

Minutes

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Minutes of the Board of Directors meeting held on Thursday 30th March, in the Boardroom, St. Mary's Hall, Royal Sussex County Hospital

Present:

Antony Kildare	Interim Chair
Martin Sinclair	Non-Executive Director
Kirstin Baker	Non-Executive Director
Graham Hodgson	Non-Executive Director
Evelyn Barker	Chief Executive
Spencer Prosser	Chief Financial Officer
Heather Brown	Deputy Medical Director
Rab McEwan	Interim Chief Operating Officer
Helen O'Dell	Interim Chief Nurse

In Attendance:

Helen Weatherill	Director of Human Resources
Oliver Phillips	Interim Director of Strategy
Dominic Ford	Director of Corporate Governance
Lois Howell	Director of Clinical Governance
Caroline Owen	Freedom to Speak Up Guardian (presentation)

PB/03/30/01 FREEDOM TO SPEAK UP GUARDIAN

The Freedom to Speak Up Guardian (FTSU) introduced her role and background as the Trust Freedom to Speak Up Guardian, and the objectives and purpose of the Role. The FTSU was introduced as part of the response to the Francis Inquiry and is designed to develop a culture of speaking up, supporting the Trust in becoming a more open and transparent place to work, and providing assurance to the Chief Executive and the Board on the effectiveness of the speaking up arrangements.

In the first 3 months, the FTSU had spoken to around 400 people face to face. A range of materials, posters and information, had been developed for staff, and individual staff had begun to approach the FTSU. The raising concerns policy had been revised and circulated for consultation and was aligned with the national framework. It was planned that Datix would be used to store and report FTSU information and in line with national requirements.

The focus in the next 3 months would be on responding to individual concerns and working with leaders to act on concerns raised, building a network of advocates to support the role, implementing the revised policy, appointing a Non-Executive Director with lead responsibility for Speaking Up, and with the leaders of the organisation, building culture, with a key focus on the development of core management skills. The FTSU had observed many excellent examples of care and commitment, but with issues of Trust, and

management capability and leadership stability. The Board was asked to support this work through the appointment of a responsible NED, actively supporting the role and the change in culture.

The Chairman welcomed the comments regarding the contribution of staff, and the importance of sharing positive news and asked about how the role was being developed elsewhere. The NED lead would be discussed further following the meeting. The FTSU Guardian advised that a number of models for the FTSU role had been implemented in other Trusts and the further development of the role was being discussed within the national network. Western Hospitals had developed a slightly different model.

Kirstin Baker welcomed the report and asked how current concerns raised by staff were being addressed. The FTSU advised that some concerns could be signposted in a straightforward way, other concerns were raised with the relevant service or profession until closed. The Chief Financial Officer asked how the independence of the FTSU could be maintained while working to change the organisation. The FTSU Guardian responded that this was dependent on the integrity of the role and in building good relationships. Martin Sinclair asked how the FTSU Guardian role related to other Executive and specialist roles and to the role of the Audit Committee. The FTSU Guardian advised that the connections with other roles had been developed and she would discuss the relationship with the Audit Committee. The Chief Operating Officer supported the observation about management capability and skills and the importance of addressing this.

In conclusion, the Chairman thanked the FTSU Guardian for the presentation and discussion and welcomed the progress made

PB/03/30/02 Welcome and Apologies

Apologies were received from Professor Malcolm Reed and Steve Holmberg

PB/03/30/03 Declarations of Interest

There were no declarations of interest.

PB/03/30/04 Minutes of the previous meeting

The minutes of the meeting held on 23rd February were approved as a correct record.

PB/03/30/05 Matters Arising

The matters arising were noted.

The Deputy Medical Director would carry forward the action around the Wessex Genomic Medical Centre.

Action: Deputy Medical Director

PB/03/30/06

REPORT FROM CHAIRMAN AND CHIEF EXECUTIVE

The Chief Executive advised that she had signed the Management Agreement with Western Sussex and NHSI on behalf of the Board on 27th March. The Western Executive had met the BSUH leadership team on Tuesday when a positive discussion had taken place and internal communications regarding the Agreement had been distributed. The arrangements would commence from 1st April and the CEO would assume the role as the Managing Director for BSUH.

The Trust, with Western colleagues, had developed a Strategic Outline Case for the Emergency Floor which had been approved by NHSI for a capital spend of up to £30m. The Chairman welcomed this investment and the work undertaken on the business case to date, which would be further developed in Quarter 1.

The CQC re-inspection would take place between 25th and 27th April. There was good engagement across the Trust with plans for the inspection. The data request had been submitted to CQC, following robust quality assurance and work was on-going in preparation for the inspection with a focus on cleaning standards and hand hygiene compliance. The self-assessment and summary of strengths and weaknesses had also been submitted to CQC.

The Chairman noted the positive outcome of the January CQC assessment and the progress made since the April 2016 inspection in stabilising and improving performance and quality.

The national staff survey findings were poor and the Trust was in the bottom 20% for the majority of indicators. Actions would be taken forward with Western, with work already in train. The Chairman noted that the survey had been undertaken shortly after the Trust had been placed in Special Measures.

The Chief Executive noted the support of the Senior Management Team for the Trans Pride and Pride events in the summer where there would be a visible Trust presence.

Martin Sinclair asked about the challenge in meeting the targets set out in the Government's Mandate for the NHS and the Chief Executive noted that there was increased support across the system in meeting, for example, the Accident and Emergency standards, with more effective joint working with the CCGs and SECAMB.

The Board noted the Chief Executive's report

The Chief Operating Officer advised that the performance indicators contained within the IPR had been updated and the presentation of the report enhanced. There was improved performance in the responsive domain in Month 11, including a 7% improvement in the 4 hour standard since January, and a 44% improvement in ambulance handover delays, with no 12 hour breaches since January; the Trust had complied with the diagnostic standard in February, there had been a further improvement in RTT performance, and in the 62 day cancer standard, where compliance was expected from April.

In month 11, the number of reported *C. difficile* cases, at 48 year to date, had exceeded the year-end target. Performance against the stroke standards remained strong. DNA rates had improved by 0.5%, representing thousands of patient appointments, in which 2 way texting had made a significant impact, as part of the out-patient improvement programme. There had been challenges around responding to complaints in a timely manner, due to staffing shortages in the complaints team. Staff turnover had increased in February to 14.3% and represented a significant problem. Mandatory training compliance had improved to 71% and the appraisal rate to 81.3%.

Graham Hodgson asked about the increase in report Serious Incidents, to 10, in February. The Director of Clinical Governance advised that 5 of the 10 incidents in February were 12 hour breaches, which, on review, had not involved patient harm.

Martin Sinclair asked about the impact of winter pressures on some of the performance indicators, and the reasons for high staff turnover. The Chief Operating Officer advised that the performance report had been revised to illustrate performance over time. Delayed Transfers of Care had increased significantly and impacted on patient flow, with strong A&E performance being directly related to high numbers of discharge. Medical cover at weekends, ED and diagnostic processes also impacted on performance.

The Director of HR advised that the Trust being placed in Special Measures had impacted on turnover, with promotion, flexible working and retirement being the main reasons for staff leaving the Trust. There was higher stability among overseas staff, particularly non-European recruits although there was increased anxiety related to Brexit. The Deputy Medical Director advised that the CQC report in 2016 had affected medical recruitment, with fewer applicants of lesser calibre and with some senior Consultants leaving the Trust. The Director of HR further noted that 25% of leavers were within the first 12 months, with issues particularly around team-working and the cost of living in Brighton particularly.

Kirstin Baker asked how the Trust flexible working arrangements compared with other organisations and the Director of HR agreed to

review this.

Action: Director of HR

The Chief Financial Officer asked about the reduction in the backlog of patients waiting 18 weeks and the trajectory for 52 week waits. The Chief Operating Officer confirmed that the number of 18 week waits had reduced to around 5,400 and comparative performance had improved significantly. A trajectory for 52 weeks had been agreed for delivery by October 2017, with expanded capacity at PRH, and a new rota of junior doctors from 1st April to address the colo-rectal surgery backlog.

Martin Sinclair asked about the script rewrite for RTT and the Chief Operating Officer noted that the risk arising from this work that significant numbers of patients would be added to the waiting list had diminished. The outcome of this work would be reported to the Quality and Performance Committee in May.

The Board noted the Month 11 performance report, the risks to delivery and the actions to address areas of under-performance

PB/03/30/08

FINANCE REPORT MONTH 11

The Chief Financial Officer advised that at month 11 a £58m deficit was reported and the forecast deficit of £59.7m was now unlikely to be delivered. The in-month deficit had increased due to the adverse outcome of the 2015/16 income arbitration. Discussions were taking place with commissioners regarding the 2016/17 outturn position. Activity was down in February. Pay was £800k above plan, primarily due to the staffing of additional capacity. The CIP plan showed £18.6m delivery with over £20m expected at year-end. The forecast outturn position was now reported at £62.7m with the 2015/16 arbitration outcome having a significantly adverse effect on the previously forecasted position.

The Chairman noted that a further Financial Special Measures meeting would be held with NHSI on 31st March, and noted the critical and adverse impact of the arbitration of the 2015/16 commissioner income position on the year-end position, together with the positive impact of the additional financial controls which had been introduced in stabilising the financial position. The Chief Financial Officer advised that he asked for confirmation of the CCG and NHSE position in writing.

The Board noted the Month 11 finance report, the forecast outturn position and the risks to deliver

PB/03/30/09

QUALITY AND SAFETY IMPROVEMENT PLAN

The Director of Clinical Governance updated the Board on progress with the Quality and Safety Improvement Plan advising that the

report had taken into account the findings of the internal audit review and mock inspections, and some ratings had been downgraded as a consequence. The focus of the report was on the 'must dos' as also recommended by internal audit. The key areas of concern were around hand hygiene compliance and cleaning standards. Actions arising from the mock inspections were being actively addressed and monitored by the weekly CQC project team meeting.

In preparing for the inspection, staff would be encouraged to share the good work that they were carrying out and communications materials had been prepared with the wards and services, in this regard. The Director of Communications noted that there remained a challenge within the Trust in celebrating good news.

The Chief Executive noted that drop-in sessions would also be held with staff, including staff working at night and at weekends over the next couple of weeks. The Director of HR advised that mandatory training compliance was now at 74%. The appraisal rate had continued to improve, although appraisal data still appeared to be under-reported in some areas.

The Chairman welcomed the report, noting the preparation under way, and the risks to delivery of the Plan which were being actively addressed

PB/03/30/10

SAFER NURSING AND MIDWIFERY STAFFING

The Chief Nurse noted that the number of registered nurse vacancies had continued to rise with 219 nursing and midwifery vacancies in February 2017. A range of actions was being taken to address the increase in vacancies, through national and international recruitment, skill mix reviews, a review of transport between sites and with discussions through all of the Trust forums, including the Senior Management Team.

A Matron was working with the newly qualified nurses to boost retention and discussions were taking place with nurses about to retire to consider flexible working options.

Expenditure increased in February by £0.04m to £11.07m, with increased agency usage for extra capacity being the main driver of this increase. However the forecast outturn overspend had reduced by £0.39m to £3.68m.

Fill rates remained high, with 7 'red' wards with fill rates of 80% or less in February. Leavers again exceeded starters in February, but the negative balance should be addressed by the recruitment and retention work underway.

The Chief Nurse noted that the statutory provisions around the supervision of midwives had changed, with professional midwife advocates being introduced, pending definition of the final model. The local supervisors had agreed to continue subject to

implementation of the new model.

A further acuity and dependency review was being undertaken and would be reported to the Board on completion.

Action: Interim Chief Nurse

The Board noted the report, the increasing number of nursing vacancies and the actions taken to mitigate those shortfalls and on-going plans for nurse recruitment

PB/03/30/11

SAFEGUARDING ADULTS ANNUAL REPORT

The Chief Nurse introduced the Safeguarding Adults Annual Report which had also been discussed at the Quality and Performance Committee.

There had been 50 Section 42 enquiries in 2016/17, broadly similar with the previous year. The main category of reported incidents concerned apparent neglect, particularly around discharge processes. These issues were discussed at the Adult Safeguarding Board. Lessons had been learned from reported incidents particularly in respect of improved mouth care, patients wandering from wards and safe bathing.

The Chairman noted the impact of wandering on falls.

Training for safeguarding and Mental Capacity Act (MCA) was improving month on month, and was at 72% for safeguarding adults and 70% for the MCA at the end of February, and was also incorporated in nurse induction. Changes to the MCA and Deprivation of Liberty Safeguards (DoLS) would be introduced from April.

The priorities for 2017/18 were: to ensure implementation of the learning and development strategy, incident reporting and learning from reported incidents, a review of the team structure, working with partners in Brighton and Hove to support people who are homeless and those who self-neglect.

Martin Sinclair asked how patients were cared for holistically within the safeguarding framework and who championed their needs. The Chief Nurse noted the complexity of patient issues which often needed to be addressed, and a lead nurse generally took responsibility for those patients' care, with formal care planning for patients with complex needs. Independent advocates also worked with individual patients. A case study would be presented to a future Board meeting.

Action: Interim Chief Nurse

The Chief Financial Officer asked about the on-going increase in DoLS referrals and the Chief Nurse advised that awareness of the

legislation had increased both inside and outside the Trust and the population needs were also changing. The Deputy Medical Director reiterated the complexity of some patients' needs and planning for them.

The Board noted the Safeguarding Adults Annual Report

PB/03/30/12

INTEGRATED RECOVERY PLAN

The Director of Strategy advised that the Integrated Recovery Plan had been developed following the Trust being placed in Special Measures, and incorporated both quality and financial recovery. Four transformation programmes were central to the Plan which was monitored through the Programmes Board. In summary, the short-term measures had progressed effectively, but with less progress on the transformational and long-term aspects, in relation to the clinical strategy and culture change.

The Chairman noted that the new leadership team would need to take stock on the next stage of the Plan. Martin Sinclair concurred that the Plan had achieved stability and grip but further work would need to be progressed around financial transformation, and the structural financial imbalance and the required cultural shift and strategic direction.

Kirstin Baker asked about the status of the Plan and the Director of Strategy noted that it was designed to move the Trust out of Special Measures but would be reviewed by the new leadership team. The Chairman noted that it was the intention of the new team to move the Trust out of special measures within 2 years.

The Board noted progress with the Integrated Recovery Plan

PB/03/30/13

FINANCIAL PLAN 2017/18

The Chief Financial Officer noted that the Trust had submitted a draft Financial Plan for 2017/18 in December 2016. Discussions were taking place regarding the control total for 2017/18 and had not yet been concluded and would need to be adjusted at the start of the financial year. Discussions had also taken place with the Directorates regarding the financial parameters, activity and income and baselines budgets for 2017/18, adjusted for cost pressures and agreed developments. The Chief Operating Officer noted that the Directorates had all discussed their plans on a page, and reviewed their cost pressures, plans and proposed business cases. The risks and opportunities would be discussed further including the impact of the theatre maintenance programme. The plans were well developed and useful discussions had taken place to date.

The Chairman noted the historic challenge for the Trust in delivering the CIPs programme and the importance of the Directorates' understanding of the financial context. The Chairman also asked about the impact of the capital plan for the Emergency Floor. The

Director of Strategy advised that capacity would be increased over the summer and autumn with increased ambulatory care, which would also reduce length of stay and improve patient flow. The revenue consequences of the full Plan would impact in 2018/19 and would be scoped in the FBC.

The Chief Financial Officer advised that the capital plan was not reflected in the Plan to date but would be factored in to the discussions around the control total for 2017/18. Martin Sinclair further asked about the capital and revenue consequences of the clinical transformation programme and the Chief Nurse noted the importance of securing staffing for the new emergency floor model.

The Chief Financial Officer noted that the control total had not yet been agreed and there were also material changes to the leadership of the Trust. Martin Sinclair noted the importance of continued grip at the start of the year. The Chief Operating Officer noted the importance of formal sign-off of budgets with the budget-holders and delivery against those budgets. The mechanics of this would be overseen by the Managing Director.

The Chairman noted the work undertaken to date, the uncertainty around the final Plan, and the issues which required further discussion and resolution to finalise the Plan

PB/03/30/14

INFORMATION GOVERNANCE TOOLKIT ASSESSMENT

The Chief Operating Officer advised that the Information Governance Toolkit had been submitted. The Trust was fully compliant in 36 areas, partly compliant in 7 areas with plans in place, and partly compliant in 2 areas, where further work was required. The latter 2 areas included assurance from contractors, and the completion of a sufficient case notes review. The IG toolkit submission was recommended to the Board.

Martin Sinclair asked about the expectation to achieve level 2, and progress to level 3 in those areas which were most developed, and the Director of Clinical Governance advised that this was a long-standing expectation, but there was scope to develop further to achieve level 3.

The Board noted the Information Governance Toolkit submission for 2016/17

PB/03/30/15

REPORTS FROM COMMITTEES

Quality and Performance Committee

The report was noted.

Finance, Business and Investment Committee

The report was noted.

Audit Committee

The report was noted. Martin Sinclair noted the Committee had received red rated reports from internal audit regarding financial reporting and forecasting, and financial improvement. Progress would be reported to the Finance Committee in April.

Charitable Funds Committee

The report was noted

Programmes Board

The Board noted the report

PB/03/30/16

QUESTIONS FROM MEMBERS OF THE PUBLIC

A member of the public asked about the timeline for completion of the Radiotherapy Programme in West Sussex. The Director of Strategy advised that a comprehensive timescale was being developed for discussion at the Radiotherapy Programme Board on 13th April with partners. An options appraisal had been developed to assess how the programme could be expedited. An FBC should be in place in the summer of 2017, agreed with partners. The management agreement with Western should also assist progress,

The Director of Strategy further advised that the linear accelerators had been delivered to the Eastbourne site, and should treat the first patients in June. The linear accelerator on the RSCH site should be installed in May.

The Chairman noted the considerable work over an extended period to develop radiotherapy services.

The Director of Strategy noted that the FBC should be approved in 2 to 3 months by NHSI and NHSE with the build programme taking approximately 12 to 15 months.

PB/04/17/17

Other Business

The Chief Executive thanked the Chairman and Chief Financial Officer for their contribution to the Trust, its patients and staff during their time on the Board and wished them well in their new endeavours.

PB/04/17/18

Date of Next Meeting

The next meeting will be held on 27 April 2017.