

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS**23 FEBRUARY 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	Chief Executive
Spencer Prosser	Chief Financial Officer
Steve Holmberg	Medical Director
Rab McEwan	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
Lois Howell	Director of Clinical Governance
Sally Howard	Director of Service Transformation
James Yassin	Clinical Director, Acute Floor

BSUH IMPROVEMENT ACADEMY – URGENT CARE PATIENT PATHWAYS

The Clinical Director, Acute Floor introduced the output of a Rapid Process Improvement Workshop (RPIW) on the Urgent Care Centre. The objectives of the RPIW were to improve the experience of patients and staff and enable the more effective working of the Urgent Care Centre.

The Director of Service Transformation advised that this was the first RPIW workshop, which had applied the improvement tools of the Improvement Academy, based on thorough preparation and diagnosis of the issues around the UCC, mapping the patient processes within the UCC and identifying those processes which added value, those which did not, and those which were wasteful. Staff had been fully engaged and advised what needed to be done, centred around the needs of patients, developing a cleaner, safer process, and creating a high level map using improvement tools and techniques. The design was then stress tested, simulating what would happen, and how the environment could be used. The Director of Service Transformation advised that five similar RPIW workshops were about to take place including booking systems, recruitment and retention and fractured neck of femur services.

The Chairman asked about the key priorities for this work going forward. The Clinical Director, Acute Floor, advised that staff would want to engage in numerous projects e.g. sepsis, ambulatory care and discharge processes. The Director of Service Transformation advised that SMT would be the forum to prioritise projects, focused on

CQC priorities and areas within the Safety and Quality programme, and using the energy of staff.

Martin Sinclair noted the importance of this work being patient-centric and asked how this focus could be deepened. The Clinical Director, Acute Floor, advised that this was integral to the way in which this process worked with staff encouraged to focus on the needs of patients. The Director of Service Transformation advised that the UCC work had used data from Health Watch and engaged with individual patients and would also work with the Patient Experience Panel. Martin Sinclair further asked how the energy of staff could be released and it was noted that it was important for the Board and SMT to continue to allocate time for discussions around this work and also to enable staff to have the time to participate in this work and making positive change. The Interim Chief Nurse asked if the UCC plan had been discussed with Health Watch and the Director of Service Transformation advised that the output had been discussed with patient representatives, the CCG and primary care, but timelines for the implementation of the plan had not yet been formalised, which was linked to the changes to the physical environment.

The Chief Financial Officer asked about the financial efficiency gain and the Clinical Director, Acute Floor, advised that there were a range of performance and patient experience and staff satisfaction metrics which could assist in monitoring the effectiveness of change.

The Interim Chief Nurse asked if the effectiveness of the Enhanced Nurse Practitioner (ENP) role had been considered and it was confirmed that this role had been a major theme of the review. The Chief Executive asked how many ED staff had been trained in the techniques and was advised that a Matron and the Directorate Manager had been trained and a shorter training programme had been developed, tailored to front-line staff.

The Board welcomed the presentation, the further development of the programme and the importance of its on-going engagement.

2.1 APOLOGIES FOR ABSENCE

There were no apologies for absence.

2.2 DECLARATIONS OF INTEREST

There were no declarations of interest.

2.3 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 26th January 2017 were approved as a correct record, with the amendment that the '7' facet survey should read '6' facet survey and would be completed in 3 to 4 months.

The Chairman confirmed that the Workforce Race Equality Standard (WRES) had been published following the Board meeting in January and further discussions would take place with Western regarding the action plan and longer-term strategy.

2.4 MATTERS ARISING FROM THE PREVIOUS MEETING

The matters arising were noted. The Chief Financial Officer advised that he had met the Chief Pharmacist to discuss the planned replacement of the pharmacy robot which was being worked through and the plan would be agreed in 3 to 4 weeks.

2.5 REPORT FROM CHAIRMAN AND CHIEF EXECUTIVE

The Chair advised that a meeting of the Improvement Oversight Group (IOG) had been held on 21st February with Western and NHS Improvement. Work was in progress for the arrangement to be implemented from 1st April, subject to due diligence and agreement by both Boards. The Chair had also discussed with Non-Executive Directors, the future governance of the Trust, and written to Western and NHSI regarding accountability for the delivery of the management agreement and the governance of BSUH.

The Chief Executive highlighted 3 areas in the report: her meetings and discussions with staff across the hospitals and the commitment and skills of staff she had met across the Trust. Positive feedback had been received from CQC following their assessment in January in respect of the section 29a Warning Notice and detailed preparation was underway ahead of the full re-inspection from 25th to 27th April. Mock inspections would take place on 28th February and 1st March. There had also been a significant improvement in the findings of the national in-patient survey, which had been undertaken from a sample of patients in August 2016. The full report and action plan would be submitted to the Board on publication in April.

The Board noted the report

PERFORMANCE AND ASSURANCE

2.5 INTEGRATED PERFORMANCE REPORT MONTH 10

The Chief Operating Officer advised on mixed progress in performance in month 10. Emergency care related indicators had deteriorated in January, driven by high bed occupancy, and high levels of delayed transfers of care. The 4 hour standard and ambulance handover times had deteriorated. There had also been failures in the estate, including the lifts in the Barry Building which had impacted on performance against the 4 hour standard and with an increase in 12 hour breaches.

RTT performance remained poor, but continued to improve in line with the trajectory. 152 patients had been waiting for longer than 52 weeks. A Trust level revised 52-week trajectory has been agreed with NHSI and a plan developed, which would take some time to complete, particularly in Digestive Diseases. A third of patients would be treated at PRH and the remainder treated in protected capacity at RSCH. The backlog would be cleared by November at the latest, and as early as possible. Overall RTT performance had improved relative to other Trusts. There would be a delay in recovering performance on the 62 day cancer standard; which would not now be delivered consistently before April 2017. However the diagnostic standard had been achieved in January.

46 *clostridium difficile* cases had now been reported, year to date, which equated to the

year-end target and would be added to the risk register.

Action: Director of Clinical Governance

Performance against the stroke standards remained strong. There were delays in timely responses to complainants and the Trust was reporting a high number of mixed sex accommodation breaches. On-going improvements had been made in appraisal and mandatory training rates.

The Chairman asked about progress in addressing the failings of the lift in the Barry Building. The Chief Operating Officer advised that both lifts had failed at the same time. Both were now functional, but prone to failure, and a contingency had been agreed, which allowed an adequate service to be maintained. However there remained on-going risks in the Barry Building and Thomas Kemp Tower. Kirstin Baker asked if there was any intermediate plan to address the failings, through the advance purchase of replacement equipment. The Chief Financial Officer would review and the Board was advised that the lifts would remain operational for the next 3 years.

Action: Chief Financial Officer

Martin Sinclair expressed concerns about broader risk mitigation strategies in areas within the Trust's control. The Chief Executive advised that a premises assurance assessment had been undertaken as part of the Western due diligence which would enable this to be addressed systematically. Malcolm Reed noted the linked risks around theatre ventilation and the Director of Clinical Governance advised that a programme had been agreed to address this.

The Chairman asked about the mixed sex accommodation breaches and the plan to reduce this. The Interim Chief Nurse advised that this was reviewed, with mitigation plans, at every bed meeting, but was related to poor patient flow.

The Chairman also asked about appraisal and mandatory training rates and the Director of HR advised that this was the first time the Trust was confident of meeting the targets.

The Medical Director noted the challenges around histology turnaround times which had been discussed with the Chief Operating Officer and the Trust was clearer about how this could be improved rapidly. Electronic solutions were required to improve infection prevention and control practice, for example, antimicrobial prescribing.

The Medical Director further advised the Board that mortality rates remained below the expected rate. Clinical outcomes for stroke remained good, although direct admission to a stroke unit was impacted by patient flow. Outcomes for fractured neck of femur were also outstanding.

Kirstin Baker asked about the significant increase in 12 hour trolley waits and the Chief Operating Officer advised that 18 of the breaches were related to the lift failure discussed earlier.

The Board noted the report and the actions taken

1.7 FINANCE REPORT MONTH 10

The Chief Financial Officer advised that the reported in-month deficit was £4.1m with a year to date deficit of £40.2m. Income had over-achieved by £1.7m. Pay remained stable in Month 10 and included the opening of additional capacity, reflecting an improved position, contingent on holding administrative and clerical recruitment. The CIPs programme was forecasting £19.8m at year-end and £17m had been delivered year to date. The forecast outturn position remained £59.7m with £10.7m of risk. The cash position remained tight. Capital was under-spent and a range of initiatives were being pursued to maximise utilisation of the available capital. Plans were underway to develop the 2017/18 CIPs programme.

The Chair noted the residual and significant issue around resolution of the 2015/16 income position and its treatment and asked how spend was being controlled to year-end.

The Chief Financial Officer advised that a number of actions had been taken including the termination of a number of interim contracts, control of temporary staff and non-pay spend through a weekly panel. Discussions had taken place with all Directorates and the Chief Executive had requested that all Directorates reduce their forecast position by 2%. This had been discussed at SMT where Directorates had presented their plans.

Malcolm Reed asked about outstanding invoices to BSMS and the Chief Financial Officer advised that this was related to the cash position and was built into the forecast and would not be affected by the year-end position.

Kirstin Baker asked about the likely outcome of the income arbitration. The Chief Financial Officer advised that there remained risks around 2015/16 and 2016/17. The latter was being discussed with commissioners to agree the forecast position, with clarity expected by mid-March. A further communication had been received from NHSI regarding the 2015/16 position, which would be further discussed with the CCGs.

The Chair asked about confidence in the £59.7m position and the Chief Financial Officer advised that the risks had increased around the downside scenario for 2015/16 and mitigations were being explored in this regard.

The Board noted the Month 10 position, Forecast Outturn and risks to the year-end position

QUALITY, CLINICAL AND PATIENT ISSUES

2.8 QUALITY AND SAFETY IMPROVEMENT PLAN

The Director of Clinical Governance advised that feedback from the CQC assessment in January had been broadly positive and CQC had not felt it necessary to take any further enforcement action. The Warning Notice had not been lifted but a revised rating would be issued following the inspection in April. The key focus now was in improving governance and communication around the fire risk assessment action plans, ensuring staff were aware of health and safety or environmental risk assessments, maintaining performance regarding patient safety and privacy in the corridor area, and improving performance against the 4 hour A&E standard. It was further noted that the 55 patients

in recovery referred to in the CQC feedback, primarily concerned post-operative patients, not patients transferred from the Emergency Department. The Medical Director advised that this reflected staff perception of a deterioration in the position regarding prolonged stays in recovery. However critical care outreach was provided in these areas. Risk assessment and management had progressed and would be reinforced with the wards and services. Staff engagement would proceed, including with the BME Network and LGBT Forum and the Chairman reinforced the need for a balanced approach across all staff groups.

The Director of Clinical Governance noted on-going discussions with commissioners regarding the commissioning of pain services; and communication around the management of patient flow; there had been a deterioration in performance against the 62 day cancer standard, discussed earlier in the meeting; there was increased focus around medicines security, which was the responsibility of the Chief Pharmacist and was being addressed urgently and would report to the Quality and Performance Committee, and fridge- temperature checking.

Action: Director of Clinical Governance

Positive messages from the January inspection would be reinforced. There would be weekly communication with staff through safety huddles, practice improvement meetings, SMT and mid-week communications. The information request from CQC was being compiled and quality assured and would be submitted by 13th March. Internal audit was also reviewing the quality of evidence and the robustness of assessment of progress and this would be reported to the Audit Committee in March.

2.9 SAFER NURSING AND MIDWIFERY STAFFING

The interim Chief Nurse advised that vacancies had increased with 203 registered nurse vacancies and 106 health care assistants, due in part to the opening of additional capacity; agency usage had increased slightly in-month, also related to this extra capacity. There were 5 wards only in January with a fill rate of 80% or less. Leavers had exceeded starters in 2016/17 with a negative position of 51 year to date and the team was working closely with the recruitment team to expedite recruitment.

The Director of HR advised that a report on retention and turnover would be submitted to the Quality and Performance Committee in March. Staff turnover, which was 14.3% for nursing and midwifery staff, was a problem and higher than the national average and neighbouring hospitals. There was a particular problem with high turnover in the first 12 months of employment.

The Board noted the report, and nursing and midwifery staffing levels in Month 10 and on-going plans for nurse recruitment

2.10 SAFER WORKING HOURS (MEDICAL)

The Medical Director advised that this was the first report of this type which was part of the junior doctor contract and involved a phased transfer of the terms and conditions of junior staff. Junior doctors now self-reported their hours and were required to file exception reports if they worked more hours than they are contracted to. These processes would require further clarification as the contract implementation was

embedded. The Medical Director further advised on the implications of the HEEKSS review regarding the payment of educational supervisors.

The Chairman noted the complexity of this area and the number of issues which required resolution to monitor it effectively. Malcolm Reed advised that overall this development was positive and reflected an important patient safety issue. Concerns were noted that the submission of exception reports was being met with resistance in some areas. The Chief Financial Officer asked at what point the financial implications would be clear. The Medical Director advised that the key financial and safety risk concerned the F1s, which required organisational focus.

Kirstin Baker welcomed this development as an important management change and noted the importance of on-going work with junior doctors in respect of best practice and how medical staff were managed.

The Chairman noted the importance of addressing the issues in the report, including Consultant support for exception reporting and the Board commitment to progressing this. The Director of HR advised that the Trust would participate in national and regional discussions and bring this in to the Trust. The cultural issue was key to address.

The Medical Director welcomed the Board's support for junior doctors and the exception reporting process. The Chief Executive or Medical Director would communicate this via SMT and the Junior Doctor's Forum.

Action: Chief Executive and Medical Director

STRATEGY

2.11 WESSEX GENOMIC MEDICAL CENTRE

The Medical Director advised that the Wessex Genomic programme was focused on rare diseases and gene analysis on cancer tissue to develop more targeted research for cancer treatment. The Trust was working with Southampton University Hospitals NHS Trust, and this was a key development for the Trust as a Teaching Hospital with significant collaborative opportunities and risks to the reputation of the Trust if it did not participate in the Programme.

Malcolm Reed noted the importance of this project for the Trust and BSMS although the cost to the Trust appeared excessive and would need to be reviewed

The Chief Executive noted the strategic importance of this Programme.

The Board supported the development of the strategic delivery partnership with the Wessex Genomics Medicine Centre; further clarification would be sought around the costs which the Medical Director would discuss further with Southampton

Action: Medical Director

2.12 3Ts RESILIENCE AND BUSINESS CONTINUITY INTERFACE PLAN

The Director of 3Ts reported that in September the Board had considered a report on emergency planning and resilience when the 3Ts Team had been asked to consider its planning for a business continuity incident and its interface with the Trust. A process had been discussed and designed to complement Trust processes or which arose from the construction programme. The Chief Operating Officer supported the proposal and noted the importance of alignment with business as usual contingency arrangements.

The Board supported the proposal.

RISK AND GOVERNANCE

2.13 BOARD ASSURANCE FRAMEWORK

The Director of Clinical Governance introduced the revised BAF, advising the Board of the 5 new risks identified in the BAF.

- CCG commissioning practice
- Overall patient flow through hospital/trust
- Absence of strategic vision
- Uncertainty/loss of focus and resource as Western Sussex Hospitals NHS Foundation Trust takes responsibility for the Trust
- Loss of Major Trauma Centre status

The risks were being actively managed and the Trust was working with internal auditors and would incorporate their recommendations in the next iteration of the BAF.

The Chair welcomed the improvements in the BAF and risk register and the Board endorsed the BAF.

WORKFORCE

2.14 MEDICAL APPRAISAL AND REVALIDATION (QUALITY REVIEW)

The Medical Director advised that the medical appraisal and revalidation system had been reviewed externally and there was a requirement that the action plan was reviewed and approved by the Board.

The Board approved the action plan

The Medical Director noted that the position regarding the number of appraisers had improved. The Chief Executive asked about the planned reporting of the use of locum medical staff and the Medical Director would work with the Chief Executive on a periodic report.

2.15 REPORTS FROM COMMITTEES

Quality and Performance Committee

The Chief Operating Officer advised that he had agreed with the CCG at the Planned Care Board that there would not be a full implementation of NG12 currently and there would be a discussion across CCGs regarding implementation.

Finance, Business and Investment Committee

The Board noted the report and the Chair noted the on-going focus of the Board on the target outturn position. A further Financial Special Measures meeting would be held with NHSI on 24th February. Actions were also being taken to ensure maximum spend of the operational capital.

Programmes Board

The Board noted the report

2.16 QUESTIONS FROM MEMBERS OF THE PUBLIC

A member of the public asked what the state of play was with the £17m required for the linked radiotherapy service in West Sussex.

The Director of Strategy advised that in early January a market testing process had been undertaken to identify partners for the development of satellite radiotherapy in western Sussex. Discussions had taken place with Western. The OBC was being refreshed and consideration given to the commercial and procurement options. The Chief Financial Officer advised that the governance of this programme would evolve, including as the STP developed.

The member of the public further asked why the Trust was reluctant to seek a bank loan and the Chief Financial Officer confirmed that this option was not open to the Trust as an NHS Trust.

A member of the public asked if the composition of the Board after 1st April had been agreed. The Chair noted that there were planned changes with the Chairman, Chief Executive and Executive Team being appointed. The remaining composition of the Board would be the responsibility of the Chair of Western Sussex Hospitals NHS Foundation Trust.

2.17 ANY OTHER BUSINESS

There was no other business

2.18 DATE OF NEXT MEETING

The next meeting will be held on 30 March 2017.