

Minutes

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Minutes of the Board of Directors meeting held on 31st May 2017 at 10.00 in the Boardroom, St. Mary's Hall, Royal Sussex County Hospital

Present:

Mike Viggers	Chairman
Kirstin Baker	Non-Executive Director
Graham Hodgson	Non-Executive Director
Professor Malcolm Reed	Non-Executive Director
Mike Rymer	Non-Executive Director
Martin Sinclair	Non-Executive Director
Patrick Boyle	Non-Executive Director Advisor
Jon Furnmston	Non-Executive Director Advisor
Lizzie Peers	Non-Executive Director Advisor
George Findlay	Executive Medical Director and Deputy Chief Executive
Denise Farmer	Executive Director of Organisational Development and Workforce
Nicola Ranger	Executive Director of Nursing and Patient Safety
Karen Geoghegan	Executive Director of Finance

In attendance:

Rab McEwan	Interim Chief Operating Officer
Dominic Ford	Director of Corporate Governance and Board Secretary

GENERAL BUSINESS

PB5/17/1 Welcome and Apologies

Apologies were received from Mariianne Griffiths, Chief Executive, Pete Landstrom, Executive Director of Delivery and Strategy, Evelyn Barker, Managing Director and Joanna Crane, Non-Executive Director

PB5/17/2 Declarations of interest

There were no declarations of interest

PB5/17/3 Minutes of Previous Meeting

The minutes of the meeting held on 27th April were approved as a correct record with the amendment that on page 4, 'Urology' should read 'Neurology'.

It was also agreed that the minutes will identify the Non-Executive Director Advisors.

PB5/17/4 Matters Arising

Wessex Genomic Medical Centre

George Findlay would incorporate progress on the Wessex Genomic Medical Centre in a future Quality Report.

Learning from deaths

It was noted that Graham Hodgson would be the Non-Executive Director lead for *Learning from Deaths*.

Paediatric care in the ED at PRH

It was noted that a further discussion would be held at the Board meeting in September.

PB5/17/5 Chief Executive's report

George Findlay advised that the first oversight meetings had taken place on 23rd May and had been useful and confirmed both the proposed approach to oversight and the direction of travel for the Trust as set out in the objectives of the management contract.

The Trust had received written confirmation from CQC of its feedback from the April inspection. The draft inspection report was expected in July.

The Executive team had an away day in May and had discussed how the priorities in the management contract would be taken forward, and the development of the BSUH organizational priorities. The Board away day planned for 26th June would discuss this further.

The first Trust Executive Committee had taken place with a useful discussion on the Patient First programme and how this would be developed in BSUH.

George Findlay also advised that he would be progressing the development of a clinical strategy, building on and making coherent the elements of the strategy which had been developed to date.

Consultation on the senior leadership arrangements in the corporate structure would conclude at the end of May and this would be followed by the consultation on the strengthening of operational leadership.

In respect of prizes and awards in the last period, the clinical assistants' project in surgery had been very positive and had been shortlisted for the HSJ Innovation Awards.

Mike Viggers added in respect of the oversight arrangements that the independent chair of the Quality Oversight Committee had added real value to the meeting.

Kirstin Baker asked how the clinical strategy linked to the Sustainability and Transformation Plan (STP) and George Findlay advised that the STP acute services review and its capacity modeling would be an important reference point for the BSUH strategy. The BSUH clinical strategy would also provide clarity for staff within the Trust in defining fixed points around clinical services.

The Board noted the report.

PERFORMANCE

PB5/17/6 Quality Report

George Findlay introduced the Quality Report and safety and quality scorecard which would be developed over the coming months. Crude mortality at 2.92% had

reduced from previous months. The HSMR was 94.6 in February, slightly below the average, and the Trust Mortality Review Group would review all deaths within the Trust to enable learning with Graham Hodgson, the lead NED overseeing this process. The SHMI was also lower than expected. No CAS alerts were outstanding. 4 Serious Incidents were reported in April, following an earlier peak in February when 10 had been reported. This included incidents in maternity which would be reviewed at the next Quality and Risk Committee. 1 c. difficile case had been reported in April and no cases of MRSA, following incidents in February and March. The falls rate had improved significantly over time and was lower than the national average. No grade 3 or 4 pressure ulcers had been reported in April although grade 2 pressure ulcers were too high with 18 cases in April.

Complaints were reducing although complaints responses were not timely and work was required with the clinical directorates to address this. The Friends and Family Test scores were generally positive, although variable in maternity services but the response times were very low.

Jon Furmston asked about the difference in the SMR for hip fracture between PRH and RSCH and George Findlay advised that a small number of complex cases only were carried out at RSCH which was likely to account for the difference.

Mike Rymer noted that the Quality Committee had asked for mortality data to be presented for both sites to ensure any differential was understood and also noted the importance of presenting surgical infection in data in future reports, particularly with the risks around theatre ventilation.

Emergency re-admissions remained stubbornly high and Rab McEwan advised that a previous audit had not identified any significant lapses in care which might account for the level of re-admissions.

Lizzie Peers asked about mixed sex accommodation (MSA) breaches and what the Trust was doing to address this. George Findlay advised that the Trust was assessing what was driving the level of MSA breaches. This reflected breaches in some specialist services, such as stroke services, the configuration of beds in the Barry building and the normalization of breaches in the management of the sites. Rab McEwan confirmed that the breaches were largely in specialist services and in surge capacity and reflected poor patient flow. However there was the potential to reduce the number of breaches significantly.

Jon Furmston noted that many of the quality metrics were green and asked if this reflected or masked the overall picture. Nicola Ranger advised that other metrics needed to be developed and the key concern was around potential patient harm arising from delays in accessing services or the timely provision of care. George Findlay also noted that the harm review process for long waits would be undertaken prospectively and there were also risks for patients in for example the backlog for cardiac investigations.

Kirstin Baker asked how the issues identified by CQC would be addressed and it was noted that this would be included in the Quality Report. George Findlay also advised that BSUH was a low reporter of incidents, including incidents of harm, although this had increased over the last 12 months and the reporting culture would need to be reviewed. However there was no evidence of under-reporting of falls, although there may be under-reporting in other areas.

Mike Viggers concluded that future reports would incorporate data on Surgical Site Infections (SSIs), site specific data where relevant, and national benchmarked data where available. Work was required to improve the response rates for FFT. The Board would be advised of FNOF numbers by site and the re-admissions audit

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would be circulated. Work would be undertaken to reduce mixed sex accommodation breaches as a priority.

The Board noted the Quality Report

PB5/17/7 Organisational development and workforce

Denise Farmer introduced the organizational development and workforce report, describing the key issues within the report. Further work was required to assess workforce capacity any gaps within the workforce and the actions required. Retention rates were problematic and work would be focused on priority areas including PRH and the medical wards. Sickness absence was high despite the work carried out around the health and well-being of staff. Staff engagement priorities and actions were being developed including the response to the staff survey issues, and it was important that progress was made prior to the next national staff survey. The People Opportunities report and recommendations in relation to equality and diversity had not yet been received and had been requested for 1st June and would be shared with the Board.

Initial work had identified a skills gap within the Trust, and a need to address cultural issues around values and behaviours and accountability. A leadership development programme had been commissioned and would begin in September and support implementation of the new leadership arrangements. Clinical leadership would be a key focus for this programme and funding had been secured. There would also be a focus on the development of senior nurses including ward sisters. Funding had also been secured for a competency pathway for nurses which was intended to support retention. There were also a number of workforce modernization projects in development which were being assessed to ensure they supported the needs and workforce model of the organisation.

Consultation on the first phase of the consultation to strengthen leadership and management arrangements would conclude on 31st May. Staff side was supportive of the consultation and the clinical consultation would be launched at the start of June.

Graham Hodgson asked if there were any themes from staff exit interviews and also how the Trust supported staff with work-related stress. Denise Farmer advised that further work was required to improve feedback from staff who were exiting the Trust and feedback was currently not sufficiently connected with work to retain staff. The two most significant stressors were identified as a lack of flexibility in working arrangements and management support, and this included the reputation of the Trust as a flexible employer.

Martin Sinclair welcomed the report and asked how the Trust could move into a more proactive approach to the workforce and modeling for the future. Denise Farmer advised that there was reasonable workforce information available, but it was not yet synthesized effectively to enable planning. The impact of the planned new roles was not yet clear and the initial priorities would be around retention and understanding and developing the workforce plan.

Jon Furmston asked if there were the controls in place regarding patient-facing staff who had not done mandatory training and it was agreed that the profile of these staff would be reviewed to identify and risks. Denise Farmer further advised that non-professional learning and development needed to be addressed and Nicola Ranger added that there was a need for clarity about the composition, frequency and delivery of mandatory training. Induction training would also need to be reviewed, including its role in the delivery of mandatory training.

Mike Viggers summarized that the People Opportunities report would be circulated to the Board when received by the Trust and would be discussed at a future meeting. The Board would also be advised on the development of the Leadership Programme and work around retention. The nature and roles of staff who had not attended mandatory training would be reviewed quickly.

PB5/17/8 Performance report

Rab McEwan introduced the Month 1 performance report advising that April had been busy with elective spells up slightly, non-elective spells were up by 5% and A&E attendances were stable. Performance against the 4 hour standard had improved to 85.3% against a national average of 89%. This was in line with trajectory and had improved further to 86% in May. The position against the 62 day cancer standard in March was 76.5% against the 85% standard. The plan was to achieve the 85% standard in April and performance was 85.1% provisionally.

RTT performance had failed the 92% standard but delivered 85.2% in line with the trajectory. Performance was currently 86% in May. 52 week wait breaches remained high with 94 patients at the end of April and 68 of those patients were undated. The long waits were largely in Digestive Diseases. The diagnostic standard had been delivered for the fourth month in a row.

Mike Rymer noted the impact on patients of delays in stoma reversals and asked if the plan to address this was robust. Rab McEwan advised that the plan was robust although some patients on assessment could not be seen at PRH and would need to be undertaken at RSCH and their operations balanced against other priorities on site. The plan was to remove the long waits by October and was on track.

Mike Viggers asked about potential support in the broader health economy. George Findlay advised that discussions had taken place with Western, where there was capacity available and further discussions would take place. There was also an affordability issue and a recurrent solution to capacity and demand had yet to be developed. Karen Geoghegan confirmed that the affordability issue was significant and had not yet been agreed with commissioners and needed to be quantified.

Rab McEwan advised that the number of patients to be validated as part of the script rewrite had reduced to 8,000 which was being sampled to assess whether they would be added to the waiting list. This should be completed in the next 7 days and the Trust would start July with a clean waiting list, as advised by the Intensive Support Team.

Denise Farmer asked where the Committee discussion regarding access metrics would take place and it was noted that this would be at QRC although George Findlay advised that the whole Board needed to be sighted on these metrics through the performance report.

Rab McEwan advised that Delayed Transfers of Care (DTOCs) had improved significantly in April and was now at 6.1% with sustained good work with partners, particularly in West Sussex. The Chair of the A&E Delivery Board had also invited the Trust to chair the scrutiny group reviewing delayed transfers and the investment in this work. The Board would be updated on this next month. Improvement in DTOCs would impact positively on performance against the 4 hour standard. George Findlay noted the potential impact on capacity and staffing and the need to capture the benefits realized from improved flow, also noting that while A&E performance had improved from January it was also consistent with the previous year.

Lizzie Peers asked about funding for seasonal resilience and Karen Geoghegan

noted that there would be STP discussions around the measurement of the benefits of investment and a collective view would be developed. This had been identified as a contract risk and Rab McEwan confirmed that a discussion would also need to take place with the CCG.

The Board noted the performance report.

PB5/17/9 Financial performance report

Karen Geoghegan introduced the Month 1 financial report which had also been discussed in detail at the Finance and Investment Committee and reported that the £65.4m deficit control total had been agreed with NHSI, although formal confirmation had not yet been received.

At Month 1, the Trust was reported a deficit of £7.8m, £0.1m favourable to plan, although income under-performed by £0.33m in April. CIPs plans were required for £20m and were currently being finalized for sign-off by budget holders. Only limited savings would be carried forward from 2016/17 and the main risk to the financial plan was delivery of the efficiency programme. The financial control environment was also a significant risk. The agency cap was £12.8m and the Trust was performing under cap, but with a significant element of premium cost and activity out of core time. The cash balance was £12m better than plan and the capital spend was significantly less than expected. Both the strategic and operational capital programmes would be reviewed and revised.

Mike Rymer asked about medical locum expenditure and Karen Geoghegan advised that the rates for medical staff had now been relaxed by NHSI which may lead to a demand for higher agency rates. George Findlay advised that the Trust would hold the line on medical pay expenditure to ensure that the agency cap was met.

The Board noted the report.

PB5/17/10 Safer nursing and midwifery staffing

Nicola Ranger reported on safer nursing and midwifery staffing in April advising that the key issues were vacancies for trained nurses which were high and increasing at 227 and for unregistered staff at 139. The latter could be addressed quickly with a more flexible approach to the recruitment and deployment of these staff.

The report identified that care hours per patient day and nurse to patient ratios were good compared with other Trusts. Further work would be undertaken around acuity and dependency which would be reported to the Board. There were no identified clinical concerns in respect of staffing numbers.

The number of leavers was high each month, and significantly higher than starters. Some staff had left because of issues around rota management and minimum hours, and there would be a focus on encouraging these staff to return with a more flexible approach to rota managements. Retention also needed to be viewed as a ward-level issue rather than one for HR Business Partners to resolve. Further discussions would also be held around the staffing model for 3Ts and its appropriateness and buy-in at ward level. In respect of retention, there was also frustration about travel between sites and a need to stabilize staffing levels, particularly in critical care.

Graham Hodgson asked about the high fill rates for non-registered staff and how this could be consistent with the level of reported vacancies and Nicola Ranger

agreed advising that the care hours per patient day was also not consistent with the level of vacancies and the data would need to be explored further.

Patrick Boyle asked whether there were sufficient resources to enable delivery of the work programme in 2017/18 and Nicola Ranger advised that there would be when the posts were filled in the new structure, particularly the key role around the nursing and midwifery workforce.

Kirstin Baker asked about the timeframes around workforce planning and Denise Farmer advised that the first step would be to clarify understanding of the existing workforce, the skills gap and how this would be addressed.

The Board noted the report.

PB5/17/11 Medical appraisal and revalidation annual report

George Findlay introduced the medical appraisal and revalidation annual report, advising the Board of the year-end position and asking for approval of the year-end compliance position. The appraisal position had improved in 2016/17 and was 85%, 10% better than 2015/16. For substantive medical staff the appraisal rate was 93%. There were a large number of doctors with a prescribed connection to the Trust which was a challenge in ensuring there were sufficient appraisers. The number of appraisers had been low which had been identified in the independent review of the revalidation and appraisal system but had improved from 1:12 to 1:9, although it needed to be improved further to 1:6. The key inhibiting factor was the pressure around available time in job plans. 69 revalidation recommendations had been made in 2016/17 with 55 positive recommendations and 14 deferral requests. Clinical Directors were actively engaged and this work was embedded in the directorates.

Martin Sinclair asked about mandatory training for doctors and its monitoring and the strength of the organizational processes for learning from appraisal. George Findlay advised that the appraisal meeting included a discussion regarding mandatory training and was addressed there. The appraisal process was confidential and an individual process however cohorts of appraisers did meet and provided organizational learning.

Lizzie Peers asked about recruitment and background checks and George agreed that currently there was little known about the quality of this process.

The Board noted the report and approved the Statement of Compliance.

PB5/17/12 Annual Report

Denise Farmer introduced the Annual Report which had been recommended for approval by the Audit Committee and Martin Sinclair confirmed that the Audit Committee was content with the report. Graham Hodgson asked whether the number of unplanned procedures was correct and Dominic Ford agreed to check this. It was noted that there were no material changes to the Annual Report subsequent to the Audit Committee.

The Board approved the Annual Report.

PB5/17/13 Annual Accounts

Karen Geoghegan introduced the Annual Accounts noting that the accounts had been recommended for approval by the Audit Committee and had been considered in detail by the Audit Committee members. There was nothing further to add to the

discussion at the Audit Committee. The Committee had discussed the wording around Going Concern and Lizzie Peers asked if the agreed wording around Going Concern had been incorporated in the final Annual Accounts which would be confirmed. Karen Geoghegan added that there had been no material changes to the Annual Accounts as presented to the Audit Committee and submitted to the Board.

The Board approved the Annual Accounts.

PB5/17/14 Any other business

There was no other business

PB5/17/15 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
May 2017

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