

Minutes of the Board of Directors (Public) meeting held at 10:30 on Wednesday 29 January 2020 in the Lecture Theatre 1, Euan Keats Education Centre, Princess Royal Hospital, Haywards Heath

Present:	Alan McCarthy Mike Rymer Lizzie Peers Patrick Boyle Joanna Crane Jackie Cassell George Findlay Karen Geoghegan Pete Landstrom Jayne Black	Non- Executive Director (Chair) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Medical Officer Chief Financial officer Chief Delivery & Strategy Officer Chief Operating Officer
In attendance:	Glen Palethorpe Tamsin James Helen Weatherill Rob Haigh Ian Arbuthnot Susan Harman Johanna Kelly Simon Darrington Barbara Harris	Group Company Secretary Board and Committee Administrator HR Director Medical Director IT Director (Item 14 only) Head of Programme & Projects (Item 14) Sepsis Clinical Nurse Specialist (Item 14) Order Comms Strategy & Solutions Lead (Item 14) Head of Inclusion (Item 16)

B/01/20/1 WELCOME AND APOLOGIES Action

- 1.1 The Chair welcomed those present to the meeting.
- 1.2 Apologies of absence were received from Dame Marianne Griffiths.
- 1.3 The Board was confirmed as quorate.

B/01/20/2 DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

B/01/20/3 MINUTES FROM THE PREVIOUS MEETING HELD ON 25 September 2019

- 3.1 The minutes of the meeting held on 27 November 2019 were **APPROVED** as a correct record.

B/01/20/4 MATTERS ARISING

- 4.1 There were no Matters Arising for the Board to discuss.

B/01/20/5 CHIEF EXECUTIVE'S REPORT

- 5.1 George Findlay presented the Chief Executive's report, drawing out the key events and activities that occurred in December & January.
- 5.2 George recognised that December and January had been extraordinarily busy months and praised all the staff for being amazingly resilient and providing excellent care throughout this busy period.

Headlines

- 5.3 January saw eight teams and over 50 people attend their Patient First Improvement System (PFIS) graduation, an opportunity to celebrate and reflect achievements during their training. They were joined by the new entrants on wave 8 who were able to ask questions and hear about the many improvements made by wave 7 colleagues. Carolyn Morrice presented the certificates and congratulated the teams.
- 5.4 The 24 bed Major Trauma ward is now open at the Royal Sussex County Hospital. The Millennium Wing ward will care for some of the hospital's most severely injured patients. It creates a dedicated facility for the treatment of these patients, who would previously have been cared for on other specialist or surgical wards.
- 5.5 George praised midwives Ash Riddington and Helen Green who both received silver Chief Midwifery Officer Awards for their outstanding work in supporting members of the transgender and non-binary community in pregnancy.
- 5.6 George highlighted that Karen Geoghegan, the Trust's Chief Financial Officer, was announced Finance Director of the Year at the Healthcare Financial Management Association (HFMA) Awards. Karen was awarded the prestigious top prize for her work and leadership at both Brighton and Sussex University Hospitals and Western Sussex Hospitals.
- 5.7 George thanked all those involved in the launch of the Live Beds management system which launched this month. The system provides a real-time view of which beds are available or about to become available across the trust and will help ensure patients access inpatient care in a timely way.
- 5.8 Just before Christmas, Children and Families in the Royal Alex Children's Hospital were visited and presented with gifts by Brighton & Hove Albion Football Club and Sussex Cricket Foundation.
- 5.9 George highlighted that more than 65% of frontline staff have now been vaccinated against Flu with the campaign still in full force.
- 5.10 A delegation coordinated by the Beijing Huatong Guokang Foundation (BHGF) visited the Trust to hear about some of the fantastic innovations and education available at BSUH. Part of an ongoing relationship between the Trust and BHGF. Over 150 doctors from China have come to BSUH in the past five years for three-month placements and earlier this year over 20 of our consultants visited China on a fact-finding and teaching programme.
- 5.13 **Diary Highlights**
The Board was advised of some key meetings that the Executive team have attended in December and January.
- 5.14 **Looking ahead**
George thanked all those who had taken part in the Annual Staff Survey and confirmed over 5000 colleagues had responded.
- 5.15 George confirmed work continued in the development of the relationship between BSUH and Western Sussex Hospitals NHS FT with a continuation of the current leadership arrangements allowing this closer working over the longer term.
- 5.16 George announced that final preparations were underway for the launch of this

year's Patient First STAR awards, designed to recognise and celebrate the contribution of staff and volunteers. Nominations are due to open on February 14 and George wanted to encourage all staff, volunteers, patients and their relatives to consider putting a colleague or team forward.

5.17 The Board **NOTED** the report.

B/01/20/6 INTEGRATED PERFORMANCE REPORT

6.1 George Findlay presented the Board with an introduction to the report, which provided the structure for the integrated performance report and provided information on the activity that is being undertaken by the Trust and how this links to the Trust's True North Objectives.

B/01/20/7 QUALITY IMPROVEMENT

7.1 Rob Haigh introduced the quality report, highlighting the key benchmarked indicators relating to Quality & Safety aligned to the organisational True North objectives.

7.2 The current Hospital Standardised Mortality Ratio (HSMR) for the Trust to August 19 has reduced for a further period. In the 12 months to August 2019 the HSMR was 87.87, BSUH is currently ranked 18/132 and stands in the 18th percentile.

7.3 The rate of inpatient falls for the past 12 months is 3.64 falls per 1000 bed stay days; equating to 982 falls in the past year compared to 838 in the previous year. The National Falls rate is 6.63 falls per 1000 bed days.

7.4 Carolyn Morrice, Chief Nurse, informed the Board that the rate of harm free care was 94.98% in December, just below the Trust target of 95%. The harm-free care score for the past 12 months was 94.2% against the target of 95%.

7.5 The pressure ulcer rate for the past 12 months is 1.05 incidents per 1000 bed stay days. Carolyn assured the Board on the arrangements over the ongoing monitoring in this area.

7.6 The current rate of Friends & Family recommended rates for December were reported for Inpatients as 93.3%, in A&E this recorded a recommended rate of 88.8% and for Outpatients the rate was recorded as 94.7%.

7.7 Mike Rymer confirmed the Quality Assurance Committee had met the day before and through its work it was able to assure the Board over the Trust's delivery of these objectives. The Committee also received information and reports in respect of learning from incidents, Patient Experience, Safeguarding and External Visits reporting. Mike confirmed that at the conclusion of the meeting the Committee was assured over the quality of care being provided to the Trust's patients.

7.8 Carolyn Morrice assured the Board that the Trust was following guidelines put in place by the CCG and the Department of Health.

7.9 Alan McCarthy stated the Trust was performing well against the range of quality metrics and had strong plans to continue to improve against a backdrop of significant pressure from activity.

7.10 The Board **NOTED** the report.

B/01/20/8 SYSTEMS AND PARTNERSHIPS

- 8.1 Jayne Black updated the Board in respect of a range of performance indicators.
- 8.2 Jayne informed the Board that for December the A&E performance was 78.8%, compared to a national average of 79.8%. Jayne confirmed while December had proved challenging the average time to triage was 13 minutes.
- 8.3 The Trust's 62 day cancer performance for GP referral to remained at 73.1% in November 2019. The National average performance (November-19) was 77.4%.
- 8.4 The Trust's RTT Performance improved by 0.03% in December-19 to 68.05%, with the waiting list reduced by 1317 patients to November-19. There were thirty-five 52 week breaches in the month, a reduction of 13 on the prior month. National average performance (September 19) was 84.8%. The Board was assured over the reduction in the waiting list since the date of this report with the aim that all remaining 52-week breaches would be eliminated by March 2020.
- 8.5 The Trust's Diagnostics 6-week performance adversely increased by 1.8% to 15.7% in December 19 compared to its performance in November 19. Significant improvements have been made in imaging however there are delays in the recovery of Endoscopy. National average performance (November 19) was 2.9%.
- 8.6 Jayne drew the section to a close by confirming that there whilst there have been challenges a number of extra measures have been implemented to reduce the wait times for patients and confirmed that Cancer, Endoscopy and Diagnostics are still working hard to deliver their trajectory.
- 8.7 Mike Rymer confirmed that whilst some delays can be seen within the Cancer pathway, all patients are subject to a harm review and it has been concluded that there has been no evidence of harm in this area.
- 8.8 Jayne confirmed the Acute Medical Model went live on the 4 December which has seen positive results in some areas during a challenging period.
- 8.9 The Chair asked Patrick Boyle, as Chair of the Finance & Performance Committee, to provide the Board with an update from that Committee's meetings. Patrick confirmed the Committee was able to assure the Board that the Trust is performing well despite the issues highlighted within the report just presented.
- 8.10 The Board **NOTED** the report.

B/01/20/9 SUSTAINABILITY

- 9.1 Karen Geoghegan reported to the Board the Trust's financial performance, reporting that for August, the Trust is reporting a deficit of £4.5m which is in line with plan.
- 9.2 At the end of M9, the Trust has delivered a deficit of £42.5m, in line with the plan, so has earned £16.5m of Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) income. In addition the Trust has also

received confirmation of a further £0.6m of 2018/19 PSF as a national post accounts reallocation of PSF was undertaken.

- 9.3 The Trust is on trajectory to deliver an underlying deficit of £53m; which will earn an additional £25.4m of PSF and FRF funding. This will achieve the year-end deficit control total of £25.7m.
- 9.4 Karen informed the Board that the delivery of the control total is challenging given impact of operational pressures, further increased into Winter.
- 9.5 The Trust's Finance and Use of Resources Risk Rating for December is 3, with the individual rating components are in line with plan.
- 9.6 The Efficiency and Transformation Programme although challenging, is forecasting delivery of the £27m requirement.
- 9.7 The Chair asked Patrick Boyle, as Chair of the Finance & Performance Committee, to provide the Board with an update from that Committee's meeting in respect of Finance. Patrick confirmed the Committee was able to assure the Board that the Trust has robust plans to track the delivery of its year end control total.
- 9.8 The Board **NOTED** the report.

B/01/20/10 OUR PEOPLE

- 10.1 Helen Weatherill presented the Board with an update on workforce developments and emphasised the positive outcomes for the annual staff survey and the more frequent Pulse surveys and how these results are used to drive improvements based on the captured feedback from staff.
- 10.2 Helen updated the Board on the monthly pulse survey results which provides a "snap shot" of how staff are feeling in relation to the 9 key engagement questions. These questions determine the overall engagement score. The overall score this month 6.8 out of 10. The best Acute Trust scored 7.6 out of 10.
- 10.3 The percentage of staff recommending BSUH as a place to work in December was 69% compared to 73.6% in November. This was against a target of 62%, noting that November was the Trust's highest score year to date
- 10.4 Regarding the Staff Survey results, the Trust has seen a year on year improvement in participation results from under 40% in 2016 to 59.1% in 2018 to our highest participation score of 61.5% in 2019. Helen confirmed the staff survey results would be presented to Board in March 2020.
- 10.5 Helen provided an update on Workplace, an online communications and collaboration platform which was launched in October 2019. With over 40% of staff using the platform and more than 210 groups created covering a wide range of wards, teams and interest groups. Workplace is now being used to deliver key operational messages around winter planning, including Reset weeks and the roll out of Live Beds.
- 10.6 Helen Weatherill drew the Board's attention that in December the Trust's Turnover rate reduced to 12.3%, and remains favourable to the 12.5% target for the 2019/20 plan.
- 10.7 The Trust's 12 month sickness absence rate continues an upwards trend; now

standing at 4.36%. A refreshed focus to support long term sickness is underway with revised return to work action plans. Meetings with the nursing teams are now in place including reviews of KPIs.

10.8 The Chair recognised actions were in place to address the increasing levels of sickness and its associated pressures within the Trust.

10.9 The Board **NOTED** the information received from the Integrated Performance Report.

B/01/20/11 REPORT FROM QUALITY ASSURANCE COMMITTEE

11.1 Mike Rymer, Quality Assurance Committee Chair asked the Board to note the update from the meeting the previous day given earlier in the meeting.

11.2 The Board were **ASSURED** following the update of the report.

B/01/20/12 REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

12.1 Patrick Boyle, Chair of the Finance and Performance Committee asked the Board to note the update from the meeting the previous day given earlier in the meeting and to note the report from the January meeting within the board papers which provided useful background.

12.2 The Board **NOTED** the update.

B/01/20/13 BOARD ASSURANCE FRAMEWORK

13.1 Glen Palethorpe drew the Board's attention to the summary of the key strategic risks within the Board Assurance Framework (BAF) and noted that the information received through the integrated performance report and assurance reports from Committee Chair's link to the details in the BAF. The Board agreed that the increase to risk 2.2 was appropriate and linked to the report presented by Karen Geoghegan.

13.2 The Board was informed that the Finance and Performance Committee recommended that elevated risks relating to 5.1 and 5.2 remain until further assurance is received over the actions taken across the system. The Board agreed with this recommendation.

13.3 The Board **APPROVED** the Board Assurance Framework.

B/11/19/14 CLINICALLY LED IT SERVICE PRESENTATION

14.1 The Board welcomed Ian Arbuthnot, Susan Harman, Johanna Kelly and Simon Darrington to deliver the Clinically Led IT presentation.

14.2 Ian gave an overview of the developing strategy which has seen the active engagement of over 850 of clinical, operational, and support staff through interviews, joint workshops and online surveys; supplemented by conversations with local partners and stakeholders.

14.3 Ian updated the Committee the following projects which had been received positively throughout the Trust:

- E-Obs (Patient Track)
- Order Comms
- Windows 10
- Cyber Security

- IT Infrastructure
 - Fresh – Self Service Portal
 - Governance
 - Ward Digital Maturity
 - Medway PAS
 - Evolving Panda
- 14.4 Ian confirmed that the work which is being actioned in IT has enabled differences to be made to many operational and clinical processes whereby priority handovers are now in place.
- 14.5 The Board discussed risks related to cyber security and emergency planning, and were assured from Ian that significant IT failure systems were in place to ensure business continuity ensuring patient care remained first and foremost.
- 14.6 The Chair expressed thoughts on increasing the ability of virtual meetings beyond that of conference phones and microphones, given the Trust's aim for increased environmental sustainability. Ian confirmed there are tools in place from video conferencing and Skype for business and the Trust is encouraged to progress change.
- 14.7 The Board expressed their thanks to Ian and the wider team for their excellent work supporting what is an ambitious strategy.
- 14.8 The Board **NOTED** the update.

B/01/20/15 ANNUAL EQUALITY REPORT

- 15.1 Helen Weatherill introduced Barbara Harris (Babs), the Trust's Head of Equality, Diversity and Inclusion, who presented the Annual Equality Report 2019.
- 15.2 Babs highlighted that the purpose of this report is to demonstrate the Trust's understanding of its staff and patients, fulfilling regulatory requirements and to enable staff, patients and service users to see the Trust's commitment to the Inclusion agenda, including focusing on internal projects and activities within BSUH through Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), Stonewall Workplace Equality Index and Diversity Matters.
- 15.3 Babs highlighted that Accessibility was a key factor from Recite Me aiding use of the Trust's website to translation of the website into 15 languages. BSUH also offers telephone interpreting, supporting over 62 languages.
- 15.4 Babs confirmed the themes for 2020/21 are:
- Continue the support of the Trust's staff networks;
 - Continued encouragement of the rainbow pin and lanyard scheme
 - ESR monitoring data
 - WRES, WDES and LGBTQ+ network – issues to be further addressed.
 - Inclusion agenda focus with Western Sussex Hospitals.
- 15.5 The Board thanked Babs for the huge amount of effort put in to the Annual Equality work and emphasised the importance of prioritising the Trust's profile in this area.
- 15.6 The Board **NOTED** the update.

B/01/20/16 COMPANY SECRETARIAL REPORT

16.1 Glen Palethorpe asked the Board to note Trust’s learning from deaths report and the learning identified from the structured judgement review process, the dates of the public Board meetings and the proposed date for the AGM. The agreed changes to the Board Committees quoracy made in December 2019.

16.2 The Board **NOTED** the reports.

B/01/20/17 ANY OTHER BUSINESS

17.1 There was no other business discussed.

B/01/20/18 QUESTIONS FROM THE PUBLIC

18.1 There were no questions from the Public received for this month.

B/01/20/19 DATE AND TIME OF NEXT MEETING

The next meeting in **PUBLIC** of the Board of Directors is scheduled to take place on **Wednesday 25 March 2020** in the **Level 6 Boardroom, Trust Headquarters, Royal Sussex County Hospital, Brighton.**

Tamsin James
Board and Committee Administrator
January 2020

Signed as a correct record of the meeting

.....Chair

.....Date