A

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

26 JANUARY 2017

Board

Antony Kildare	Interim Chair
Martin Sinclair	Non-Executive Director
Kirstin Baker	Non-Executive Director
Graham Hodgson	Non-Executive Director
Professor Malcolm Reed	Non-Executive Director
Evelyn Barker	Accountable Officer
Spencer Prosser	Chief Financial Officer
Steve Holmberg	Medical Director
Mark Smith	Chief Operating Officer
Helen O'Dell	Interim Chief Nurse
Helen Weatherill	Director of Human Resources
Oliver Phillips	Interim Director of Strategy

In Attendance

Dominic Ford	Director of Corporate Governance
Rab McEwan	Interim Chief Operating Officer
Lois Howell	Director of Clinical Governance

PATIENT STORY

Almas Ataie, Mouth Care Matters Lead, introduced the Mouth Care Matters programme advising the Board that hospital stays often had an adverse impact on oral health. The Mouth Care Matters project within the Trust was part of a 12 month programme funded by Health Education England.

To illustrate the importance of this work, Almas talked about Jack's story. Jack was a patient whose mouth was in a very poor state when he was discharged from the hospital to a nursing home. Jack subsequently died and the coroner described his care as sub-optimal in all respects and issued a regulation 28 letter to the Trust requiring improvement in the areas which were found to be deficient. The aim of the programme was to improve the oral health of hospitalised patients. An audit had found that 56% of nursing staff had never received training in giving mouth care; 60% of patients had not been asked if they needed mouth care products; 52% felt their mouth care had become worse in hospital and 84% said they had not been asked if they had any pain or discomfort; there was also a significant cost associated with the loss of dentures in hospital.

The plan over the next 12 months was to establish a mouth care network with key representatives within the hospital; and establish the baseline position for mouth care as the basis for improvement. 342 nursing staff had been trained in mouth care to date and this would also be included in the nursing and HCA induction. New and relevant equipment had been introduced on the wards; a new mouth care risk assessment had

been introduced; and hands on support provided to patients, with a referral system to the Mouth Care lead. Further work would be undertaken to audit the change, promote oral health and establish appropriate pathways on discharge. Overall the aim was to improve the general well-being of patients in their stay at BSUH.

The Chief Financial Officer welcomed the programme and asked how it had been received and Alma advised that it had been welcomed and the illustration of what had happened in the Trust's care had been powerful in persuading staff of the importance of this programme. Ward managers were very supportive in releasing staff for training.

The Accountable Officer advised that she had met ward managers at PRH who had been on the training and had welcomed it. The Chairman asked if this was a problem across the age spectrum and the Board was advised that this was focused on the most vulnerable patients, but also included patients who were immobile because of, for example, fractures. The interim Chief Operating Officer asked about links with community services and was advised that there was a community oral health promotion team who had also done some work in the hospital and was funded for 3 years. The Trust was working closely with the community team and with nursing home. The profile of this area was also being increased through recent NICE guidance.

In conclusion the Chairman thanked Almas for her presentation noting the support of the Board for this important programme of work.

1.1 APOLOGIES FOR ABSENCE

The Chair welcomed the members of the public and staff attending the Board meeting and introduced Evelyn Barker, the new Accountable Officer and Rab McEwan, the interim Chief Operating Officer.

The Chair also thanked Mark Smith for his commitment and hard work as Chief Operating Officer in improving performance within the Trust.

Apologies were received from Alison Tong, Improvement Director.

1.2 DECLARATIONS OF INTEREST

There were no declarations of interest.

1.3 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 27th October were approved as a correct record, with the amendment that nursing revalidation was introduced in April 2016.

1.4 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log. The Chief Operating Officer advised that the successful recruitment to a post would support compliance with the emergency planning requirements and a full progress report would be submitted to the Quality and Performance Committee in February.

PERFORMANCE AND ASSURANCE

1.5 INTEGRATED PERFORMANCE REPORT MONTH 9

The Chief Operating Officer introduced the Month 9 Integrated Performance Report advising the Board that in respect of RTT, the Trust was no longer the worst performing Trust in the country, with a 10% improvement in the position and a significant reduction in the backlog. There remained a high number of 52 week waiters primarily in Digestive Diseases. Capacity to treat these patients was hard to find and the number was not yet reducing at the speed required. An update on the securing of additional capacity would be provided to the Board in February.

Action: Chief Operating Officer

In response to a question from Martin Sinclair, the Chief Operating Officer advised that the majority of long waits were in Digestive Diseases, amounting to around 100 patients. The plan was to clear this cohort of patients by the end of March but this would be challenging because of the capacity issues described.

The Chief Operating Officer further advised the Board on progress with the script rewrite work advising that the Trust was reviewing the script rewrite weekly with NHS Improvement. Phase 1 had been completed and the programme was now in phase 2. The exclusions had been removed and the scripts would be re-run over several months and the Board would be advised of the outcome. It was not expected that high numbers of patients would be affected or that this would have a significant adverse impact on the RTT position. However the risk could not, as yet, be quantified.

The Chairman noted the importance of the Board understanding the risk and further asked about the timeline for completion of this work. The Chief Operating Officer advised that a more detailed timeline would be provided when the largest cohort had been sampled. It was expected that this would take several months.

Martin Sinclair was concerned that this was taking longer than originally conceived. The Chief Operating Officer noted that this could not be a rapid exercise and was necessarily detailed and using a methodology endorsed by NHSI and the IST. The Chairman asked for progress to be reported to the next Quality and Performance Committee and Board and monthly until the work had been completed.

Action: Chief Operating Officer

The Interim Chief Operating Officer advised that this was not an uncommon process and thorough validation takes time. The Chairman noted the importance of being clear on the position.

Professor Reed noted that while the number of cancelled operations had doubled in the last quarter, the number of patients not treated within 28 days had remained stable.

The Chief Operating Officer advised that the national Emergency Department performance had deteriorated and the relative position of the Trust improved, although actual performance had dipped in December and January. The hard work of staff was acknowledged. There had been a number of 12 hour breaches most recently associated

with the lifts breaking down in the Barry Building. Demand continued to increase, including emergency admissions. Relations with community partners and through the A&E Delivery Board had improved including the spot purchase of community placements to address spikes in demand.

Diagnostic performance was slightly above the 1% standard but had improved significantly over the last year. Cancer performance had also improved from the position last year, and all indicators were meeting the required standard except for the 62 day standard. However the 62 day standard should be delivered from February. Delayed transfers of care had increase, but relationships with partners were now more effective in addressing this.

Kirstin Baker asked about the dip in performance in December and its relationship to patient flow and the Chief Operating Officer noted the increased acuity and urgent care activity, including ambulance conveyances in the last period.

The Chairman noted the hard work of staff to maintain patient experience and safety despite the increased activity and the Accountable Officer advised that she had been impressed from her visit to the ED by the changes implemented in ED to keep patients safe.

Professor Reed asked about c. difficile performance and the Interim Chief Nurse advised that 42 cases had been reported, against the annual target of 46 cases. The need for good hand hygiene was continually reinforced.

Graham Hodgson asked about the rise in the emergency c section rate. The interim Chief Nurse advised on the work in maternity around normalising births which would aim to improve this in the medium term.

The Chief Operating Officer also noted performance around appraisal and mandatory training had improved but was short of the target. The Director of HR advised that this was a must do, and had been discussed at the last Quality and Performance Committee and with clinical leaders. Appraisal was 77% and mandatory training 69% and there would be consequences for non-delivery.

The Board noted the Month 9 report; the exception reports in areas of under-performance and the actions being undertaken in areas of under-performance and the risks to delivery

1.7 FINANCE REPORT MONTH 6

The Chief Financial Officer advised the Board that at Month 9 the Trust was reporting a year-to-date unfavourable variance of £21.0m, with an actual deficit of £36.1m against a deficit plan of £15.2m. The full-year forecast continued to be a deficit of £59.7m, £44.1m in excess of the control total deficit of £15.6m, pending outcome of the 15/16 contract income arbitration which was expected imminently.

There was over-delivery of non-elective activity and under-delivery of elective activity, part of which was attributable to pacing. Medical pay was overspent by £2.7m, nursing pay by £2.3m, and other staff, primarily theatre and physiotherapy staff, by £2.9m relating to additional activity. Non-pay was overspent by £15.1m and additional financial

controls had been introduced. The CIPs programme forecast was £19.4m, with £15.4m delivered to date. A new financial special measures team had been appointed by NHSI. Further communications would go out to the organisation about the financial special measures regime and the additional financial controls. The cash and creditor position had improved. The capital programme had been reviewed in detail and mitigations worked up, and focused in high risk areas.

The Chairman noted the absolute focus of the Board on delivering the outturn position. There remained uncertainties regarding the income position which the Chairman had reinforced in the Board to Board meeting with Brighton and Hove CCG. On Tuesday The Chairman had also expressed this concern, and the non-resolution of the income position, in a letter to the Regional Director of NHSI. A further financial special measures meeting would be held with NHSI on 27th January.

Martin Sinclair noted the importance of delivering the CIPS programme in 2016/17, ensuring plans were identified and ready for implementation in 2017/18 and that the additional financial controls were effective. There was concern that there was not yet a clear top-down framework for the CIPS programme for next year.

The Chief Financial Officer agreed on the need to focus on 2017/18 in addition to the immediate work and advised that the Turnaround Director was focused on 2017/18 only and as part of business planning.

The Accountable Officer advised that she would be chairing the Financial Transformation Board and there was a need for stronger organisational grip. Kirstin Baker asked about the commitment of the Directorates and the Chief Financial Officer advised that he was meeting them regularly to ensure improved financial control.

Professor Reed asked about driving evidence-based practice to improve efficiency and value for money. The Medical Director advised that procurement was critical to this with work progressing, for example, in orthopaedics, but that this needed to be addressed in a more over-arching way.

In conclusion, the Chairman reiterated the imperative of delivering the forecast outturn position and better and the commitment of the Board to achieving this.

The Board noted the Month 9 position, the risks to the outturn position and actions to mitigate those risks.

QUALITY, CLINICAL AND PATIENT ISSUES

1.8 QUALITY AND SAFETY IMPROVEMENT PLAN

The Director of Clinical Governance advised the Board on the progress with the Quality and Safety Improvement Plan which was detailed in the highlight reports and in the ‘must dos’ and ‘should dos’ from the CQC report. There were short-term risks around cleaning issues, and risks related to vacancies around the medicines management work which may lead to delays in completion. The NHSI Chief Pharmacist would be visiting the Trust to support a review of the distribution of pharmacy resources. There had been a delay in the controlled drugs audit and this would be completed rapidly.

As discussed earlier in the meeting, the ability to release staff, because of the focus on patient care, was impacting on the appraisal rate. The Chief Operating Officer agreed that this could not be used as an excuse, and there was a variation between directorates and also under-performance in some corporate areas.

The Director of Clinical Governance further advised that there had been some delay in the provision of 'knock and wait' signs. There remained a risk around the provision of fire wardens in non-clinical areas. The fire risk assessments had been completed and actions were being undertaken.

The Chairman welcomed the opening of Newhaven Downs in January and its contribution to addressing the winter challenges.

Overall the Trust was making good progressing in relation to the 'must dos' and 'should dos'. CQC was undertaking its assessment of progress with the Warning Notice, aligned with this larger set of actions and would give feedback on what they had found later this afternoon. The hospital was very busy, which was an accurate reflection for CQC inspectors of the pressures the Trust was experiencing and how patient experience and safety was ensured.

The Trust reporting would now focus on compliance with the 12 CQC fundamental standards of care, to support the overall programme of quality improvement.

The Board noted the report and progress with the Quality and Safety Improvement Plan.

1.9 SAFER NURSING AND MIDWIFERY STAFFING

The Interim Chief Nurse advised that there were currently 160 registered nurse vacancies and 90 unregistered nurse vacancies. However almost half of the registered nurse vacancies would be addressed as staff in the recruitment process were appointed. Good progress continued to be made with the control of agency spend. The number of leavers was now exceeding starters and while the international recruitment campaign to address this was underway, it would take some time to have an impact.

The Chairman asked about the high cost of living in the City and what could be done to address this to make it affordable for nursing staff. Professor Reed noted the importance in this regard of retaining staff who were trained locally. The interim Chief Nurse advised that a number of staff trained here and returned to their original place of origin. The reduction in bursaries would also have an impact on nurses entering training. A senior nurse was leading on a project to improve retention particularly in the first year. The key reasons for nurses leaving the Trust were relocation, improving work-life balance, and retirement.

The Chief Financial Officer welcomed the performance on controlling agency spending and asked about the timeliness of the recruitment process. The interim Chief Nurse advised on the fast tracking of recruitment at PRH. The Director of HR also advised that the new applicant tracking system would go live in February and would support the recruitment process.

Kirstin Baker asked about the increase in planned nursing spend and it was noted that

this related to staffing additional capacity.

The Interim Chief Nurse further advised that the recent NHSI review of nurse staffing had made a number of recommendations, particularly in relation to staffing in 8A West, ED and ICU which were being addressed through the nurse staffing work-stream.

The Board noted the report.

RISK AND GOVERNANCE

1.10 RISK REGISTER

The Director of Clinical Governance introduced the corporate risk register which had been endorsed by the Quality and Performance Committee in January, following discussion at the Risk Committee. The key theme within the report concerned risks around investment in the estate and equipment.

Amendments to the risk management strategy were also proposed including the role of the Audit and Finance, Business and Investment Committees. Martin Sinclair and the Chairman supported the recommendation.

The Board approved the recommendations

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The new risks concerned the lack of antimicrobial pharmacist staff, the loss of staff in the transitional phase, and the potential impact on patient safety of resources in the pharmacy team.

The Chairman welcomed and noted the clarity and dynamism of the risk register since its revision.

The Chief Financial Officer advised that the financial position and its potential impact would need to be considered and the Director of Clinical Governance suggested that this be incorporated in the Board Assurance Framework.

Action: Director of Clinical Governance and Chief Financial Officer

Martin Sinclair proposed that this be discussed at the Audit Committee.

Action: Director of Clinical Governance

Graham Hodgson asked about the planned work on the pharmacy robot and the Chief Financial Officer would advise on the timeline.

Action: Chief Financial Officer

The Chief Operating Officer noted the risk to patient experience and performance around the implementation of NICE guidance, NG12, and its impact on referrals to the Trust and the project management would be scaled up, reporting to the Board in February. The Director of Strategy advised that through the Cancer Alliance a bid would be submitted to increase diagnostic capacity. Significant sums may be available. The Chief Operating Officer further noted the potential impact on RTT pathways.

Kirstin Baker asked about the poor patient experience relating to the estate, noting both the improved environment in the modular buildings, and the poor quality of the residual estate, recommending that the control was described as inadequate. The Chief Financial Officer advised that the 7 facet survey would take 6 months to complete and would be reported to the Board.

Action: Chief Financial Officer

The Board, in conclusion, adopted the corporate risk register and the proposed changes to the risk management strategy.

STRATEGY

1.11 WESTERN SUSSEX PARTNERSHIP ARRANGEMENT

The Chairman introduced the report advising that the Board was asked to approve the commissioning of external advice in respect of the future governance arrangements of the Trust, with the Chair and Chief Executive of Western Sussex Hospitals NHS Foundation Trust assuming responsibility for the leadership of BSUH from 1st April.

The Chairman further noted that discussions around this arrangement were work in progress. The Board remained accountable and needed to ensure that the new arrangements were consistent with good governance.

The Chairman further noted that he had been advised there was no conflict of interest in the securing of the planned advice.

The Board supported the commissioning of external advice

WORKFORCE

1.12 Annual Equality Report

The Director of HR introduced the Annual Equality Report, noting the apologies of the Head of Equality, Diversity and Human Rights who had planned to present the report. The report covered the period from 2015 to 2016. The report noted the need to improve the capture of data from staff in respect of sexual orientation and disability. The report would also be refined prior to publication to ensure clear timescales for completion of the action plan. The Board would discuss progress on the broader equalities strategy for the Trust in February.

The Director of Communications welcomed the report, noting the need to reflect both hospital sites on the front of the report. The Director of HR agreed to amend this.

Action: Director of HR

Kirstin Baker suggested that the objectives be reviewed to ensure alignment with the development of the broader strategy and the Western Sussex partnership arrangement.

The Board agreed with this proposal

Martin Sinclair further noted the importance of the quality of staff appraisals in supporting this work.

The Board approved the Equality Annual Report

1.13 Workforce Race Equality Standard

The Associate Director of Transformation reported on the outcome of the Workforce Race Equality Standard (WRES). The WRES comprised 9 metrics, including 4 drawn from the national staff survey and 1 concerning BME representation on Trust Boards. The WRES report found that BME staff were over-represented at the lower pay bands for both clinical and non-clinical staff. No BME staff were employed at bands 8C and above in clinical roles. There was over-representation of medical staff at non-consultant career grades. BME staff were less likely to be appointed from short-listing and BME staff were more likely to entre disciplinary hearings. BME staff were more likely to apply and be funded for non-mandatory training and CPD.

From the national staff survey indicators, BME staff were more likely to experience bullying, harassment and abuse both from patients and relatives, and from staff. BME staff were also less likely to report that the Trust provided equal opportunities for career progression. BME staff were also more likely to report that they had personally experienced discrimination at work for managers, supervisors or colleagues. The Board of the Trust was now 100% white. CQC had also made findings concerning the reported discrimination against BME staff in its report in 2016.

The Associate Director of Transformation noted that a former Chief Executive had made a statement that the Trust was institutionally racist and confirmed that this statement had been made in 2010. The Associate Director of Transformation also noted that a Race Equality Workforce Engagement Strategy (REWES) had been launched jointly by the Trust and the BME network to address these issues in 2015, but this work was no longer active.

The Associate Director of Transformation further advised that an action plan arising from the findings of the WRES had been developed with the recommendation that the action plan be addressed through the REWES. It was however recognised that the actions identified would need to be discussed with the Western leadership team and the BME network also noted that this action plan should be situated in the context of the work planned around the development of the broader Equalities Strategy.

The Board, in conclusion, was asked to approve the WRES for publication.

Kirstin Baker asked about the confidence in the data collected internally in the Trust, while noting the stark findings in the WRES indicators of the perceptions of BME staff in respect of bullying, harassment and discrimination.

The Board discussed the context for the implementation of the actions arising from the WRES and agreed that the new Western Executive team needed to discuss and agree the action plan, in respect of actions in the period after 1st April. The Associate Director of Transformation advised that a meeting was planned with the Western Director of HR.

The Director of HR clarified that the increase in staff referred to in the report was

attributable to the transfer of soft FM and noted that the Quality and Performance Committee in its discussion on the WRES had agreed that there should be a focus on immediate actions alongside a discussion with Western regarding the longer-term plan.

The Board noted the discussion at the Quality and Performance Committee.

The Chairman advised that the organisation was in a state of change, and the discussion with Western was critical with the current uncertainty around the composition of the BSUH Board after 1st April.

In conclusion, the Board welcomed and noted the WRES. The Board further agreed that a refreshed plan should be submitted following discussion with the Western team and that a progress report on the agreed actions would be submitted in June.

1.14 REPORTS FROM COMMITTEES

Audit Committee

The Board noted the report

Quality and Performance Committee

The Board noted the report. Graham Hodgson reiterated the unknown impact of the NICE guidance and its potential to be substantial.

Finance, Business and Investment Committee

The Board noted the report from the Finance, Business and Investment Committee. The Director of Strategy advised that the stroke reconfiguration paper would be submitted to the Board in February. The financial assumptions would be reworked and completed by the end of this week and discussed with the Western CFO, noting the outstanding work of the Trust stroke team.

Action: Director of Strategy

Programmes Board

Martin Sinclair noted that the items discussed had been considered by the Board, with a helpful discussion on the winter plan. The longer-terms issues around the RSCH site had not yet progressed due to their complexity.

3Ts Programme Board

The Board noted the report

Charitable Funds Committee

The Board noted the report and the Chairman noted the advice from the Trust investment advisers regarding prudency in the Trust investments.

1.15 QUESTIONS FROM MEMBERS OF THE PUBLIC

A member of the public asked what recent developments there had been to provide a satellite radiotherapy unit at St. Richard's Hospital in Chichester. The Director of Strategy confirmed that this remained a key component of the Trust Radiotherapy Strategy for Sussex. A design proposal was now with Chichester Council for consideration and was likely to have a positive outcome. There was a significant capital requirement identified within the STP and the Trust was hopeful that this would be secured from the Department of Health. The potential to work with partners was also being explored.

The member of the public noted that he was also looking to secure a loan and asked the Board to exercise its responsibility to do everything in its power to ensure there were radiotherapy facilities in Western Sussex in 2 years' time.

The Chair noted the changes to the Board leadership which may not provide significant assurance but would ensure that the incoming Chair was aware of the priority attached to this development. The Chief Financial Officer noted his personal commitment to progressing this. Professor Reed noted the support of Non-Executive Directors in principle but advised that the Board had not considered a detailed plan.

A member of the public asked about the commitment of the Board to meeting monthly in public and the Chairman confirmed this.

A member of the public asked about the number of international staff in the Trust and whether an assessment was made of their competency. This would be addressed following the meeting. The Director of HR advised on the important contribution made by European and international staff.

A member of the public asked about the timeline for approval of the STP

The Director of Strategy advised that the STP had been submitted in October 2016 and formal feedback from the centre was awaited.

1.16 ANY OTHER BUSINESS

There was no other business

1.17 DATE OF NEXT MEETING

The next meeting will be held on 23 February 2017.