

Minutes

Minutes of the Board of Directors meeting held on 27th April 2017 at 10.00 in Meeting Room 4, Downsmere, Princess Royal Hospital

Present:

Mike Viggers	Chairman
Kirstin Baker	Non-Executive Director
Patrick Boyle	Non-Executive Director
Joanne Crane	Non-Executive Director
Jon Furmston	Non-Executive Director
Graham Hodgson	Non-Executive Director
Lizzie Peers	Non-Executive Director
Professor Malcolm Reed	Non-Executive Director
Mike Rymer	Non-Executive Director
Martin Sinclair	Non-Executive Director
Marianne Griffiths	Chief Executive
George Findlay	Executive Medical Director and Deputy Chief Executive
Evelyn Barker	Managing Director
Denise Farmer	Executive Director of Organisational Development and Workforce
Karen Geoghegan	Executive Director of Finance
Pete Landstrom	Executive Director of Strategy and Delivery
Helen O'Dell	Interim Chief Nurse

In

attendance:

Dominic Ford	Director of Corporate Governance and Board Secretary
Lois Howell	Director of Clinical Governance (items 7 and 8)

GENERAL BUSINESS

PB4/17/1 Welcome and Apologies

There were no apologies for absence.

Mike Viggers welcome the new Board members and members of the public in attendance to the meeting.

PB4/17/2 Declarations of interest

There were no declarations of interest

PB4/17/3 Minutes of Previous Meeting

The minutes of the meeting held on 30th March were approved as a correct record.

PB4/17/4 Matters Arising

Wessex Genomic Centre

George Findlay advised that an update on progress with the Wessex Genomic

Medical Centre would be reported to the Board in due course.

GF

Flexible working

Denise Famer advised on flexible working arrangements within the Trust in the context of recruitment and retention, noting that an organizational development and workforce report would be submitted to each Board meeting.

Nurse staffing – acuity and dependency

The outcome of the acuity and dependency review would be reported by the Executive Director of Nursing in July.

NG

Safeguarding

The planned case study would be discussed as part of a broader conversation regarding safeguarding arrangements at a date to be confirmed.

NG

PB4/17/5 Chief Executive's report

Marianne Griffiths advised how pleased the Executive team was now that they were in place and leading the Trust as part of the management agreement which had been agreed with NHS Improvement for a period of a minimum of 3 years.

As detailed in the management agreement, the leadership team had 5 key priorities:

- moving the Trust out of quality special measures in the interests of patient safety and experience;
- moving the Trust out of financial special measures;
- building a more positive organisational culture to sustain improvement in the long-term;
- achieving the Accident & Emergency targets which were a proxy for flow, quality and experience, with a stretch target to achieve 90% in October and 95% in April;
- and to deliver the 3Ts programme on time and on budget.

There would be an agreed £30m investment in the redevelopment of the Emergency Floor. A Full Business Case for this would be delivered by the end of Quarter 1, and would include 35 ambulatory spaces and 70 beds.

Investment had also been agreed in the Patient First improvement programme, together with an emergency investment of capital to address the critical estates issues, and a 2 year finance deal which was stretching but which would allow the development of a sustainable financial position.

Marianne's early reflections were very positive, with good engagement from staff on both main hospital sites. There were excellent services and staff within the Trust. However the supporting architecture and tools had not been effective in maximizing their contribution and would be established.

The medical infrastructure for the Brighton Marathon was well supported by the Trust, together with other voluntary partners, and thanked Rob Galloway, Accident and Emergency Consultant and the other Trust volunteers for their contribution to the event.

Marianne also thanked Evelyn Barker, Managing Director, for leading the Easter Plan which had contributed to strong performance and patient safety and experience over the Easter period.

The CQC inspection team had been on site since 25th April as part of their planned re-inspection and early feedback would be received at the end of the day. Marianne welcomed the team, including the CQC inspection Chair who was present at the meeting.

Marianne noted the prizes and awards which Trust staff had received over the recent period which included recognition of the work of the Children's Critical Care Team.

The oversight arrangements with NHS Improvement and other regulators and commissioners had been simplified there would be a single oversight process established from May covering quality and finance issues. The former would be independently chaired and all issues would be dealt with that through the process.

The Trust also acknowledged the forthcoming general election process and the need for the Trust to be perceived as non-political in its activities and discussions.

Malcolm Reed asked how this would be communicated with staff and Marianne added that individual staff could represent their own views in this period but could not speak for the Trust and that this would be reinforced with staff.

MG

PERFORMANCE

PB4/17/6

Integrated performance report

Responsive domain

Evelyn Barker introduced the integrated performance report advising the Board on the continued improvement in performance against the RTT standard, which was on trajectory, although it remained below the national standard at 84% in March; the 52 week wait backlog was planned to be addressed by the end of August; diagnostic waits had seen a significant improvement and had been compliant with the standard for the past 3 months..

Performance against the A&E standard had improved month on month since January with April performance at 86.5% to date. There had been no 12 hour trolley waits since January. There was good performance against the 2 week wait and 31 day cancer standards. Performance against the 62 day standard was challenged, at 68.5% in February with compliance expected in April.

There had been a reduction in the number of cancelled operations because of improved patient flow and significant improvement in ambulance handover delays.

Pete Landstrom noted the overall improved performance in Accident and Emergency, but with the on-going pressure on the RSCH site, hence the planned investment in the emergency floor redevelopment. There had also been a successful bid for £1m investment in the ED at PRH, with a focus on the more effective streaming of patients.

Patrick Boyle asked what we had learned from the Easter planning and Evelyn Barker noted that multi-agency planning with partners in preparation had been very effective in reducing bed occupancy which had enabled good patient flow.

Marianne Griffiths noted that delayed discharges were very high in the Trust at around 10% and this had a significant adverse impact on flow and performance. She would be meeting, with the Managing Director Brighton and Hove CCG and the city council, to discuss planned investment in social care and to agree a plan to reduce the current level of Delayed Transfers of Care.

**MG/
EB**

George Findlay noted that there were site specific differences in performance and this would need to be presented in future iterations of the performance report, noting overall that while improvements had been made and should be recognised, there was further work to be done to move performance to an acceptable level in some areas.

EB

Joanna Crane asked about the trend in volumes and activity and Evelyn Barker advised that broadly attendances had fallen but admissions and acuity had increased.

Mike Rymer asked if there was a particular problem in urology with long waits in out-patients and Evelyn Barker noted that there had been poor performance in urology in relation to the 62 day cancer standard and she would advise the Board on speciality performance in RTT.

Martin Sinclair noted the importance of granularity around the DTOCs indicators, noting that there were particular problems with discharge to East and West Sussex. Martin Sinclair asked about the quality of data around RTT performance and progress with the script rewrite. Evelyn Barker advised that the issue was not yet closed and Pete Landstrom added that the script rewrite was being tested and had not yet been signed off. Data was more robust but not yet closed. Patients waiting longer than 52 week waiters were also subject to forensic review, including any potential harm.

EB

Lizzie Peers added that it would be helpful to incorporate year to date figures and trend charts within the performance report. Evelyn Barker agreed and added that the quality of the report needed to be improved and would be refined further.

EB

Mike Viggers summarized in the responsive domain that data quality would be assured and reviewed by the end of the quarter and the trajectories rebased; specialty data for RTT would be shared with the Board; there was significant work to be undertaken with partners to improve delayed discharges; there had been improvement in patient flow, but further improvement was required; site specific data would be included in the report; there was welcome progress on ambulance handover delays; and the key risks were around RTT performance, further improvement in A&E performance and other urgent care indicators and patient flow.

EB

Safety domain

Evelyn Barker reported that 4 cases of c difficile had been reported in March, with the year-end total of 54, exceeding the target of 46 cases. 1 MRSA bacteraemia had been reported in March. There had been no recent never events. The fall rate continued to decrease. Hand hygiene compliance had improved to 95% but remained below the 98% standard.

Helen O'Dell advised that the emergency C section rate was high at 17.5% although the Trust had a high home birth rate. Marianne Griffiths suggested that the maternity dashboard be included in future reports to present a more rounded picture of maternity services.

EB

Graham Hodgson asked about the histology turnaround times where performance remained poor and Evelyn Barker advised that a manual reporting system had been implemented to provide more reliable performance data in the interim while an electronic system was procured

Lizzie Peers asked if there were any risks relating to overdue CAS alerts, Evelyn

Barker advised that performance reflected a process deficit rather than any actual risk.

George Findlay advised in respect of the c. difficile cases that around 50% reflected lapses in care relating to hand hygiene and isolation practice and also antimicrobial prescribing.

Lizzie Peers asked about the reliability of the patient falls data and Evelyn Barker confirmed that there was strong and reliable reporting of falls incidents.

Mike Rymer asked about the cleaning quality scores being below standard and Evelyn Barker reported on the concerted efforts to address this. There had been significant gaps in the cleaning workforce which had been addressed in part through the recruitment of agency staff. Marianne Griffiths noted the need to improve the escalation processes from the wards for cleaning and estates issues and the importance of action being taken as a consequence.

Evelyn Barker noted the need for more timely reporting of re-admission data. Mortality rates were lower than expected. The DNA rate had improved significantly through 2 way texting. Stroke performance was strong and the national stroke audit had improved to B from C the previous year.

George Findlay added that the HSMR and SHMI data was better than expected. There was a national requirement for all deaths to be reviewed which had been discussed at the Quality and Performance Committee last week, with Executive and Non-Executive Director lead responsibilities. The review of deaths happened systematically at the RSCH and was being extended to PRH and would be reported to the Board regularly. The Trust Mortality Review Group (TMRG) would also review any mortality alerts arising from national data and carry out case note reviews as required. While performance against the stroke standards was strong, the centralization of stroke services at RSCH had also resulted in some mixed sex breaches in this area.

GF/
MV

Jon Furmston asked about the short, medium and long-term priorities to improve performance and Marianne Griffiths advised that there would be an Executive away day in May which would identify those priorities and focus, with a further Board away day. The performance trajectories would also be rebased in Quarter 1.

Marianne Griffiths also asked about performance in respect of Fractured Neck Of Femur (FNOF). Evelyn Barker noted that work had been undertaken through the Improvement Academy to streamline the FNOF pathway and George Findlay added that FNOF mortality was in the top 5 in the country.

Mike Viggers summarized in the safety domain the importance of up to date reporting; the number of MSA breaches in stroke services; the work around learning from deaths which would include NEDs; and the planned work around discussing and agreeing the Trust priorities.

Caring domain

Evelyn Barker reported that the in-patient Friends and Family Test scores were positive and that the national in-patient survey had improved from the previous year. Maternity and A&E FFT scores were below the standard, reflecting the pressures on patient flow. Complaints had increased and response times required improvement, although the quality of complaints responses was very positive. MSA breaches had improved but were higher than expected and reporting would be reviewed to ensure it was comparable.

EB

Marianne Griffiths added that the timeliness of complaints responses needed to be improved and supported by the broader organization and work with Divisions needed to take place to ensure ownership of complaints and the learning from complaints.

George Findlay noted the need to improve the FFT response rate and develop strategies to reduce complaints through direct early contact with patients and families from clinicians.

Mike Viggers summarized in the caring domain the need to improve the timeliness of complaints responses; and response rates for FFT and report on the OP FFT.

Well-led Domain

Evelyn Barker reported on the increase in staff turnover. The Trust had achieved the appraisal and mandatory training targets at year-end. Planned elective work had increased over the previous year.

Denise Farmer noted the concerns around the turnover rate and work would also be undertaken to track staff engagement and culture indicators.

In summary Mike Viggers noted the need to further improve and refine performance reporting. Pete Landstrom would take this work forward, and reflect the discussion around the granularity of indicators. The performance report would also align with the separate quality and workforce reports.

PL

The Board noted the Month 12 Integrated Performance Report

PB4/17/7 Financial Performance Report Month 12

Karen Geoghegan reported on Month 12 financial performance noting that the report had been discussed at the Finance and Investment Committee previously. The deficit in Month 12 was £10.4m and £65.8m at year-end. This was in excess of the forecast outturn position of £59.7m reflecting the adverse outcome of the 2015/16 income arbitration. The Trust financial rating for use of resources was a 4.

A full and final settlement had been agreed with the CCGs and NHSE in respect of the 2016/17 position and this would reduce the risk in the forecast position. Operating expenditure was £55.6m above plan with a pay overspend of £14.7m and non-pay overspend of £40.9m. The overspend on pay included £5.4m other staff, £4.9m, medical and dental and £4.2m nursing and midwifery.

Of the non-pay overspend of £40.9m, £21.4m related to other non-pay and the remainder was clinical supplies, services and drugs and under-delivery of non-pay efficiencies. £20.8m CIPs had been delivered against a plan of £25m. However over £11m was non-recurrent. Strategic capital was £15m less than plan, relating primarily to delays in the 3Ts decant programme, and some slippage in the Radiotherapy East programme which had recovered in April.

There were significant working capital loans and £8.5m had been drawn down in March. Continued revenue loan support would be essential in 2017/18 to maintain the cashflow position.

The year-end position was subject to external audit and the auditors had begun their fieldwork.

Lizzie Peers asked about the level of the bad debt provision and Karen advised

that this was a balanced position. Other issues might emerge during the audit process, but the full and final settlement with commissioners de-risked the position.

Patrick Boyle asked if everything had been captured in the control total for 2017/18 and Karen Geoghegan advised that the control total reflected the underlying year-end position and, for example, the re-investment of non-recurrent savings.

Patrick Boyle also asked the CIPs programme and its under-delivery and how this could be addressed. Karen Geoghegan added that the infrastructure to deliver the CIPS programme needed to be significantly developed from 2015/16, but also the engagement and ownership of the programme with operational teams.

Mike Viggers concluded by thanking Karen Geoghegan and the finance team for the work undertaken in achieving a clear year-end financial position.

The Board noted the Month 12 finance report

PATIENT SAFETY AND EXPERIENCE ITEMS

PB4/17/8 Quality and Safety Improvement Plan

Evelyn Barker advised that the latest progress report had been discussed at the Quality and Performance Committee last week and Lois Howell in summary advised that there were 8 red items in this iteration of the Plan, 2 of which were now green. 1 red action concerned risk management from Board to ward which had not yet been tested in practice although there was greater confidence that environmental risk assessments were in place. 2 other red must do actions concerned histology reporting. The other must do specialist paediatric provision at PRH the resolution of which was under discussion with clinicians and partners.

Lizzie Peers welcomed the overall trend summary of actions, but also recommended segmentation of the Plan according to warning notice, must dos and should dos, and greater clarity regarding timelines for completion and outcome-related progress. Lois Howell advised that the actions were grouped by regulation but agreed that this could be refined.

Marianne Griffiths noted the amount of work undertaken, but also that there were underpinning themes, including leadership throughout the organisation, and governance in terms of the delivery of strategies and objectives from Board to ward which would need to be addressed.

Jon Furmston asked about the timescale for the paediatric work and Mike Viggers confirmed that a report would be brought back next month, based on the work undertaken with clinicians. George Findlay added that there was an identified risk although this had not caused any harm to patients to date.

GF

Kirstin asked about the future of the report and the importance of the underlying themes and Mike Viggers suggested this would be subsumed in the broader quality report.

**GF/
LH**

Malcolm Reed noted the importance of cultural and transformational change, and in the context of the histology reporting problem the potential for reporting and networking across organisations.

In conclusion Mike Viggers noted the action around paediatric care at PRH; the planned integration of report on this plan in reporting on quality more broadly; and the importance of driving through cultural change.

GOVERNANCE AND RISK ITEMS

PB4/17/9 Corporate risk register

Lois Howell reported on the corporate risk register advising the Board that the risk register had been discussed at the Quality and Performance Committee and was submitted to the Board for approval. Eleven risks were scored 15 or above. 1 new risk was proposed for inclusion concerning the current closure of on-site radio-pharmacy at RSCH and there were a number of estates-related risks which would be further assessed and finalised, prior to inclusion in the corporate risk register.

A key theme concerned the risks relating to investment in equipment and estates and the risk register would be more strongly aligned with the planning of capital investment.

Mike Viggers requested submission of the estates risks when fully worked up and Karen Geoghegan agreed to reflect this in the report on estates capital investment to the next Board.

KG

Marianne Griffiths asked how workforce and system risks including those concerning the STP and acute services review were reflected in the risk register and BAF. Lois Howell advised that these risks were currently identified and reported in the BAF with the risk register containing more operational risks.

Patrick Boyle noted the importance of aligning the risk register with the corporate priorities when agreed, and making sure the risk register was used effectively and systematically as a management tool.

Lizzie Peers asked about the accuracy of the grading and the assessment of the adequacy of the controls regarding histopathology performance and the grading for the implementation of the NICE guidance NG12 in respect of its impact on patient experience and patient safety. Lois Howell advised that there was no evidence of patient harm arising from histopathology performance and the impact grading of 3 was consistent with the risk matrix. The adequacy of the control for this risk would be reviewed. The Trust had also agreed with the CCGs a phased implementation of NG12 which had reduced the risk both for delays in accessing diagnostic tests and any potential harm. Lizzie Peers also asked about the grading of impact for stoma reversals and Lois Howell advised that this related to patient experience rather than safety and reflected the definitions in the risk matrix.

LH

Joann Crane recommended that future iterations of the risk register have a stronger patient focus, and also asked for future reports to include risks graded 12 and above. Lois Howell agreed to review this with Graham Hodgson and Joanna Crane.

LH/
GH/
JC

The Board approved the corporate risk register, noting that the report on estates capital investment would reflect the estates risks; the BAF would be reported to the Board following discussion and agreement of the Trust priorities

LH

PB4/17/10 Governance arrangements

Dominic Ford introduced a report on the Trust governance arrangements which detailed the proposed Board Committee structure, the Chairs and members of the Board Committees, and their terms of reference.

The Board:

- **Approved the governance arrangements**
- **Approved the Committee structure and Terms of Reference**
- **Approved the Committee chairs and membership**

Mike Viggers further proposed the appointment of Mike Rymer as the Deputy Chairman for the period up to 31st March 2018.

The Board approved the appointment of Mike Rymer as Deputy Chairman

PB4/17/11 Standing Orders

Dominic Ford introduced the Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions which had been approved by the Board in 2015 and revised to reflect: the management agreement; revised governance arrangements; and provisions around the management of interests, which were aligned with a protocol to be agreed by the Western Sussex Hospitals NHS Foundation Trust Board.

Joanna Crane asked about the gender terminology within the Standing Orders which would be amended and about delegated financial limits and it was noted that a detailed financial scheme of delegation would be brought to the next Board.

**DF/
JC**

The Board approved the Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions

PB4/17/12 Questions from members of the public

John Gooderham asked if the Board would make available the project timeline for completion of the Radiotherapy Unit in West Sussex.

Marianne Griffiths advised that it was planned that a business case detailing the planned solution in West Sussex would be submitted to the June Board. This would be subject to NHS Improvement approval, which could be expected in September, subject to any changes or delays. It was planned that procurement and mobilisation would commence within 6 months with a planned opening date of the Unit in March 2019. It was also planned that an interim solution would be implemented and which could be up and running in 6 months, with provisos.

Marianne Griffiths further advised that the Trust had been invited to submit an application for funding from the central national radiotherapy fund and noted that in the last 12 months BSUH had opened 2 tomotherapy machines at Preston Park, the Eastbourne Unit had been completed and would be open in June and a replacement linear accelerator would open in July on the RSCH site, amounting to 5 new radiotherapy machines for the population served.

John Gooderham further asked whether it would be possible to have a Board member on the Radiotherapy Programme Board. Marianne Griffiths agreed to consider this following the meeting.

Frank Le Duc asked if Board reports could be written in plain English and Jonathan Keeble agreed to discuss this further. **JK**

Frank Le Duc also asked if the Trust challenges around race equality were reflected within the risk register and BAF. Evelyn Barker advised that a risk was

identified within the BAF and Denise Farmer confirmed that the Board was fully aware of the risks and issues involved.

PB4/17/13 Any other business

There was no other business

PB4/17/14 Date and time of next meeting

The next meeting will be held on Wednesday 31st May in the Boardroom. St. Mary's Hall at the Royal Sussex County Hospital.

Dominic Ford
Director of Corporate Governance and Board Secretary
April 2017

DRAFT