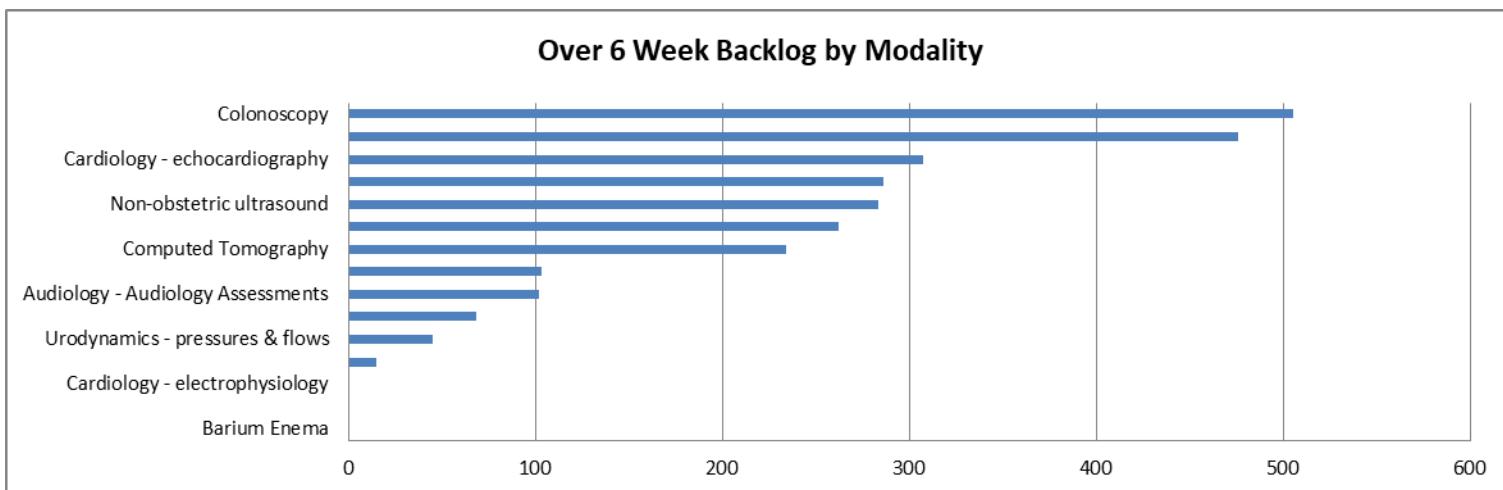
- The Trust was compliant against 4 of 8 reportable cancer metrics in September 2020.
- September performance for the 2ww standard was non compliant at 90.6%.
- September performance for the 62 day GP referral was non compliant at 80.6%.
- The prospective 62 day backlog grew materially during lockdown, but fell to the end of July and has remained static during August. The majority of over 62 day waits are in the Colorectal speciality.
- 104 day waits increased significantly as a result of the Covid impact but have begin to reduce.
- Work to recover the performance is underway with particular focus for colorectal anatomical sites via FIT programme and scaling up restoration activities internally, augmented by IS support.



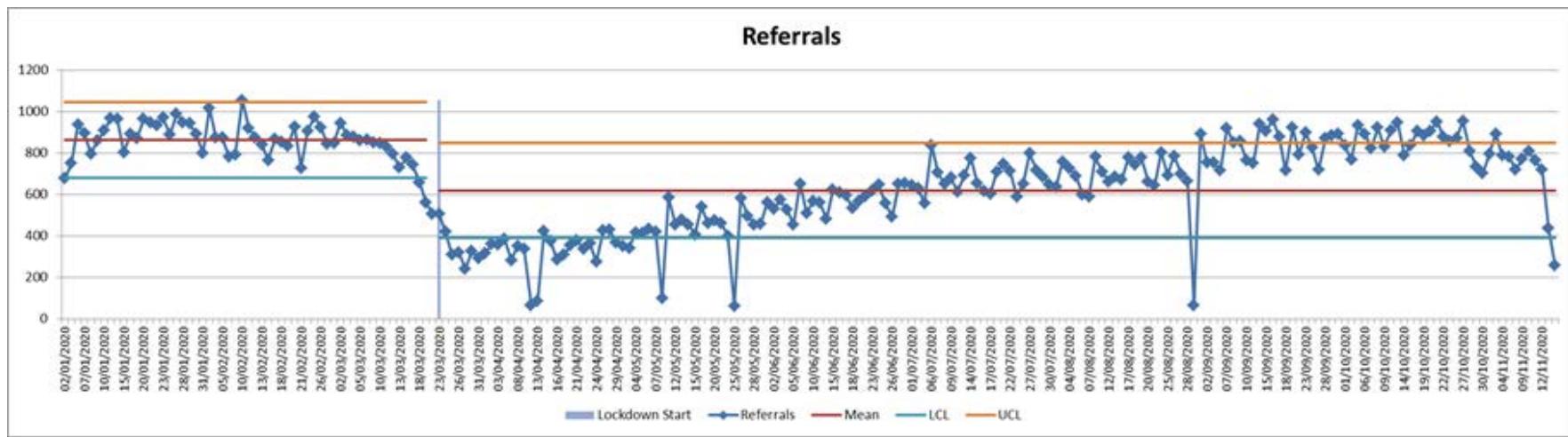
Diagnostics



- Diagnostic performance for October 2020 is 28.7%, a 5.3% improvement on the prior month.
- As per the national picture restoration plans remain the most challenged in Endoscopy with further solutions expected to mobilise in December.
- Imaging modalities have restored to or above pre Covid levels well in CT and MRI.



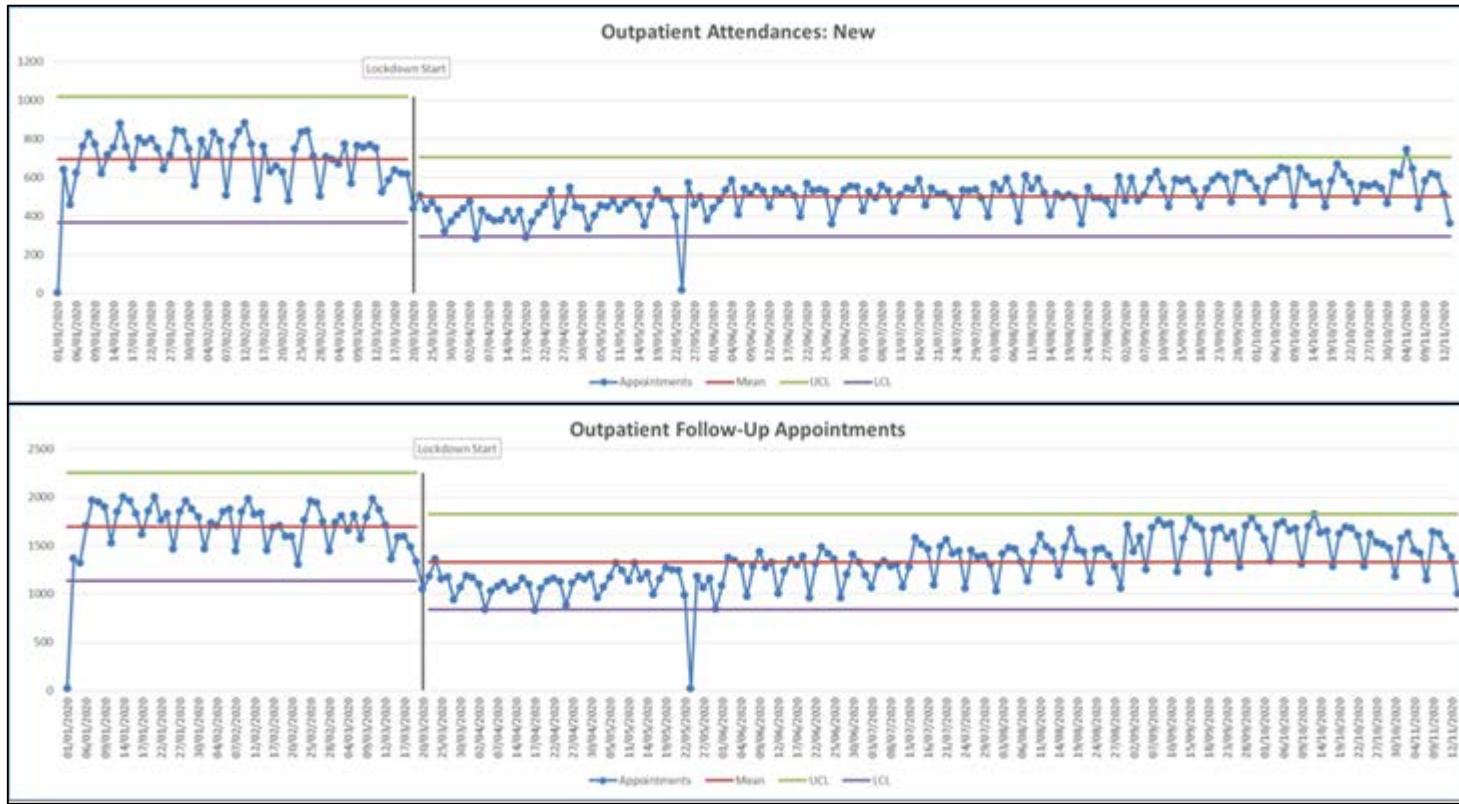
COVID-19 Annex : Elective Referrals



For October 2020:

- Elective referral demand returned to 94% of pre-Covid levels.

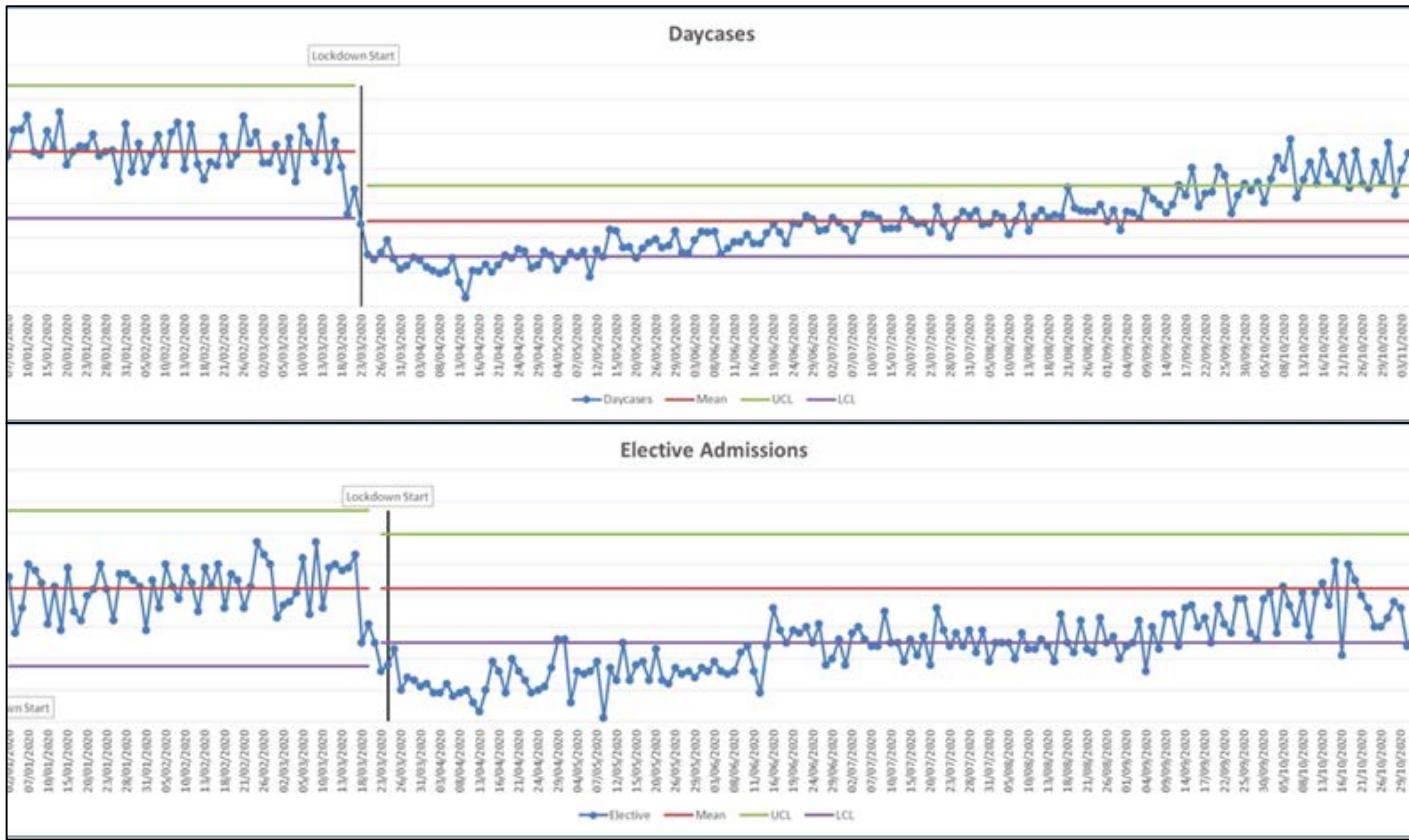
COVID-19 Outpatient Attendances



For October 2020:

- New OP activity has been restored to 77% of pre-Covid levels.
- Follow Up OP activity has been restored to 92% of pre-Covid levels.

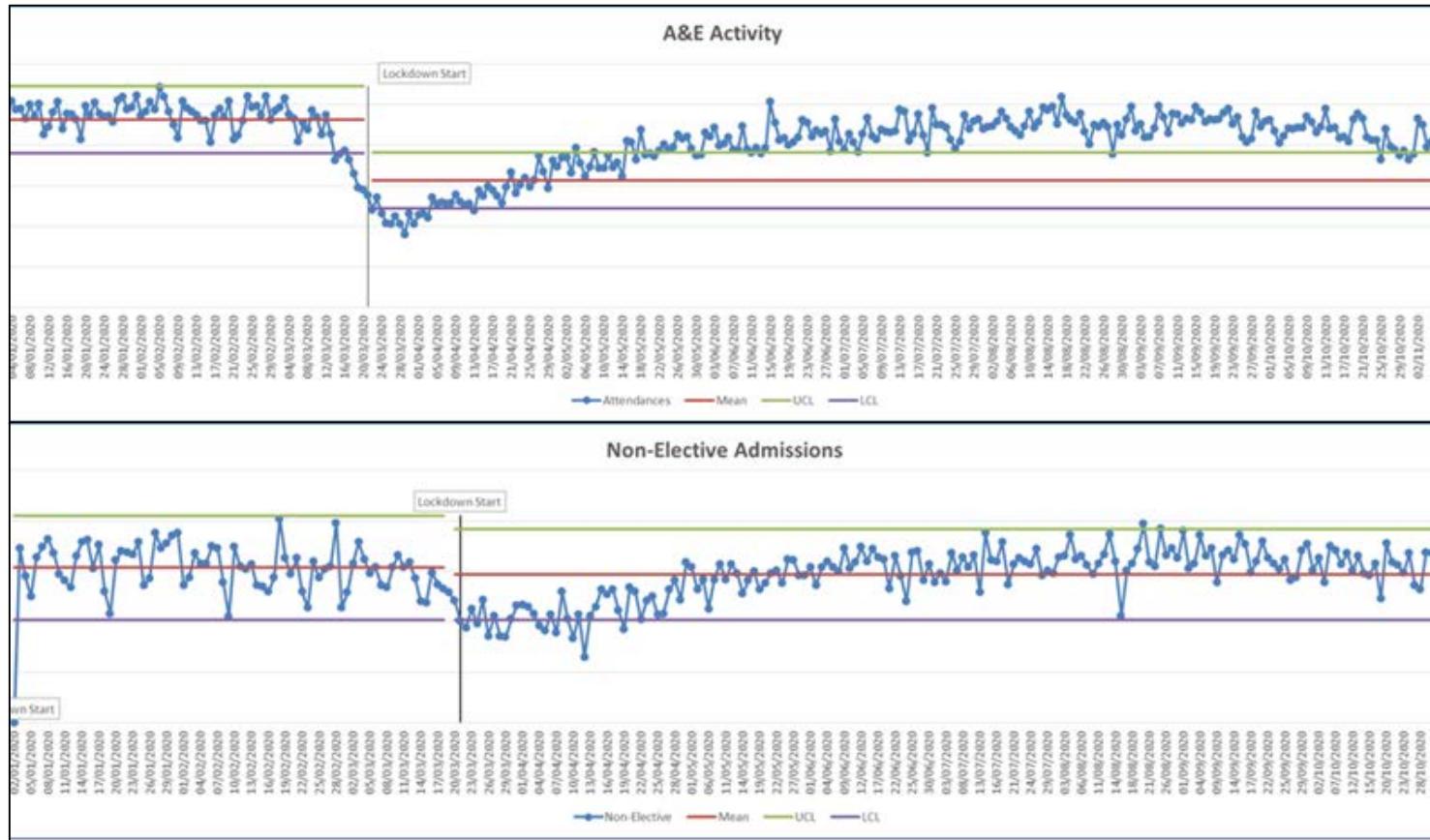
COVID-19 Elective Admissions



For October 2020:

- Day case activity has been restored to 82% of pre-Covid levels.
- Inpatient activity has been restored to 95% of pre-Covid levels.

COVID-19 Emergency Demand

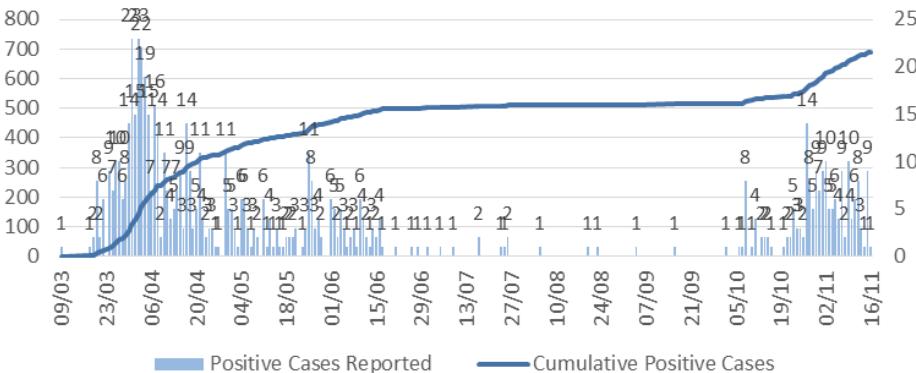


For October 2020:

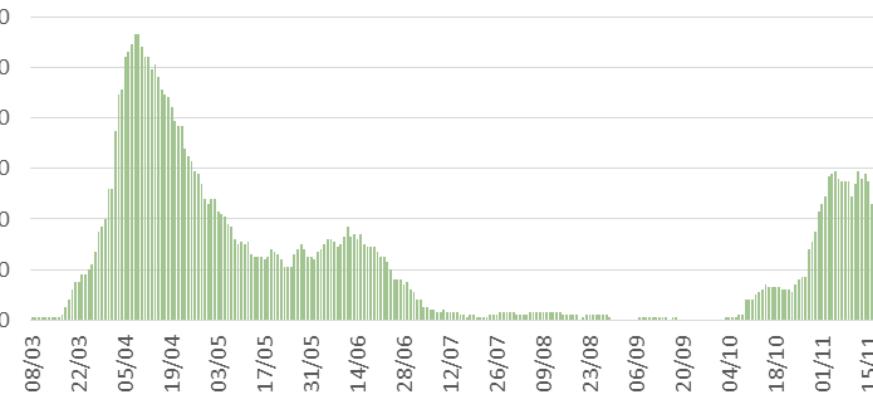
- A&E attendance activity returned to 86% of pre-Covid levels.
- Non elective admission activity returned to 88% of pre-Covid levels.

COVID-19 Occupancy and Positive Testing

All patients | Positive cases by report date



Patients in hospital testing positive for Covid-19



All confirmed Covid-19 patients

690	72	449	169	18.2	17.3
Admissions for lab-confirmed Covid19	10% patients remain in hospital	65% Discharged	24% Patients Died	Average length of stay for discharges	Average length of stay for deceased

Patients admitted to Critical Care

70	5	47	18	26.8	23.7
10% Patients go to ITU/HDU	7.1% patients remain in hospital	67.1% Discharged	25.7% Died	Average length of stay for discharges	Average length of stay for deceased

Patients staying on general wards only

620	67	402	151	17.2	16.6
90% Patients stay in other wards	10.8% patients remain in hospital	64.8% Discharged	24.4% Died	Average length of stay for discharges	Average length of stay for deceased

As at 23rd November 2020

Financial Performance - Summary

Sustainability

Financial
Management

Target: Break Even

- At the end of Quarter Two, the Trust reported a breakeven position consistent with the requirement of the interim financial framework (Phase 2); supported by £12.7m additional income to address the financial impact of COVID-19.
- For October 2020 to March 2021, the NHS is operating under a new financial framework (Phase 3); the purpose of which is to support the overarching priority to accelerate non-COVID activity, alongside continuing readiness for winter and a potential increase in COVID-19 cases.
- Each ICS has been provided with a fixed funding envelope; including resources to meet the additional costs of COVID-19 response and recovery. Systems are expected to breakeven; subject to mutual agreement organisations within the ICS may deliver surplus and deficit positions.
- NHSE/I excluded drugs and devices, the Cancer Drug Fund (CDF) and Hepatitis C drug funding will return to a pass through basis for Months 7 to 12, together with COVID-19 virus testing funding.
- In October 2020, the Trust reported a deficit of £0.79m, which was £0.98m less than forecast.

Financial Performance – Key Metrics

Control Total Surplus £k		G
	Plan	Actual / Forecast
Year to Date	1,771	788

In Month 7, the Trust is reporting a £0.79m deficit position for October against a planned deficit of £1.77m. Further analysis of the position is provided in the COVID-19 summary.

COVID-19 £k		G
COVID-19 Response		(13,380)
Income Shortfall (not mitigated by under spends)		<u>(1,291)</u>
Top-Up Income		<u>(14,671)</u>

Total COVID-19 top-up income of £14.7m has been included in the year to date position, which covers the additional costs of COVID-19 and lost income, which has not been mitigated by under spends due to reduced levels of activity during April to July 2020.

Cash £k		G
	Plan	Actual / Forecast
Year-to-date	55,444	25,441
Year-end Forecast	35,331	7,000

Under the interim financial framework, the block and top-up payments for November, amounting to £41.8m, were received in October which has accounted for the significant movement in the cash balance.

The Trust has subsequently resubmitted a plan with a year-end cash plan of £7m

Capital £k		G
	Plan	Actual / Forecast
Year-to-date	53,477	59,613
Year-end Forecast	103,951	111,541

The M07 forecast outturn is £7.6m more than the plan as a result of the Trust being awarded additional £3.7m towards winter A&E investments, £0.8m for Diagnostic Imaging, £0.8m for Critical Care Beds, £1.6m for Endoscopy capacity and £0.7m for Covid-19 capital after the plan was submitted.

Financial Performance – Plan

- The Trust submitted a draft financial plan to NHSE/I on 18th November 2020 with a deficit of £5.63m for the period October 2020 to March 2021.
- This plan includes:
 - A reduction in Trust expenditure forecast following internal review of the Restore and Recovery plans
 - An increase in income relating to both growth and funding to support the Trust's continued response to Covid-19
- It is expected that the loss of non-NHS income, £3.0m included within the above position, will be treated as an allowable overspend. Once this is factored in the forecast deficit would be c£2.6m.

Financial Performance - Action & Recommendations

There are no actions required of the Board.

The Board is asked to note the following:

- The Trust is operating under a revised financial framework for October 2020 to March 2021, where the Trust is expected to deliver the activity plan and meet the additional cost of COVID-19 within an agreed financial envelope.
- Changes to the financial framework, and the impact thereof, have been shared with the Finance and Performance Committee; who will continue to provide oversight on behalf of the Board.
- Plans to restore and recover elective activity have been implemented and performance against activity trajectories are reviewed by the Group Executive at both the Refresh, Restore and Recovery Delivery Board and at individual Divisional meetings.

Our People – HR Key Metrics

	Sickness %	Turnover %	Appraisal %
Trust	4.97%	11.0%	72.6%
Central Clinical Services	5.01%	13.0%	77.5%
Children & Women	4.47%	10.4%	79.5%
Medicine	5.35%	11.9%	72.3%
Specialised Services	4.33%	9.3%	64.0%
Surgery	4.82%	10.5%	74.2%
Target - 2020/21 Y/E	4.20%	12.0%	90.0%

In October, **Turnover** (external leavers) rate increased slightly to 11.0% from 10.9%. Turnover has been favourable to the 12.0% Target for the last seven months. It is at its fourth lowest since September 2012.

The Trust's one month **Sickness Absence** rate was 4.74% in September, of which 0.10% was specifically Covid-19 and 4.64% other Sickness Absence. In September 2019 the one month Sickness Absence rate was 4.38%, so the Trust rate has increased year on year even if Covid-19 is excluded. The 12 month Sickness Absence rate is now 4.97%, compared to 4.22% twelve months ago.

The Trust's (non medical) **Appraisal rate** was 72.6% in October, up on last month (72.1%) but down from 85.6% in October 2019. The impact of Covid-19 is still being felt upon appraisal levels with seven consecutive months in the low seventies, compared to an average Appraisal rate of 83% for the 12 months beforehand. The NHS People Plan 2020/21 includes the introduction of Health & Wellbeing Conversations for all staff. This will be integrated into the Trusts appraisal and launched in December 2020.

Statutory and Mandatory Training: Compliance has dropped from 85% to 84%, and there are recovery plans in place. Apprenticeship Levy spending increased slightly, and the amount returned to central government reduced by just under £40k.

Our People - Staff Engagement

NHS Staff Survey 2020

The annual NHS Staff Survey ran from 28th September to 27th November. Participation rates stood at 53% as at 20th November 2020. This is below the 2019 participation rate of (62%). Timelines for results have yet to be confirmed, but initial results are expected by February 2021.

Equality, Diversity and Inclusion

Both Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) actions plans have been updated and placed on the Trust website. Work is underway to produce joint action plans with Western Sussex Hospitals NHS Foundation Trust to support the merged organisation.

The Trusts SOAR (BAME) Network has met twice and is working with Yvonne Coghill CBE, recently retired Race Equality Champion.

REAL Strategy (Recognition Equity Advocacy Leadership) was launched in October. It is a one year pilot designed with inclusivity and race equity at the heart of the strategy. REAL endeavours to facilitate support for BAME staff and service users. Links are being established with the University of Brighton.

BAME Covid-19 Support Volunteers - Mainly signpost to BSUH support services. Individuals appreciate being able to discuss issues with people from potentially similar backgrounds, or lived experiences.

Charity Bid - Benefited from funds aimed at BAME issues. Some of the money used to purchase ten books (available in our three library sites) to help with education surrounding BAME issues and history.

Our People – Recruitment and Vacancies

	Vacancy %
Trust	9.3%
Central Clinical Services	7.4%
Children & Women	3.2%
Medicine	11.5%
Specialised Services	8.4%
Surgery	11.4%
Target - 2020/21 Y/E	10.0%

	Vacancy %
Medical	1.8%
Nursing - Registered	12.0%
Nursing - Unregistered	13.9%
Nursing - All	12.6%
S,T&T	9.8%
Admin & Clerical	6.7%
Ancillary Support	10.6%

The Trust's overall Vacancy Rate held at 9.3%, and remained favourable to the Trust Target of 10.0%. There are currently 796 FTE of vacancies across the Trust:

- Medical: 24 FTE
- Nursing: 463 FTE (Registered = 306 FTE, Unregistered = 157 FTE)
- Scientific, therapeutic and technical (S,T&T): 127 FTE
- Admin & Clerical: 110 FTE
- Ancillary Support: 72 FTE.

We are proactively recruiting staff and as at 20 November 2020 have:

- 202 vacancies in the pipeline which equates to 297.72 FTE.
- 460 candidates in progress of which 371/460 are external candidates. 309/371 are processing checks, 8/371 are new offers to send and 54/371 have moved to ready to start.
- 258 external candidates have moved through the on-boarding process between 14/10/ 2020 to 23/11/2020
- 150 International nurses are to be recruited.

Our People – Covid-19

Overview – The Trust closely manages its workforce situation relating to Covid-19 and continue its programme of risk assessments, staff testing and support.

Over 60's Risk Assessment – This commenced in mid-November and in the first week, there was an 11% completion rate.

Clinically Vulnerable – Staff previously recorded as shielding were contacted to identify their current position and to provide support and advice as required. There are currently 48 individuals not at work and alternative employment is being identified by divisions with support from HR and kept under review.

Surveillance Testing – The Trust commenced (asymptomatic) lateral flow self-testing initially with 1300 staff as part of a national pilot. This is now being rolled out to the remaining staff at BSUH including bank workers.

Under NHS guidance, staff either Self-Isolating or Shielding due to Covid-19 are recorded as Special Leave rather than Sickness Absence. In September 2020, the Absence rate of these staff was 0.11%, putting total Covid-19 related staffing absence at 0.21%, and the total of all Sickness Absence plus Covid-19 related Special Leave at 4.85%. The all absence rate of 4.85% compares to 4.59% last month, and 10.69% at the April peak.

Agenda Item:	10	Meeting:	Trust Board	Meeting Date:	1 Dec 2020
Report Title:	Report from Finance and Performance Committee Meeting Chair				
Sponsoring Executive Director:		Patrick Boyle, Non-Executive Director			
Author(s):		Patrick Boyle, Non-Executive Director			
Report previously considered by and date:		N/A direct report to Board			
Purpose of the report:					
Information		<input type="checkbox"/>	Assurance		<input checked="" type="checkbox"/>
Review and Discussion		<input type="checkbox"/>	Approval / Agreement		<input type="checkbox"/>
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality		<input type="checkbox"/>	Staff confidentiality		<input type="checkbox"/>
Patient confidentiality		<input type="checkbox"/>	Other exceptional circumstances		<input type="checkbox"/>
Link to Trust Strategic Themes:					
Patient Care		<input checked="" type="checkbox"/>	Sustainability		<input checked="" type="checkbox"/>
Our People		<input type="checkbox"/>	Quality		<input type="checkbox"/>
Systems and Partnerships		<input checked="" type="checkbox"/>			
Any implications for:					
Quality	The Committee did not refer any matters to the Quality Assurance Committee.				
Financial	The Committee's focus was on supporting the flow of assurance on financial and performance systems of internal control to the Board.				
Workforce	Under the revised Committee governance processes workforce matters and assurance would be taken directly at the Board				
Link to CQC Domains:					
Safe		<input type="checkbox"/>	Effective		<input checked="" type="checkbox"/>
Caring		<input type="checkbox"/>	Responsive		<input checked="" type="checkbox"/>
Well-led		<input checked="" type="checkbox"/>	Use of Resources		<input checked="" type="checkbox"/>
Communication and Consultation:					
Executive Summary:					
<p>There have been two Finance and Performance Committee meetings since the last Board these being on the 27 October and the 24 November. The attached document provides an update to the Board on these two meetings.</p> <p>The Finance and Performance Committee met on the 27 October 2020 was quorate and was attended by two Non-Executive Directors and the Trust Chair along with the following Executives, the Deputy Chief Executive Officer, the Chief Financial Officer, along with the attendance from the Finance Director, Director of Performance and from the Strategic HR Advisor.</p> <p>The Finance and Performance Committee met on the 24 November 2020 was quorate and was attended by four Non-Executive Directors and the Trust Chair along with the following Executives, the Chief Executive, the Chief Financial Officer, the Chief Operating Officer along with the attendance from the Finance Director, Director of Performance, Director of Efficiency, Director of IM&T, Director of Capital Development and from the Strategic HR Advisor.</p> <p>At both meetings the Committee meeting, received information on key performance and financial matters along with that relating to the Trust's Efficiency programme and information on the Trust's workforce capacity and performance metrics.</p>					

Key Recommendation(s):

The Board is asked to :

NOTE the assurance provided in respect of the Trust's performance plans and the established restoration plans and their supporting actions.

NOTE the assurance provided in relation to the delivery against the revised financial framework for September and October 2020.

NOTE the assurance provided in respect of the Trust's Efficiency Programme.

NOTE the assurance provided in respect of the Trust's workforce capacity and performance metrics.

NOTE the view of the Committee in respect of the BAF risks it has oversight for, this being that the current scores are a fair reflection of these risks.

To: Trust Board

Date: 1 December 2020

From: Finance and Performance Committee Chair

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate		
			yes	no	
Finance and Performance Committee	27 October 2020	Patrick Boyle	✓	<input type="checkbox"/>	
	24 November 2020		✓	<input type="checkbox"/>	
Declarations of Interest Made					
None					
Actions taken by the Committee					
<ul style="list-style-type: none"> ▪ The Committee RECEIVED at both meetings a report from the Chief Operating Officer and the Director of Performance on the Trust's performance against the constitutional standards and the Trust's developed restoration and recovery plans across each of these. The Committee received information on the delivery of the established recovery plan and the impact of the second lock down on attendances. The Committee was updated on the processes applied to review the patients with long waiting times over 52 weeks and the Committee was informed that the detail of this process would be reported to Quality Assurance Committee. The Committee heard of the actions taken under the adopt and adapt work which links to system work through the Sussex Acute Collaborative Network and the positive comparable position of the Sussex system in respect of restoration. The Committee was ASSURED over the actions being taken by the Trust and those planned to further restore activity levels. The Committee discussed the risks to Trust's performance delivery and managing the early winter demands and recognised these challenges and AGREED these were reflected within the Trust's BAF with risks 5.1, 5.2 and 5.3 with risk 5.3 being the highest scored risk within the BAF. ▪ The Committee RECEIVED a report on the Trust's financial performance and noted the position for month six at the October meeting under the revised national financial regime and month seven at the November meeting. The Committee in the September meeting was ASSURED over the Trust's submission of its stage three plan and that this plan had formed part of the ICS expenditure forecasts based on activity projections. The Committee was informed that whilst it was expected the MSK partnership block arrangements will be replaced with payment activity from M5 although the Trust had received information that the block arrangements would continue but the Trust awaited the formal confirmation of such from the central region. The Committee in the November meeting RECEIVED information in relation to the Trust's latest position following the national requirement to submit a revised plan which was an improvement with a reduced deficit from the initial submitted plan. The Committee was ASSURED over the Trust's processes supporting this improved plan. The Committee was informed that the MSK would remain on a block contract basis. The Committee was updated on the national discussions underway on the treatment of non NHS income and expenditure and the phase 3 incentive and penalty guidance recognising that this supports and AGREED the elevated risks for BAF risks 2.1 and 2.2 remain. ▪ The Committee at both meetings RECEIVED a report on the Trust's efficiency programme, its delivery and the work being undertaken deliver and further develop the tactical schemes. The Committee received information on the processes being applied to develop the more complex schemes and the processes being applied to assure the Trust of the identified benefits. The Committee was ASSURED over the efficiency programme development and the work being 					

undertaken to support the divisions in determining the scheme benefits.

- The Committee at both meetings **RECEIVED** a report on the Trust workforce capacity and performance indicators and recognised the linkage between this report and extra workforce costs through use of bank and agency staff. At the September meeting the Committee received an update on the actions being taken in respect of managing premium nursing spend. In the November meeting the Committee received information on the implementation plan for health rostering across the nursing, AHP and corporate workforce. The Committee **RECEIVED** information on the work being done in respect of the rostering of medical staff and the joint work with WSHFT in this area.
- The Committee at its November meeting **RECEIVED** an update from the Director of IM&T on the implementation of the clinical IT projects within the IT strategy. The Committee was **ASSURED** over the degree of system working and close working with WSHFT supporting this work along with the degree of clinical leadership within the projects.
- The Committee reviewed the BAF risks for which it has oversight for and **AGREED** these were fairly represented and asked that risk 5.2 be considered at the 3Ts oversight and assurance meeting.

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

The Committee sought more information on the action plans in respect of the Trust restoration plan delivery allowing the Committee to seek further information where appropriate.

The Committee is to receive information on the system context in relation to both finance and performance reports going forward.

The Committee asked for more detail to be brought to a subsequent meeting on the action being taken to recover the appraisal performance and provide the wellbeing support to our workforce.

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

Item	Referred to
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented subject to the input from the 3Ts oversight and assurance committee.	

Agenda Item:	11	Meeting:	Trust Board	Meeting Date:	1 December 2020
Report Title: Audit Committee Report to Board					
Sponsoring Executive Director: Kirstin Baker, Non-Executive Director					
Author(s): Kirstin Baker, Non-Executive Director					
Report previously considered by and date: N/A direct report to Board					
Purpose of the report:					
Information		<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	
Review and Discussion		<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality		<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	
Patient confidentiality		<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>	
Link to Trust Strategic Themes:					
Patient Care		<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>	
Our People		<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	
Systems and Partnerships		<input checked="" type="checkbox"/>			
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe		<input type="checkbox"/>	Effective	<input type="checkbox"/>	
Caring		<input type="checkbox"/>	Responsive	<input type="checkbox"/>	
Well-led		<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>	
Communication and Consultation:					
Executive Summary:					
<p>The Audit Committee met on the 6 October 2020 and was quorate as it was attended by three Non-Executive Directors. Attending the meeting were also the Trust's External and Internal Auditors, the Trust's Local Counter Fraud Specialist, and the Trust Director of Finance.</p> <p>The Committee received its planned items and debated these reports in accordance with its cycle of business.</p>					
Key Recommendation(s):					
<p>The Board is asked to NOTE:</p> <p>The Committee NOTED the Internal Audit Progress Reports and the two Audit Reports.</p> <p>The Committee asked the Board to NOTE the positive assurances received from Internal Audit relating to Covid Governance.</p> <p>The Committee NOTED the LCFS 2019/20 progress report and were ASSURED by the findings in the National Benchmarking report.</p> <p>The Committee were ASSURED by the robust actions within the Cyber Security Update and requested an update on Data Protection from the Group IM&T Director at the January Committee meeting.</p> <p>The Committee NOTED the External Audit Lessons Learnt paper</p>					

The Committee requested a joint detailed Finance and Pharmacy presentation relating to Pharmacy Stock Control from Hansen Quao and Mike Cross.

The Committee requested a presentation in relation to the Estates and Facilities actions undertaken within procurement.

To: Trust Board

Date: 1 December 2020

From: Audit Committee

Agenda Item: 11

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
Audit Committee	6 October 2020	Kirstin Baker	yes	no
Declarations of Interest Made				
No interests were declared.				
Assurance received at the Committee meeting				
<ul style="list-style-type: none"> ▪ The Committee RECEIVED the progress reports incorporating the management action plans for Covid Governance and Budget Control from the Internal Auditors and was ASSURED given the Internal Audit Opinions and the management action plans developed to further enhance the control environment within the area of Covid Governance. ▪ The Committee RECEIVED the Internal Audit Recommendations Follow Up Report and was ASSURED that the Trust actions are processing within their revised timeframes. ▪ The Committee RECEIVED the Trust's Cyber Security Action plan and were ASSURED by the robust effectiveness in place. ▪ The Committee received ASSURANCE from the Local Counter Fraud Specialist progress report update and the national benchmarking report. ▪ The Committee RECEIVED the External Audit outcome of the Trust annual accounts debrief meeting and were ASSURED by the quantified improvements in place. ▪ The Committee RECEIVED the Losses and Special payments register. ▪ The Committee RECEIVED information over the processes applied over use of waivers and reflected that their use was reasonable. 				
Actions taken by the Committee within its Terms of Reference				
None to note.				
Items to come back to Committee (Items Committee keeping an eye on)				

- The Committee agreed that the IM&T data protection update should be presented at the January 2021 Committee meeting.
- The Committee asked that the Trust Chief Pharmacist attend the January 2021 meeting to provide assurance relating to the Trust pharmaceutical disposal losses over a 3 year period and what processes and actions are in place.
- The Committee requested a presentation in relation to the Estates and Facilities waiver actions undertaken within procurement.

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

Item	Referred to
There were no matters the Committee needed to refer to the Board for action. However the Committee asked the Board note the Committee's positive assurances surrounding the Internal Audit Covid governance report.	Board to note.

Agenda Item:	12	Meeting:	Board	Meeting Date:	1 Dec 2020
Report Title: Board Assurance Framework – 2020/21 Quarter 3					
Sponsoring Executive Director: Glen Palethorpe, Group Company Secretary					
Author(s): Glen Palethorpe, Group Company Secretary					
Report previously considered by and date:		The relevant risks have been considered by Finance and Performance Committee 24 November 2020			
Purpose of the report:					
Information		<input type="checkbox"/>	Assurance		<input checked="" type="checkbox"/>
Review and Discussion		<input type="checkbox"/>	Approval / Agreement		<input checked="" type="checkbox"/>
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality		<input type="checkbox"/>	Staff confidentiality		<input type="checkbox"/>
Patient confidentiality		<input type="checkbox"/>	Other exceptional circumstances		<input type="checkbox"/>
Link to Trust Strategic Themes:					
Patient Care		<input checked="" type="checkbox"/>	Sustainability		<input checked="" type="checkbox"/>
Our People		<input checked="" type="checkbox"/>	Quality		<input checked="" type="checkbox"/>
Systems and Partnerships		<input checked="" type="checkbox"/>			
Any implications for:					
Quality	Quality related strategic risks				
Financial	Finance related strategic risks				
Workforce	Workforce related strategic risks				
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective		<input checked="" type="checkbox"/>	
Caring	<input checked="" type="checkbox"/>	Responsive		<input checked="" type="checkbox"/>	
Well-led	<input checked="" type="checkbox"/>	Use of Resources		<input checked="" type="checkbox"/>	
Communication and Consultation:					
The Board Assurance Framework has been prepared in conjunction with each of the five Chief Officers, focussing on respective strategic objectives and determining their associated strategic risks.					
Executive Summary:					
<h3>Introduction</h3> <p>The Trust has identified 13 strategic risks which have been assessed against the Trust's risk appetite when setting their target score. The Trust's risk appetite statements are under review and in setting the target risk scores reflect the Board's view in respect of patient treatment times being aligned to their clinical priority and need rather than solely being driven by the duration of the wait.</p> <p>The opening score for 2020/21, has taken into account the changing environment the Trust is operating within post Covid. There has been one risk added to the BAF for 2020/21, this is within the people section of the BAF. Risk 3.4 relates to the risk to staff wellbeing resulting from increased demands brought about by the pandemic and whilst many actions have been taken further work is being undertaken through the Trust's Refresh, Restoration and Recovery plans.</p>					
<h3>BAF Summary</h3> <p>The table overleaf shows by risk, their current score and their target risk score. The table shows pictorially the movement in risk between the current score for Q3 and that recorded for Q2. (↔ No change, ↑ an increase in risk and ↓ a decrease in risk)</p>					

Noting that there is one risk, risk 2.3 which is currently at its target score and therefore the BAF process for this risk is about securing assurance that this acceptable (target) level of risk is maintained.

Quarter 3 update

Risk 5.3 which is in relation to the Trust's consistent delivery of the NHS Constitutional targets remains the Trust's highest scoring current risk at 20.

Risk 5.2 has been reduced this quarter. Although the risks as a result of a second wave of COVID and winter pressures remain, the completion of the actions required give assurance about the planning and mitigating actions to minimise these if possible. As a result of this, combined with the agreement for the revised programme for 3Ts, the likelihood score of the risk has reduced to 4 although the overall risk rating remains high. It is not expected this will decrease further in the next quarter given the work being undertaken within the system and wider national NHS, in respect of COVID, and Winter pressures.

Risks 2.1, 2.2 and 5.1 remain at their previous quarter scoring 16.

BAF: Strategic Objectives and Strategic Risks (Key: I = Impact L = Likelihood T = Total)	Risk Scores															
	Opening risk			Q2			Q3			Q4			Target			
	I	L	T	I	L	T	I	L	T	I	L	T	I	L	T	
1. Patient Quality Assurance Committee																
1.1 we are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in adverse reputational impact and loss of market share	3	3	9	3	3		9	3	3	9			3	2	6	
2. Sustainability Finance and Performance Committee																
2.1 We are unable to align or invest in our workforce, finance, estate and IM&T infrastructure effectively to support operational resilience, deliver our strategic and operational plans and improve care for patients	4	3	12	4	4		16	4	4	16			4	2	8	
2.2 We cannot deliver ongoing efficiencies and flex our resources in an agile way resulting in an increasing or unmanaged deficit and inefficient, unaffordable and unsustainable services	4	3	12	4	4		16	4	4	16			4	2	8	
2.3 We are unable to meet high standards of financial stewardship	4	2	8	4	2	8	8	2	8	8			4	2	8	

meaning we cannot sustain compliance with our statutory financial duties																				
3. People																				
Quality Assurance Committee and Board																				
3.1 We are unable to appropriately develop and sustain the leadership and organisational capability and capacity to lead on going performance improvement and build a high performing organisation.	4	3		12	4	3		12	↔	4	3		12	↔				4	2	8
3.2 We are unable to effect cultural change and involve and engage staff in a way that leads to continuous improvements in patient experience, patient outcomes, and staff morale and wellbeing	4	3		12	4	3		12	↔	4	3		12	↔				4	2	8
3.3 We are unable to meet our workforce requirements through the effective recruitment, development, training and retention of staff adversely impacting on patient experience and the safety, quality and sustainability of our services	4	3		12	4	3		12	↔	4	3		12	↔				4	2	8
3.4 We are unable to consistently meet the health, safety and wellbeing needs of our staff as we recover and restore services in line with CV-19 restrictions	4	3		12	4	3		12	↔	4	3		12	↔				4	2	8
4. Quality Improvement																				
Quality Assurance Committee																				
4.1 We are unable to deliver and demonstrate compliance with regulatory requirements or clinical standards adversely impacting on patient safety and our registration and accreditation by regulatory and supervisory bodies	3	4		12	3	4		12	↔	3	4		12	↔				3	3	9
4.2 We are unable to deliver service improvements and improve safety, care quality and outcomes for	3	3		9	3	3		9	↔	3	3		9	↔				3	2	6

our patients or demonstrate that our services are clinically effective																				
5. Systems and Partnerships																				
Finance and Performance Committee																				
5.1 We are unable to develop and maintain collaborative relationships with partner organisations based on shared aims, objectives, and timescales leading to an adverse impact on our ability to operate efficiently and effectively within our health economy	4	4		16	4	4		16	↔	4	4		16	↔				4	2	8
5.2 We are unable to define and deliver the strategic intentions, plans and optimal configuration that will enable our services to be sustainable, leading to an adverse impact on their future viability.	4	5		20	4	5		20	↔	4	4		16	↓				4	2	8
5.3 We are unable to deliver and demonstrate consistent compliance with operational and NHS constitutional standards resulting in an adverse impact on patient care, financial penalties and the Trust's reputation.	4	5		20	4	5		20	↔	4	5		20	↔				4	2	8

Board Committee review of the risks

The Finance and Performance Committees at their meetings on the 24 November reviewed the risks for which they have allocated lead oversight for and confirmed that they considered the current scores are fairly represented. The Quality Assurance Committee is scheduled to meet on the 22 December to review the risks they have allocated oversight for.

Key Recommendation(s):

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

INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK

The Board Assurance Framework, including progress made against mitigating actions, is monitored through the Quality Assurance Committee and the Infection Prevention and Control Committee

Updated November 2020

- 1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users**

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Systems and processes are in place to ensure:					
Infection risk is assessed at the front door and this is documented in patient notes	<ul style="list-style-type: none"> Patients are triaged on entering A&E and assessed as high, medium or low risk, as per PHE definitions Signage and use of coloured footprints are used for staff and patients to follow A & E follow the Emergency Care Pathway for COVID-19, which includes the case definition for COVID19. Patients are then assigned to follow either a high, medium or low risk pathway. This is documented in patient notes in the Accident and Emergency Department OPD departments assess patients on arrival using a checklist to assess for symptoms of COVID19 The Covid Safe Working Spaces Group are working to ensure social distancing measures throughout the Trust or mitigation using physical barrier/plastic screens. Surgical face masks and alcohol hand sanitiser are 	<p>-Updated PHE guidance issued 20/08/20, categorises patients as high, medium or low risk.</p> <p>This guidance has been reviewed and approved by CAG and cascaded to clinical teams. Improved capacity for rapid swab testing on arrival at A/E reducing the need for a holding area until swab results known.</p> <p>-Key Actions Briefing Note issued by NHSE on 17/11/20 – currently working through joint clinical advisory group with WHST</p>	<p>Trust guidance updated in line with the updated national PHE guidance. Updated Trust guidance approved at CAG and disseminated to clinical areas, as well as being made available on Microguide</p>	31/12/20	

	available for patients and staff at entry points to hospitals				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	<ul style="list-style-type: none"> Emergency Care Pathway for confirmed or suspected COVID-19 cases available on Microguide. The clinical site team have records available to evidence that patients are moved from either A&E or the Acute Medical Unit and once there is a decision to admit they are allocated to the right bed. They are then only moved for clinical reasons, and moves are kept to a minimum to enhance patient experience and safety, as much as possible A Prioritisation Tool is used to enable Site Team decision making surrounding patient placement in single rooms Ongoing advice is available from the IPC Team, Infectious Diseases Department and On-Call Microbiology 	<p>-Medium risk patients, i.e. asymptomatic but awaiting swab results, are admitted onto low risk wards, if assessed as being low risk by a senior clinical decision maker – this potentially increases the risk of nosocomial transmission</p> <p>-Rapid testing currently used for pre agreed priority patient groups. Additional rapid testing is now available.</p>	<p>-medium risk patients admitted to low risk wards are assessed by a senior clinical decision maker</p> <p>-all staff wear a FRSN and patients/visitors wear a FRSN as tolerated / unless exempt</p> <p>-infection prevention and control precautions used, including adherence to hand hygiene</p> <p>-2 metre distancing is maintained wherever possible</p>	31/12/20	
Compliance with the national guidance around discharge or transfer of COVID-19 positive patients	<ul style="list-style-type: none"> The guidance is available on Microguide within the section called 'hospital discharge pathways and referral processes' The discharge pathway links to national PHE / NHS guidance Patients are tested prior to discharge to care homes and the results communicated Infection prevention and control discharge communication form developed, for completion prior to 	<p>-Assurance required about whether the IPC discharge communication form is being used when discharging to other care facilities/home with carers</p> <p>- sustained assurance required that patients are swabbed prior to discharge to other care</p>	<p>-All patients are assessed by a Consultant and normal discharge planning is in place.</p> <p>-The Trust is swabbing patients prior to discharge to Care Homes and is part of the discharge pathway.</p>		

	discharge to other care facilities, including care homes, sheltered housing and discharge home with carers. The form is being implemented via the Discharge Hub	facilities/home with carers	-Audit to be undertaken to assess compliance with use of the IPC discharge communication form and pre-discharge swabbing to other care facilities / home with carers Monitoring through Weekly system infection prevention meeting with council and CCG partners	January 2021	
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Patients and staff are protected with PPE, as per the PHE national guidance	<ul style="list-style-type: none"> • 'PPE for COVID-19 based on Patient Risk Category' developed in line with national PHE guidance issued August 2020 and available on Micro-guide • IPC Team provide ongoing support, e.g. regular ward rounds • Daily/regular updates from Procurement on PPE availability, feeding into the Bronze IPC huddle, Clinical Advisory Group and Silver meetings • Procurement seek advice from IPC if replacement items need to be sourced in times of low stock • Fit testing and fit checking is undertaken in line with national requirements and as detailed in the BSUH fit testing SOP / centralised fit testing 	November 2020 national advise that Staff require fit testing for a variety of FFP3 masks so there isn't an over reliance on one or two specific makes/models of masks, in line with national guidance	<p>Local procurement initiatives including Brighton university and local suppliers e.g. alcohol, visors, goggles</p> <p>Mutual Aid enlisted to ensure deployment of PPE stocks if there are local shortages</p> <p>Refresh and reintroduction PPE Safety officers to wards to ensure PPE is worn correctly and offer support to all staff</p>	Implementing a robust system for centralised fit testing for a variety of FFP3 masks by mid- December 2020	

	<ul style="list-style-type: none"> • Web based fit testing records available of staff fit testing undertaken • Fluid resistant surgical facemasks (FRSM) advised for everyone, staff, patients and visitors, entering the hospital (whether working in clinical or non-clinical areas) • FRSM are available for patient use (as tolerated), included in clinical pathways & included in transfer guidance 		<p>Continuing informal education, trust wide communication and training to enforce PHE PPE guidance</p> <p>Availability of reusable respirators and Powerhoods, for staff who repeatedly fails fit testing for disposable FFP3 masks. Video available on info-net to instruct staff on use and care of Powerhoods</p>		
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	<ul style="list-style-type: none"> • The IPC Team check national IPC guidance regularly and any changes are discussed at the IP Team huddle, Bronze IP huddles, Silver meetings and Clinical Advisory Group meetings • Updated /new guidance received via the Senior IP Nurse network and cascaded within the Trust as appropriate • Clinical advisory group discuss any new guidance • Have a monthly joint CAG with WHST • Minutes available recording the above as evidence 		<p>Any new guidance is discussed at the Clinical Advisory Group meetings and a Trust decision via Gold command taken on implementation to ensure consistency in rollout</p>	Ongoing	
Changes to guidance are	<ul style="list-style-type: none"> • Latest updated PHE guidance, e.g. 'COVID-19: Guidance for the 	Not all bed spaces comply with 2m	-Physical barriers assessed / installed in	December 2020	

brought to the attention of boards and any risks and mitigating actions are highlighted	<p>remobilisation of services within health and care settings, infection prevention and control recommendations' and NHSE guidance 'Key Actions' briefing note brought to attention of Trust Management via DIPC, bronze IP, Silver and CAG</p> <ul style="list-style-type: none"> • Gold command meet 3 times a week and approval / notification new guidance is discussed and approved there • Clinical/ward areas have been assessed to ensure compliance with the national requirement for 2m distancing 	<p>physical distancing – currently working through solutions</p> <p>Group chaired by the chief operating officer reviewing ventilation , environmental adaptations Barry building and patient pathways to maximise the use of the estate at PRH</p> <p>Changes to patient testing and movement as per 'Key Actions' briefing note currently being worked through locally and regionally</p>	<p>BSUH for non-clinical and reception areas</p> <p>-Patients with suspected / confirmed COVID19 currently managed in single rooms whenever possible</p> <p>-Trust surge plan includes details about which wards can be used to safely care for high risk COVID19 patients, e.g. wards with the best environment and infrastructure</p> <p>-'Key Actions' briefing note being discussed at Gold Command regarding implementation</p>		
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Risks are reflected in risk registers and the Board Assurance Framework where appropriate	<ul style="list-style-type: none"> • There is a COVID specific risk register that is managed through Gold command and reviewed at least once a week • Datixs are reviewed daily. There is a focus on reviewing and learning from each Datix raised and these have helped inform the risk register • Ward Matrons use Safety and Quality Improvement Tools to 	<p>-Learning from outbreaks continues and is in line with national HSIB findings report (October2020)</p> <p>Learning from first covid wave is informing current approach to challenges</p>	<p>-Ongoing surveillance of all HCAI's including COVID19, is in place for early identification and management of clusters and outbreaks of infection. Where these are identified, appropriate IPC</p>	December 2020	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
	<ul style="list-style-type: none"> ensure best practice- introduction perfect ward will strengthen assurance and drive best practice • Daily spreadsheet of new COVID-19 cases by ward completed by IP Team. National guidance on identifying Healthcare Acquired COVID-19 cases used and outbreak meeting called if 2 cases identified on any one ward for cases that occur on 8 day or onwards • Root cause analysis undertaken for hospital acquired COVID19, for future learning and any ongoing risks identified included in the Trust risk register • Gold approved approach to investigation outbreaks as serious incidents in line with WHST and agreed with Sussex CCG 	<p>Continual focus on excellence IPC, PPE and staff behaviours.</p> <p>Supporting patients with capacity to adhere to social distancing and hand hygiene</p> <p>Currently trust wide review of environment in terms of ventilation and bed spacing</p>	<p>advice is given and outbreak control meetings are held in a timely manner</p> <p>-Regular IPC ward rounds for early identification of any IPC risks and appropriate advice</p> <p>- completion of ward managers / matron COVID19 management checklist</p> <p>-3 times a week IPC safety huddle</p> <p>Weekly quality and safety huddle – IPC attendance</p> <p>-weekly system meeting with Brighton and Hove public health and Sussex CCG IPC lead</p> <p>- Attendance IPC network meetings and regional webinars and CN meetings to share best practice and escalate concerns</p>		

Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	<ul style="list-style-type: none"> • IPC ward rounds • Infectious Diseases & Microbiology team support is provided on an ongoing basis • Isolation nursing for patients with known cross infection risks, in line with IP policies for non COVID-19 infections and pathogens, e.g. MRSA and Clostridium difficile • Programme of annual infection control audits in place 	- Current IPC Team leadership gap	<ul style="list-style-type: none"> -Interim head of nursing appointed to provide leadership to the senior IPC nurses -Recruiting to a nurse consultant post -Reviewing the option of additional consultant PA time to strengthen expertise -Ahead of planned merger working with DIPC at WHST on new organisation IPC structure -on-going surveillance of healthcare associated infections to identify clusters and outbreaks at the earliest opportunity -ward managers / matrons to complete a weekly audit using an IPC quality improvement tool 	March 2021	In progress
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2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

Systems and processes are in place to ensure:					
Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	<ul style="list-style-type: none"> • The infectious diseases team manage COVID-19 positive patients in single rooms over 3 floors in the Courtyard building and other designated wards used for high risk patients • Designated specialist teams e.g. cardiology, ITU, respiratory, care 	<ul style="list-style-type: none"> -On-going education of staff in clinical areas is needed, to ensure staff are aware of the current national guidance when caring for patients with COVID-19 (this is particularly challenging) 	<ul style="list-style-type: none"> -IPC team provide ongoing informal training -clinical pathways and guidance available on Microguide -updated guidance is discussed at the Clinical Advisory 	Ongoing	N/A

	for and treat COVID-19 patients elsewhere in the Trust	given that guidance is rapidly changing)	Group; all Divisions are represented at the CAG		
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas	<ul style="list-style-type: none"> Housekeepers are assigned specifically to COVID areas where possible. All staff are trained in cleaning as detailed in Standard Operating Procedures, and the correct usage of PPE as directed by IPC. Training is cascaded by Duty Managers and Assistant duty managers. Training records are available to evidence training provided Endeavour to keep staff working in designated areas. An enhanced cleaning team undertakes 'red cleans' for COVID areas as required and supports the housekeeping teams within all areas. The Housekeeping team are supported and work load is managed to protect staff and support the operational management of BSUH IP Team meeting with Housekeeping supervisors every 2 months to discuss issues Clinical director for facilities now fully in post reporting to the DIPC 	Nil	NA	N/A	N/A
Decontamination and terminal decontamination	<ul style="list-style-type: none"> Red cleans undertaken using Tristel, cleaning records available 	Need to strengthen the terminal	Hydrogen peroxide vapour disinfection is	N/A	N/A

of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	<ul style="list-style-type: none"> Joint weekly cleanliness monitoring 	decontamination of isolation / cohort areas, to include office spaces in wards, as well as clinical areas	used as and when required		
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	<ul style="list-style-type: none"> The housekeeping team provide enhanced cleaning in areas as required, including high use touch point, e.g. doors, lights and handles. 	-A robust system for decontamination of high touch surfaces, e.g. computer keyboards, multiple times a day is not in place and difficult to implement due to heavy workload, particularly in clinical areas	<ul style="list-style-type: none"> -Constant reminders to staff to clean frequent touch sites multiple times a day -Reviewing recent guidance on above through CAG -Cleanliness audits , clinical director reviewing process and ensuring visibility through various governance routes – promoting local accountability 	March 2021	
Linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	<ul style="list-style-type: none"> Linen bagging poster available and is in line with PHE guidance 	Nil	NA	N/A	N/A
Single use items are used	<ul style="list-style-type: none"> Single use guidance included in 'decontamination policy 27.1.2017' 	Single use items not always used or not always labelled with	Included in IPC update training	Ongoing	N/A

where possible and according to Single Use Policy	<p>available on Trust intranet via IPC link</p> <ul style="list-style-type: none"> Procurement are informed of any new “red” wards or areas daily so they can ensure single use items (e.g. BP cuffs) are delivered ready for use 	the patient's first and last name	Ward Managers and Matrons spot check compliance Perfect ward will enable monitoring of this		
Reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	<ul style="list-style-type: none"> Decontamination policy on trust intranet Programme of annual infection control audits in place Ward managers / Matrons complete COVID management checklist 	Nil	NA	N/A	N/A
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance					
Systems and process are in place to ensure:					
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Arrangements around antimicrobial stewardship are maintained	<ul style="list-style-type: none"> Antimicrobial stewardship meetings being held monthly Discussions about changing our community acquired pneumonia / hospital acquired pneumonia policy took place. A review of the literature and co-infections in COVID positive patients did not show many co-infections, mirroring our experience locally. Consequently it was agreed that there was no need to change our policy The antimicrobial pharmacist is fully involved in <i>Clostridium difficile</i> root cause analysis meetings 	Nil	N/A	N/A	N/A

Mandatory reporting requirements are adhered to and boards continue to maintain oversight	<ul style="list-style-type: none"> • All mandatory reporting is in place, including reporting to the Trust Board • Relevant issues discussed at Bronze, Silver and Gold Command are escalated to the Trust Board who maintain an oversight on IPC issues • IPC annual report present at Board • IPC BAF reviewed at QAC – escalation to board 	Nil	NA	N/A	N/A
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4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion

Systems and processes are in place to ensure:					
Implementation of national guidance on visiting patients in a care setting	<ul style="list-style-type: none"> • Hospital visiting restricted in line with national guidance • Visiting guidance available for staff on Infonet / intranet • Posters advising on restricted visiting displayed around the hospital and use of: <ul style="list-style-type: none"> - Social medial - Staff messaging - BSUH website - Refreshed compassionate visiting guidance approved at Gold command and in place 	Nil	NA	N/A	N/A

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Areas in which suspected or confirmed COVID-19 patients are being treated are clearly marked with appropriate signage and have restricted access	<ul style="list-style-type: none"> • Red and green pathways marked by footprints on the floors through the Emergency Department • Signage, including pull-up banners and 'High risk area' posters available for use as and when required 	Signage to the entrance to high risk wards to be improved, to make high risk areas more explicit	Existing signage currently in use	December 2020	Current signage being refreshed and updated

Information and guidance on COVID-19 is available on all Trust websites with easy read versions	<ul style="list-style-type: none"> All Trust information and guidance is available on the intranet and Micro-guide and links also provided to PHE guidance 	Nil	NA	N/A	N/A
Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	<ul style="list-style-type: none"> Verbal communication is provided for individual patients being handed over Transfer-nursing handover (SBAR) available on trust intranet, which includes a section on Infection Control issues on handover IPC discharge communication form developed, including COVID19 and other common cross-infection risks, e.g. MRSA 	<p>IPC discharge communication form not yet fully embedded</p> <p>discharges to other care facilities, e.g. care homes and discharges home with carers</p> <p>-Working on collaboration with CCG and public health partners on improving communication and pathways between secondary and primary care</p>	<p>Infection status is included in the discharge letter, a copy of which is sent to the patient's GP</p>	End of December 2020	Work in progress with the Discharge Hub to embed use of the form
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people					
Systems and processes are in place to ensure:					
Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection	<ul style="list-style-type: none"> The emergency department have implemented a red and green pathway for non-COVID and COVID patients to ensure patients are cohorted to minimise the risk of cross infection Reflected in a variety of clinical pathways, e.g. emergency care 	Nil	NA	N/A	N/A

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Patients with suspected COVID-19 are tested promptly	<ul style="list-style-type: none"> • Guidance for testing of patients with suspected COVID-19 is available on Microguide • Non-elective patients are currently routinely screened on admission and day 5. In addition, any patient who develops symptoms of COVID-19 are tested • Point of care testing is used in admission areas, to aid a speedy diagnosis 		<p>Medium risk patients, i.e. asymptomatic but awaiting swab results, are assessed by a senior clinical decision maker before placing onto low risk pathway</p> <p>-Point of care testing capacity now increased at the front door, so patients COVID status is known prior to admission, making it easier to move patients onto the appropriate low, medium or high risk pathway</p>	December 2020	Green once evidence embedded December 2020
Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested	<ul style="list-style-type: none"> • Guidance is provided for managing patients who test negative but develop symptoms, available in a variety of clinical pathways on Microguide • Appropriate segregation and prompt retesting is undertaken • Patients who test negative on admission are rescreened after 5 days in line with national guidance and test results available as evidence of this 	Nil	NA	N/A	N/A

Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	<ul style="list-style-type: none"> All patients attending routine appointments are assessed for symptoms of COVID19 (by asking patients relevant triage questions). If a patient answers yes to the questions, the patient is asked to go home and self-isolate, following the advice provided on Gov.uk website. Their appointment is rescheduled. 		<p>Staff wear the appropriate personal protective equipment</p> <p>Patients are asked to wear a fluid resistant surgical mask on entering the hospital</p> <p>2 metre distancing is maintained as much as possible</p> <p>Test that the triage questions are asked consistently in all OPD outpatient departments</p>	Review January 2021	
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6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

Systems and processes are in place to ensure:

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
All staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	<ul style="list-style-type: none"> e-learning for IPC is available at all times via IRIS Informal ward based training delivered by ICN's and PPE safety officers Donning and Doffing videos are available on staff intranet in line with PHE guidance IPC induction / update training available via e-learning 	Nil	NA	N/A	N/A
All staff providing patient care are trained in the selection and use of PPE	<ul style="list-style-type: none"> Training and on-going support is provided by the Infection Control Team and PPE safety officers 	Nil	NA	N/A	N/A

appropriate for the clinical situation and on how to safely don and doff it	<ul style="list-style-type: none"> Donning and Doffing videos are available on the staff intranet in line with PHE guidance 				
A record of staff training is maintained	<ul style="list-style-type: none"> Training records maintained on IRIS for mandatory IPC training, including induction training and updates 	Nil	N/A	N/A	N/A
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	<ul style="list-style-type: none"> PPE is not being reused outside of PHE guidance 	Nil	NA	N/A	N/A
Any incidents relating to the re-use of PPE are monitored and appropriate action taken	<ul style="list-style-type: none"> Datix is available to report any such incidents Previous incidents have been verbally discussed at the Clinical Advisory Group and appropriate action taken. Minutes available No recent incidents highlighted 	Nil	NA	N/A	N/A
Adherence to PHE national guidance on the use of PPE is regularly audited	<ul style="list-style-type: none"> Adherence checked by the Infection Control Team during IPC ward rounds and senior leadership teams, namely Matrons, Directorate Lead Nurses & Heads of Nursing; check and challenge in use 	Promote ownership at local level to monitor and audit practice with IPC leading on the developing of the audit tools and providing expert advice	Matrons issued with a quality improvement tool – COVID19 management checklist, which includes checking adherence to PPE requirements	N/A	N/A
Staff regularly undertake hand hygiene and observe standard infection control precautions	<ul style="list-style-type: none"> Hand hygiene training incorporates the World Health Organisation's Five Moments for Hand Hygiene Hand hygiene audit programme in place 	Promote ownership at local level to monitor and audit practice with IPC leading on the developing of the audit	-Matrons complete the quality assurance improvement tool: COVID19 checklist, on a weekly basis	31 st January 2021	

	<ul style="list-style-type: none"> • IPC ward rounds – check and challenge • Annual infection control audits, include hand hygiene • Ward managers / matrons issued with an IPC quality improvement tool – COVID19 management checklist, which incorporates hand hygiene 	tools and providing expert advice	<ul style="list-style-type: none"> -check and challenge during IPC ward rounds -infection prevention link nurses trained to carry out hand hygiene audits -Monthly Peer review to provide fresh eyes and challenge 		
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Staff understand the requirements for uniform laundering where this is not provided for on site	<ul style="list-style-type: none"> • PHE guidance regarding uniform laundering has been included in frequently asked questions for staff and is available on the intranet • Scrubs are provided for staff in high risk areas / undertaking high risk procedures and these are laundered in the Trust off site laundry 	Nil	NA	N/A	N/A
All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms					
7. Provide or secure adequate isolation facilities					
Systems and processes are in place to ensure:					

Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	<ul style="list-style-type: none"> Patients are isolated in single rooms when clinically suspected or confirmed to have COVID19, or cohorted if insufficient single rooms available, based on risk assessment Surge plans ensure the capacity for both COVID and non-COVID patients is available throughout the hospital Flow chart for “exposed” patients updated August 2020 IPC ward rounds undertaken to ensure patients are appropriately isolated 	<p>-Medium risk patients (asymptomatic, but swab result awaited) are currently placed on the low risk pathway if assessed as being low risk by a senior clinical decision maker – this potentially increases the risk of nosocomial transmission</p>	<p>-Senior clinical decision maker involved with the assessment</p> <p>-Exposed patient pathway followed as and when necessary</p> <p>-Staff wear the PPE for medium risk patients to reduce the risk of cross-transmission</p> <p>-Additional rapid testing commenced which will help ensure patients COVID status is known before leaving the Acute Floor</p>	December 2020	Green once evidence embedded December 2020
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national Guidance	<ul style="list-style-type: none"> Clinical/ward areas have been assessed to ensure compliance with the national requirement for 2m distancing and the standards set out in ‘Infection Control in the Built Environment’ Assessment of ventilation undertaken in a number of areas that carry out AGPs, e.g. endoscopy Review of national key actions and agreed implementation currently being reviewed at CAG and to Gold Week commencing 30th November 	<p>- Not all bed spaces comply with 2m physical distancing –</p> <p>-Ventilation is suboptimal in some areas across the Trust</p>	<p>Group chaired by the chief operating officer reviewing ventilation, environmental adaptations Barry building and patient pathways to maximise the use of the estate at PRH.</p> <p>A programme to assess and improve the ventilation in clinical areas is in place, focusing</p>	January 2021	

			<p>starting with priority areas</p> <p>Changes to patient testing and movement as per 'Key Actions' briefing note currently being worked through locally and regionally</p> <ul style="list-style-type: none"> -All clinical areas advised to declutter and maximise bed spacing as much as possible 		
<p>Patients with resistant / alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement</p>	<ul style="list-style-type: none"> • IPC policies for management of patients with resistant/alert organisms are available to Trust staff on the intranet • Included in induction and update IPC training • Clinical site team have records available regarding placement of patients with resistant/alert organisms • Single room prioritisation list available and provided to the Site Team 	<p>-Single room provision is quite limited in many areas of the Trust, including provision of single rooms with en-suite facilities.</p> <p>Consequently, there is often insufficient to meet demand (for IPC requirements and other clinical needs, such as end-of-life)</p>	<p>-IPC precautions are implemented at the patient bedside based on risk assessment when single rooms are unavailable – checked during IP ward rounds</p> <p>-Ward managers / matrons check and challenge whether the correct precautions are in place</p> <p>-Site team assist with correct placement of patients to help mitigate risk</p> <p>-</p>	<p>New hospital (3Ts) will include 50% single room isolation facilities</p>	

8. Secure adequate access to laboratory support as appropriate There are systems and processes in place to ensure:						
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress	
Testing is undertaken by competent and trained individuals	<ul style="list-style-type: none"> The Microbiology Department has held UKAS accreditation which provides assurance of the high quality service they provide. The department have also applied for the accreditation for COVID-19 which was optional for all sites undertaking testing 	Nil	NA	N/A	N/A	
Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	<ul style="list-style-type: none"> Patient testing is undertaken in line with PHE / national guidance on admission and day 5 – included in clinical pathways Staff testing embedded in the testing POD Rolling out regular staff testing in line with national guidance – self testing kits and accompanying information being rolled out SOP for staff testing managed by the workforce team 	Nil	<ul style="list-style-type: none"> -Daily list of patients who require 5 day re-swabbing circulated via the Site Team -Undertake an audit to assess compliance with the day 5 re-swabbing requirement 	Retrospective audit January 2021 to test system		
Screening for other potential infections takes place	<ul style="list-style-type: none"> Screening takes place as per local / national guidance / policies, e.g. MRSA IPC policies, which includes the need for screening, are available on the Intranet IPC ward rounds 		<ul style="list-style-type: none"> -The IP Team visits wards based on priority (this is assessed on a daily basis) -Local ownership led by Matrons and ward managers 	N/A	N/A	
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections Systems and processes are in place to ensure that:						

Staff are supported in adhering to all IPC policies, including those for other alert organisms	<ul style="list-style-type: none"> • Trust induction • IPC ward rounds • IPC training • IPC policies • Local leadership/link nurses • IPC annual audit programme • IPC quality improvement tool – weekly checks 	<ul style="list-style-type: none"> -Sustained need for vigilance and compliance -Promote local ownership through divisional and department leaders -Need to further strengthen the IPC team at BSUH and as the new merged organisation 	<ul style="list-style-type: none"> -IPC quality improvement tool issued to ward managers / matrons for weekly checks of IP standards, encouraging local leadership of IP issues -on-going support and advice provided by the IP Team -Interim Head of Nursing appointed to provide leadership to the senior IPC nurses -Recruiting to a nurse consultant post -Reviewing the option of additional consultant PA time to strengthen expertise -Ahead of planned merger working with DIPC at WHST on new organisation IPC structure 	April 2021	
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Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	<ul style="list-style-type: none"> • Reviewed daily by the Incident Control Room and IPC Team • Any changes are communicated at Bronze IP huddle, CAG and Silver meetings for dissemination to all clinical areas via directorate representatives, minutes of meetings available as evidence 	Nil	NA	N/A	N/A

	<ul style="list-style-type: none"> • Guidance available for all staff on Microguide 				
All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	<ul style="list-style-type: none"> • All waste generated from confirmed / suspected Covid-19 patients is discarded as infectious waste – waste consignment notes provide evidence of this 	Nil	NA	N/A	N/A
PPE stock is appropriately stored and accessible to staff who require it	<ul style="list-style-type: none"> • Covid-19 PPE stock is stored in the Procurement department and dispensed to clinical areas on a daily basis, as needed • All PPE stock queries are directed to bsuh.covidstock@nhs.net • Senior ward staff check stock availability on their ward 	-National / international stock shortages can impact accessibility	-Mutual aid Careful use of PPE, taking account of whether areas are undertaking aerosol generating procedures	Ongoing	N/A
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection					
Appropriate systems and processes are in place to ensure:					
Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	<ul style="list-style-type: none"> • Risk assessment completed for at risk groups by managers with additional support for process provided by Occupational Health and HR WOW team • Risk assessment updated and reissued with additional guidance particularly in relation to BAME staff 	Nil	NA	N/A	N/A
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Timeline	Progress
Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a	<ul style="list-style-type: none"> • Training provided for FFP trainers • Portacount machines purchased by directorates for FFP testing • Web based fit testing records are available and can be accessed via the qualitative fit testing report 	-Some records were paper based prior to electronic recording	-All records have been uploaded electronically	N/A	N/A

record of this training is maintained					
Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	<ul style="list-style-type: none"> Dedicated Senior Nurse contacts all 'at-risk' staff at 7 days absence, 7 days per week. Ways of Working Team (WOW) keep the database of all staff absence related to COVID Advice for managers on info-net and staff sickness reported at Silver Command meetings 	Nil	NA	N/A	N/A
Staff that test positive have adequate information and support to aid their recovery and return to work	<ul style="list-style-type: none"> Dedicated Senior Nurse contacts all staff who test positive and offer advice and support, also supported by the Ways of Working (WOW) Team 	Nil	NA	N/A	

Agenda Item:	14	Meeting:	Board of Directors	Meeting Date:	1 Dec 2020
Report Title:	Company Secretary Report				
Sponsoring Executive Director:		Glen Palethorpe, Group Company Secretary			
Author(s):		Glen Palethorpe, Group Company Secretary			
Report previously considered by and date:					
Purpose of the report:					
Information		<input checked="" type="checkbox"/>	Assurance		<input checked="" type="checkbox"/>
Review and Discussion		<input type="checkbox"/>	Approval / Agreement		<input type="checkbox"/>
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality		<input type="checkbox"/>	Staff confidentiality		<input type="checkbox"/>
Patient confidentiality		<input type="checkbox"/>	Other exceptional circumstances		<input type="checkbox"/>
Link to Trust Strategic Themes:					
Patient Care		<input checked="" type="checkbox"/>	Sustainability		<input checked="" type="checkbox"/>
Our People		<input checked="" type="checkbox"/>	Quality		<input checked="" type="checkbox"/>
Systems and Partnerships		<input checked="" type="checkbox"/>			
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe		<input type="checkbox"/>	Effective		<input type="checkbox"/>
Caring		<input type="checkbox"/>	Responsive		<input type="checkbox"/>
Well-led		<input checked="" type="checkbox"/>	Use of Resources		<input type="checkbox"/>
Communication and Consultation:					
Executive Summary:					
<p>This report provides the Board with an update, including matters for which the Trust has complied with a NHS I or other regularly requirement. This report does not seek to duplicate matters that are subject to separate agenda items at today's board meeting.</p>					
Annual General Meeting					
<p>The Annual General Meeting took place on the 29 September and below for information is the link as to where the slides and video extracts used in the meeting can be found.</p>					
<p>https://www.bsuh.nhs.uk/about-us/who-we-are/our-board</p>					
Key Recommendation(s):					
<p>The Board is recommended to note the publication of the AGM video and slides.</p>					