

Council of Governors Meeting

10.30 to 13.45 14 January 2014

Mickerson Hall, Chichester Medical Education Centre,
 St.Richard's Hospital, Spitalfield Lane, Chichester,
 West Sussex, PO19 6SE

AGENDA

- | | | | | |
|---|-------|--|-----------|--------------|
| 1 | 10.30 | Welcome and Apologies for Absence | | Mike Viggers |
| 3 | 10.30 | Declarations of Interests
To note | Verbal | Mike Viggers |
| 4 | 10.30 | Minutes of the Meeting of the Council of Governors held on 8 October 2013
To approve | Enclosure | Mike Viggers |
| 5 | 10.35 | Matters Arising from the Minutes
To note | Enclosure | Mike Viggers |

ASSURANCE

- | | | | | |
|---|-------|--|----------------------------|--------------------|
| 6 | 10.40 | Chief Executive's Performance Report
To discuss and agree action | Enclosure/
Presentation | Marianne Griffiths |
|---|-------|--|----------------------------|--------------------|

GOVERNANCE

- | | | | | |
|----|-------|---|--------------|------------------|
| 7 | 11.00 | To agree the process for recruitment of a Non Executive Director
To approve | Presentation | Mike Viggers |
| 8 | 11.10 | Lead Governor's report
To discuss and agree action | Verbal | Margaret Bamford |
| 9 | 11.20 | Report from the Nomination and Remuneration Committee
To note | Verbal | Margaret Bamford |
| 10 | 11.30 | Other Business | Verbal | |
| 11 | 11.45 | Resolution into Committee
To pass the following resolution: | Verbal | Chair |

"That the Council now meets in private due to the confidential nature of the business to be

transacted.”

12

Date of Next Meeting

There will be a Council of Governors Seminar at 9.30am on 15 April 2014.

The next meeting of the Council of Governors will be at 10.30am on 15 April 2014.

Both meetings will take place in the Mickerson Hall, Chichester Medical Education Centre, St.Richard’s Hospital.

Company Secretary

t: 01903 285288, e: ann.merricks@wsht.nhs.uk

Minutes

Minutes of the Council of Governors meeting held at 10.00am on 8 October 2013 in the Mickerson Hall, Chichester Medical Education Centre, St Richard's Hospital, Spitalfield Lane, Chichester, West Sussex, PO19 6SE

Present:

Mike Viggers	Chairman
Margaret Bamford	Elected Public Governor, Arun
Margaret Boulton	Elected Public Governor, Arun
Gill Kester	Elected Public Governor, Arun
Alison Langley	Elected Public Governor, Arun
Barbara Porter	Elected Public Governor, Adur
John Todd	Elected Public Governor, Adur
Stuart Fleming	Elected Public Governor, Chichester
Vicki King	Elected Public Governor, Chichester
Abigail Rowe	Elected Public Governor, Chichester
John Gooderham	Elected Public Governor, Horsham
Shirley Hawkrigde	Elected Public Governor, Worthing
Beda Oliver	Elected Public Governor, Worthing
Paul Benson	Elected Patient Governor
Jennifer Edgell	Elected Patient Governor
Richard Farmer	Elected Patient Governor
Greg Daliling	Elected Staff Governor, Additional Clinical Services
Helen Dobbin	Elected Staff Governor, Scientific, Technical & Professional
Martin Harbour	Elected Staff Governor, Estates & Ancillary
Mike Rymer	Elected Staff Governor, Medical & Dental
David Walsh	Elected Staff Governor, Nursing & Midwifery
Robert Hayes	Appointed Governor, Chichester District Council
Peter Pimblett-Dennis	Appointed Governor, Brighton & Sussex Medical School
Jane Ramage	Appointed Governor, Friends of WSHT and the WRVS
Tom Wye	Appointed Governor, Worthing Borough Council
Nigel Peters	Appointed Governor, West Sussex County Council

In Attendance:

Marianne Griffiths	Chief Executive
William Roche	Medical Director (present for item 7)
Spencer Prosser	Finance Director (present for item 9)
Jane Farrell	Chief Operating Officer (present for item 8)
Cathy Stone	Director of Nursing and Patient Safety (present for item 6)
Denise Farmer	Director of Organisational Development and Leadership
Tony Clark	Non-Executive Director
Martin Phillips	Non-Executive Director
Jon Furmston	Non-Executive Director
Joanna Crane	Non-Executive Director
Bill Brown	Non-Executive Director
Ann Merricks	Interim Company Secretary
Keely Mills	Interim Governor & Membership Services Officer

Minutes

COG/10/13/1 WELCOME AND APOLOGIES FOR ABSENCE

- 1.1 The Chairman welcomed all those present to the meeting.
- 1.2 Apologies for absence were received and noted from David Langley, Jenny Garvey and Shirley Bach.
- 1.3 The Chairman reported that he had received a response from Amanda Fadero at the Local Area Team, in response to the letter sent by the governors in relation to A&E funding. The response has been shared with governors.

COG/10/13/3 DECLARATIONS OF INTERESTS

- 3.1 Paul Benson declared he had recently become a member of Southampton Clinical Commissioning Group. The Chairman thanked him for his declaration and informed the Council of Governors that there will be no conflict of Interest.
- 3.2 There were no other interests to declare in addition to matters already recorded in the register.

COG/10/13/4 TO APPROVE THE MINUTES OF THE LAST MEETING

- 4.1 The minutes of the last meeting of the Council of Governors held on 9 July 2013 were approved by those present with the following amendments:

21.3 The following sentence *“100% compliance on wards, cleanliness was being taken to the deepest levels”* did not read succinctly and it was suggested that it should be changed. It has therefore been changed to: *Despite these results, deep cleaning has been undertaken on all wards.*

21.5 It was noted that the words *“infection-resistant drugs”* was not correct. It was therefore suggested this be changed to *“drugs to promote resistance to infection”*

22.6 At the request of one of the Governors an additional three sentences should be included in minute 22.6 as follows:

“The Council noted, and accepted, that compliance in every speciality (eg orthopaedics) was not always possible. The Council agreed that if there were competing demands, then non-elective / unscheduled / emergency admissions should take precedence over elective / scheduled / non-emergency work. The Council noted that Monitor did not require speciality compliance to be reported”

This was agreed by all those present and will be added into the minutes.

COG/10/13/5 MATTERS ARISING FROM THE MINUTES

- 5.3 COG/7/13/14/14.2 Details of the appointment of the Governor from HealthWatch West Sussex

The Chairman informed the Council of Governors that due to a perceived conflict of interest HealthWatch had decided not to take up a position of Governor. The Chairman shared his disappointment with the Governors of this decision, but confirmed that the trust would continue to work

closely with HealthWatch across its remit.

- 5.4 COG/7/13/19/19.4 To provide a seminar on procurement.

It was noted that this would be taken forward to the next meeting.

KM

- 5.5 COG/7/13/20/20.2

As requested by Governors, involve in work streams arising from the Francis Inquiry.

This action was reviewed at the last Trust Board meeting. A verbal update will be provided within the Chief Executive's report to the meeting.

- 5.7 COG/7/13/23/23.4

To provide a discussion regarding the level of detailed information the Council might require in order to fulfil its role, facilitated by Deloitte based on the reports for the preceding quarter.

Following discussion it was agreed that a working group would be set up.

AM

- 5.8 COG/7/13/24/24.1

To consider improvements in sound amplification within the Mickerson Hall.

It was agreed that this action to be referred to Estates and Finance.

KM

ASSURANCE

COG/10/13/6 CHIEF EXECUTIVE'S REPORT

- 6.1 The Chief Executive gave a verbal report to the Council of Governors. The main points of discussion were as follows:

- 6.2 Emergency Care / A&E Services

Emergency Care/A&E services are currently experiencing an extremely busy time. It was reported that for week commencing 1 October the trust did not achieve the 95% A&E 4 hour target. The current pressure on the services is causing additional concerns with seasonal planning. The Chief Executive confirmed that there was considerable interest in recruiting consultant posts in A&E across the trust. There had been some difficulty in recruiting to middle grade posts and where this continued the posts were being converted to consultant posts.

- 6.3 Cancer Services

The Council were advised that capacity issues around the Medical Imaging and Breast Medical Imaging departments are impacting on services. These are due to a combination of staff shortages for specialist staff and staff sickness. The council were informed that the trust currently has six vacancies for specialist radiologists. It was further noted that there is a national shortage of specialist radiographers. In response to a question, the Chief Executive confirmed that the opening of the Breast Unit would not be delayed by the vacancies. A service improvement review was underway and it is thought this will lead to significant changes in the patient pathway; the review will be complete in about three months.

6.4 Outsourcing of Services

The Council of Governors were advised that the local Clinical Commissioning Group (CCG) is tendering two major services that the trust currently offers; Dermatology and MSK (musculo-skeletal services). If the trust is unsuccessful in securing this work in the future it will have a very significant impact on the trust.

6.5 Staff Conference

The Council of Governors were informed that a recent staff conference for the staff was a great success; the event ran over 4 days, the main conference event was held on Tuesday 17 September at Goodwood Racecourse where 170 staff attended, along with four Governors. The days featured around the theme “how we care” and some of the presentations/talks were on:

- Smile – it makes people wonder what you’re up to.
- Providing outstanding care for people living with Dementia.
- What if Disney ran your hospital.
- We care – We are – behaviours that support excellent customer service; scenarios played out by STEPS Training who are all professional actors.

The afternoon events consisted of workshop style events all covering the same We Care theme.

As well as the main day, fringe events were held around the trust on both sites where over 100 staff members attended the events.

6.6 Francis Report

The Council of Governors was informed that following the eight work-streams that have been developed within the trust a Governors Seminar session would be arranged in November/December where the key speakers would come and speak to the Governors. Those present agreed to this proposal. Marianne Griffiths agreed to circulate the presentation she had made to the Board the previous week.

MK
MK

6.7 Appointment of new Medical Director

The Chief Executive announced the appointment of Dr George Findlay as the trust’s new Medical Director.

Dr Findlay is an intensive care consultant and joins the trust from one of the largest integrated NJS organisations in Wales, Cardiff and Vale University Health Board. Dr Findlay will join the trust at the beginning of the new year.

Professor William Roche will continue in the role until the end of December. The Chief Executive thanked him for the hard work he has done for the trust.

6.7.1 CQC

The Council of Governors were informed that the trust had no spot visits from the CQC since the last meeting. Following a question from the floor the meeting was informed that the last visit was three weeks prior to achieving Foundation Trust status.

6.7.2 Health & Safety Executive

The Council of Governors was informed that the H&S Executive was due to visit within mid to late October 2013.

6.7.3 Monitor Compliance Framework

The Chief Executive notified the Council of Governors that the trust has a governance rating of green.

6.7.4 Family and Friends test

The Council of Governors was informed that the trust receives monthly reports. The Chief Executive was pleased to announce that this month again the rating was high, exceeding 97%. Alongside the ratings it was commented that there were some very favourable comments.

6.7.5 PLACE Assessments

(Patient-Led Assessments of the Care Environment)

The Council of Governors were informed that Worthing and St Richard's have been awarded excellent scores in the first-ever PLACE assessments. Both St Richard's and Worthing outperformed the national scores on every measure, sometimes by a wide margin, except for the food and hydration measure where Worthing was average. It should be noted that the inspections were led by patients.

The PLACE scoring has replaced the existing PEAT scoring.

6.7.6 Membership Events

The Council of Governors were asked to note the dates and venues of the forthcoming membership events and invited to attend where possible.

Meeting	Date	Time	Venue
Stakeholders Forum	Thursday 10 th October 2013	2.30pm	Homefield, Worthing Hospital
M4M Meeting (urology)	Tuesday 22 nd October 2013	10.30am	Dinwoodie Lecture Theatre, CMEC, SRH
M4M Meeting (diabetes)	Thursday 14 th November 2013	1.30pm	Homefield Worthing Hospital

COG/10/13/7 **QUALITY REPORT**

- 7.1 The Director of Nursing and Patient Safety and the Medical Director presented the report and the main points of the discussion were as follows:
- 7.2 The Council of Governors were advised that infection control remains a high priority for the organisation and that nationally trusts were struggling to sustain the challenges of MSRA and Clostridium difficile (C.diff)
- 7.3 The Director of Nursing and Patient Safety said that the trusts MRSA figures are disappointing and went on to explain to the Council of Governors the in depth investigation of every incident. Following investigation these incidents had been assessed as unavoidable. The DoN and PS expressed the board's gratitude to the hard work that staff are doing to help reduce the issues across the trust.
- 7.4 It was reported that (C.diff) continues to be a challenge throughout the trust. In quarter 1 – 15 cases were reported and 12 reported in quarter 2. Seven of the Q2 were reported in August and it was identified that the cases were mainly due to antibiotic prescribing. In the past month the Director of Nursing and Patient Safety had visited East Sussex Healthcare NHS Trust to see how they were managing CDiff, as they had a similar population and demography to this trust, but a much lower incidence of CDiff.

It was further reported that our community has the highest figures nationally, causing more of an issue for the trust. The trust is working alongside the local Clinical Commissioning Group to take this issue forward.

With regard to antibiotic prescribing the Council of Governors was informed that the trust has a set procedure on how patients are given antibiotics in a certain order. Following investigation it was discovered that some new doctors into the trust are not aware of the procedure. The Council of Governors was informed that this has been rectified.

7.5 Care Quality Commission (CQC)

The Council of Governors was informed that the Chief Executive and Director of Nursing and Patient Safety are to be 'fast tracked' to become Hospital Inspectors for the CQC. Frimley Park NHS FT has been chosen to be a pilot hospital for the inspection regime, and it has been agreed that we will work closely with them to understand the process and the outcomes. At a future time the trust will conduct a mock inspection to test our own readiness.

7.6 Trust Mortality

The Medical Director reported that the trust figures were average overall, but that the expectation should be to be better than average. In relation to the figures which the percentages relate to he informed the Council that the 2.66% crude mortality figure for August 2013 referred to in the report equalled 128 patients, of which 72 were at Worthing and 56 at SRH. The Medical Director is currently reviewing 50 sets of notes to look for ways in which the mortality rates might be improved. He noted that the majority of patients to whom these notes relate were over 85 years old and had been admitted with a number of chronic conditions.

7.7 Fractured neck of femur (#nof) mortality

The Medical Director advised the Council that the Board had posed two challenges to the report – how did the trust become an outlier and what was being done to improve the performance. He noted that overall mortality had come down on both sites, but that it had risen at SRH earlier in the year. A review of all steps in the care pathway was underway, looking at the standards of pre-operative, operative, and post-operative care, the seniority of operating clinicians and care at the weekends. A letter had gone to all surgeons at the beginning of September setting out the standards expected, and an audit was planned for the end of October.

7.8 Acute kidney injury mortality

The Medical Director reported that there had been no deaths reported. Standards of reporting had been improved following a recent review which showed that patients with chronic kidney injuries were being reported as acute.

7.9 The Director of Nursing and Patient Safety responded to a question relating to the number of Cdiff found to be due to cleaning incidents, saying that the issue had been small amounts of dust found on the wards during routine inspection. This issue had now been resolved.

The Chief Executive added that whilst wards were being deep cleaned, the opportunity had been taken to undertake routine maintenance. In addition she informed the Council that there would be a discussion about the potential impact of high levels of community Cdiff with the CCG the same day.

7.10 In relation to the number of complaints it was noted that the numbers are higher at Worthing. There were no overall themes or trends to cause concern, also all issues related to ophthalmology were attributed to Worthing

- 7.11 The Director of Nursing and Patient Safety responded to a question relating to the number of serious incidents (SIRI) reported. She informed the Council that incidents were reported according to national criteria. It was the sign of a positive organisation that staff were able to report incidents. The National Reporting and Learning System (NRLS) state that a health organisation is one which reports high numbers of low level and low numbers of high harm.

The Director of Nursing and Patient Safety then went onto explain the board and Clinical Commissioning Group scrutiny of Serious incident requiring investigation (SIRI).

COG/10/13/8 PERFORMANCE REPORT

- 8.1 The Chief Operating Officer presented the paper, and highlighted the areas of focus in the board meeting. These were as expected the rise in demand in A&E, waiting time targets, and planning for seasonal pressures. The main points of the discussion were as follows:
- 8.2 The trust has continued to see an increase in demand, with increasing numbers of very frail elderly people requiring assessment and admission. A&E is particularly under pressure.
- 8.3 It was reported that overall admissions were 8% down on last year, but there is still concern that demand will rise going into winter putting increased pressure on beds and A&E.
- 8.4 The Council of Governors were informed that the trust is continuing to meet waiting time targets, despite an increase in referrals, particularly in T&O, Ophthalmology, Cardiology and respiratory medicine
- 8.5 The Council of Governors were informed that an extraordinary urgent care board meeting with local partners has been called to plan the management of the current pressures, and looking forward to winter. The Chief Operating Officer reported that it was encouraging that in the last 24 hours confirmation had been received that the funding for social care had been resolved, and Sussex Community Trust had brought forward the opening of 15 beds planned for December.

Governors noted the report and expressed their concern at the pressures on A&E and staff throughout the hospitals.

In relation to a question about nurse patient ratios, the Chief Executive confirmed that this was one of the workstreams picked up in actions following the Francis Review.

COG/10/13/9 FINANCIAL REPORT

- 9.1 The Finance Director presented the report and the main points of the discussion were as follows:
- 9.2 The Council of Governors was informed that the financial position for month 5 was showing a deficit of £1,320k against a planned surplus of £1,950k. The board had discussed this in detail and agreed that the key areas of concern are:
- Income from payment by results; in particular making sure that coding of activity is completed.

- C.diff; monies are being accrued against the risk of 'fines' that the trust would be liable to pay at £50k per reported incident.
- Elective activity - down against plan and its effect on income.
- CIP; behind plan. Currently looking at new schemes for both the short and long term, and working hard to deliver the current plans.
- Agency spend is high, especially in Medical Imaging, Accident & Emergency and Nursing. Substantive staff are being recruited to vacancies as much as possible, but there are some areas which are harder to recruit to.

9.3 The Finance Director confirmed that the year-end forecast remains at £5.2m, but that there is a risk this won't be achieved. He noted other organisations were raising the same concerns about activity, CIPs and A&E activity levels.

9.4 In response to questions from the governors, it was confirmed that:

- Work is in hand to ensure that coding is complete and all activity that can be billed is being captured
- There has been considerable concentration on the recruitment process, particularly for nurses, and in particular to try to reduce time to recruit, as this will also reduce reliance on temporary staff. The HR team resource has been increased and some work has been outsourced. A more detailed report will be presented to the Board in November.
- Staff turnover is low, but sickness levels are higher than planned for, and there is further work underway to understand the reasons for this and to manage it better within divisions.
- Donations by the League of Friends and other donations can be identified within the reports
- More detail on the development of the emergency floor, and the consultant driven discharge process will be included in the report on the implementation of the Francis recommendations which will come to the next Council meeting.

CS

COG/10/13/10 Organisational Development and Workforce Report

- 10.1 The Director of Organisational Development and Leadership presented the report and the key areas of discussion at the Board meeting. These included:
- 10.2 Sickness absence, which is high currently and a report will be presented to the next Trust Board Meeting. The current staff turnover is 8% which is not high. HR to work with divisions which will highlight any problems areas.
- 10.3 The Council of Governors were notified that overall attendance on the five core Statutory and Mandatory training that staff are required to attend continues to increase and remains high.
- 10.4 The annual staff survey; staff were being encouraged to complete the survey to ensure that areas of concern were highlighted. The Director of Organisational Development and Leadership reminded Governors of the link to CQUIN payments and noted that Monitor will also be looking at workforce data in the future.
- 10.5 The Director of Organisational Development and Leadership confirmed that the trust has a Health and Wellbeing Strategy which has been agreed by the board. Some of the activities arising from the strategy have been funded by Charitable Funds.

COG/10/13/11 Report on Patient Experience

Due to time constraints, it was agreed that this would be deferred to the next meeting. **AM**

GOVERNANCE

COG/10/13/12 Role description for Governors

- 12.1 The Council of Governors received the role description which was approved by those present.

COG/10/13/13 Lead Governor

- 13.1 The Council of Governors received and discussed the Lead Governor role description. Following discussions the following was agreed:

13.1.1 The timetable for election was proposed and agreed by those present.

13.1.2 It was agreed that the Interim Company Secretary would circulate the process and nomination forms for candidates who wish to stand as Lead Governor. **AM**

13.1.3 Nominations should include a 250 word statement setting out what skills and experience the Governor would bring to the role.

13.1.4 Responses to be sent to the Interim Governor and Membership Services Officer by 5pm on Friday 18 October 2013.

13.1.5 Voting packs will be sent to Governors by post on 21 October 2013 **AM**

COG/10/13/14 Nominations and Remuneration Committee

- 14.1 The Interim Company Secretary presented the paper and the main points of the discussion were as follows:

14.1.1 The Council of Governors were informed that the Nominations and Remuneration Committee is a statutory requirement for the Trust as it manages the process of appointment of new Non-Executive Directors, and oversees the appraisals of the Chairman and Non-Executive Directors, on behalf of the Council of Governors. The Council makes the final decisions.

14.1.2 The Council of Governors were informed that the Terms of Reference are standard. The Chairman will chair the meeting and that it was proposed that meetings would be held generally 3 times a year, which would be held prior to the Council of Governors meetings to ensure that items can then be agreed at the next Council meeting.

14.1.3 Following discussion it was proposed that the Interim Company Secretary write out to the Governors and interested parties should put themselves forward. **AM**

14.1.4 Once nominations have been agreed the Council of Governors will be written to. **AM**

COG/10/13/15 Membership Committee

15.1 The Interim Company Secretary presented the paper and the main points of the discussion were as follows:

15.1.1 The Council of Governors asked for "Appointed Governor" to be added to the Membership Terms of Reference.

15.1.2 There was a proposal that the Head of Communications and Engagement is invited to join the Membership. **AM**

15.1.3 Following discussion it was proposed that the Interim Company Secretary write out to the Governors and interested parties should put themselves forward.

15.1.4 Once nominations have been agreed the Council of Governors will be written to. **AM**

COG/10/13/16 Any Other Business

16.1 A proposal was put forward asking that the papers are sent out at least 5 working days prior to the meeting. The proposal was agreed by the Interim Company Secretary. **AM**

16.2 There was a proposal that the start time of the seminar and meeting be brought forward by 30 minutes. This was agreed and will commence in January 2014. **AM**

16.3 It was noted that the amplification and the set-up of the room led to difficulties of some Governors being unable to hear the discussions. It was agreed that the set-up of the room is altered and consideration taken in regard to the amplification. **SP/PH**

16.4 It was noted that activity reports received in the meeting are direct repeats to those in the board papers and it was questioned if they are required in that format going forward. It was proposed by the Chairman that the Council of Governors would receive activity reports on a quarterly basis. **AM**

16.5 It was noted that one part of the Council of Governors meetings should be held in public. It was agreed that the next meeting in January would be advertised on the website, around the hospital and in the members magazines. **AM**

It was noted that the Governors pages on the Trusts website are not live. The Interim Company Secretary confirmed that this is being worked on and will be live as soon as possible. **AM**

It was noted that patients' identification is important within the hospital setting and non-identification is not acceptable. The Governors were reassured that Sisters/Deputy Sisters do a daily check and that the Executives check on their walk-around.

COG/10/13/17 DATE OF NEXT MEETING

The next meeting of the Council of Governors would take place at 9.30am on Tuesday 14th January 2014 in the Mickerson Hall, Chichester Medical Education Centre, St Richard's Hospital, Spitalfield Lane, Chichester, West Sussex, PO19 6ES

Keely Mills
Interim Governor and Membership Services Office

October 2013

Signed as an accurate record of the meeting

.....
Chair

.....
Date

DRAFT

MATTERS ARISING FROM COUNCIL OF GOVERNORS MEETINGS

MATTERS ARISING FROM THE MEETING HELD ON 8 October 2013					
Minute Ref	Description of Action	Responsible Person	Deadline	Report	RAG Status
COG10/13/4/21.3	To amend wording on minutes to read 'despite these results, deep cleaning has been undertaken on all wards'	AM/KM		Complete	Green
COG10/13/4/21.5	To replace 'infection-resistant drugs' with 'drugs to promote resistance to infection'	AM/KM		Complete	Green
COG10/13/4/22.6	Add additional three sentences into minutes 22.6 as follows 'the Council noted, and accepted, that compliance in every speciality (eg orthopaedics) was not always possible. The Council agreed that if there were competing demands, then non-elective / unscheduled / emergency admissions should take precedence over elective / scheduled / non-emergency work. The Council noted that Monitor did not require speciality compliance to be reported'	AM/KM		Complete	Green
COG7/13/19/19.4	To provide a seminar on procurement	SP	Jan 2014		
COG7/13/23/23.4	To provide a discussion regarding the level of detailed information the Council might require in order to fulfil its role, facilitated by Deloitte based on the reports for the preceding quarter	AM	Feb 2014	To be included in next Governor's Review Day	Amber
COG7/13/24/24.1	To consider improvements in sound amplification within the Mickerson Hall	AM	Oct 2013	Investigate with CMEC of equipment availability. Complete	Green

MATTERS ARISING FROM THE MEETING HELD ON 8 October 2013

Minute Ref	Description of Action	Responsible Person	Deadline	Report	RAG Status
COG/10/13/6/6.6	Governors Seminar to be to be arranged around the Francis Report	AM/KM	Dec 2013	Update at January meeting. If further information required to be included in next Governor's Review Day	
COG/10/13/9/9.4	Detail on the development of the emergency floor and the consultant driven discharge process	AM	Jan 2014	On agenda for January 2014 meeting	Green
COG/10/13/11/11.1	Report on Patient Experience	AM	Jan 2014	On agenda for January 2014 meeting	Green
COG/10/13/13/13.1.2	Interim Company Secretary to circulate the process and nomination forms for candidates who wish to stand as Lead Governor	AM	Oct 2013	Complete	Green
COG/10/13/13/13.1.5	Voting packs to be sent to Governors	AM	21 Oct 2013	Complete	Green
COG/10/13/14/14.1.3	Interim Company Secretary write out to the Governors and interest parties should put themselves forward to sit on Nominations and Remuneration Committee	AM	Oct 2013	Complete	Green
COG/10/13/14/14.1.4	Interim Company Secretary notify Governors of agreed nominations for the Nominations and Remuneration Committee	AM	Oct 2013	Complete	Green
COG/10/13/15/15.1.2	Proposal that the Head of Communications and Engagement is invited to join the Membership Committee	AM	Oct 2013	Complete	Green
COG/10/13/15/15.1.4	Interim Company Secretary notify Governors of agreed outcome of Membership Committee members	AM	Oct 2013	Complete	Green

MATTERS ARISING FROM THE MEETING HELD ON 8 October 2013

Minute Ref	Description of Action	Responsible Person	Deadline	Report	RAG Status
COG/10/13/16/16.1	Proposal asking that all papers are sent out at least 5 working days prior to meetings	AM	Jan 2014	This is already in Standing Orders. Unless exceptional circumstances, papers will be posted on the Wednesday prior to the meeting	Green
COG/10/13/16/16.2	Proposal to bring forward start time of Council of Governors meeting by 30 mins	AM	Jan 2014		
COG/10/13/16/16.4	Activity reports are to be received on a quarterly basis as it was noted they are direct repeats to those in the board papers.	AM			
COG/10/13/16/16.5	Council of Governors meeting should be held in public.	AM	Jan 2014	To be advertised on website inviting members of the public to the January 2014 meeting	Green
COG/10/13/16/16.6	Governors pages on website is not live.	AM/KM	Dec 2013	Currently being worked on	Amber

Key

Red	No action has been taken to address this action
Amber	The action is partially complete or has been added to the agenda for a future meeting
Green	The action has been completed

To: Council of Governors

Date of Meeting: 14 January 2014

Agenda Item: [insert agenda item]

Title
Chief Executive's Performance Report
Responsible Executive Director
Marianne Griffiths, Chief Executive
Prepared by
Ann Merricks, Interim Company Secretary
Status
Disclosable
Summary of Proposal
<p>The Chief Executive will give a presentation which sets the performance of the trust over the past quarter in its strategic context, to enable a discussion by Governors on overall performance against targets and strategic objectives, and the performance of the board in leading the trust's achievements.</p> <p>The presentation will cover patient safety, patient feedback, activity, finance and workforce. The board has received detailed monthly reports on each of these areas, and these are available for governors on the trust's public website.</p> <p>Following a discussion at the last Council of Governors meeting where it was agreed that quarterly reports would be more useful, this approach is suggested as a way forward.</p>
Implications for Quality of Care
Patient Safety and Quality of Care are covered in the presentation
Link to Strategic Objectives/Board Assurance Framework
The quarterly report demonstrates progress against all the strategic objectives
Financial Implications
The financial position is covered in the presentation
Human Resource Implications
Workforce is covered in the presentation
Recommendation
The Council is asked to: NOTE the report and ask any questions of the Directors. Governors are asked to provide feedback on this method of presentation of the information
Communication and Consultation
The information included is publicly available and has been discussed by the board.
Appendices
none

To: Council of Governors

Date: 14 January 2014

From: Marianne Griffiths, Chief Executive

Agenda Item: XXX

FOR INFORMATION

PERFORMANCE OF THE TRUST Q3 2013

1. INTRODUCTION

1.1. This paper sets out how the trust has performed over the past quarter, setting that in the context of the local and national picture. Current challenges are identified, and the paper shows how the board has reviewed these and the actions that it has put in place. The report also gives Governors an overview of issues and expectations for the next quarter.

1.2. Performance is reviewed monthly by the board in public, and these papers are available on the trust website for governors wishing for further background information.

2. OVERVIEW AND SETTING THE CONTEXT

2.1. External issues

2.1.1. Monitor quarterly reporting. The trust submitted its first quarterly report at the end of October 2013, and had a telephone follow up meeting with Monitor on 15 November 2013. Monitor has assessed the trust as having a Financial Risk Rating of 2, and an 'under review' governance rating, under the Risk Assessment Framework which replaced the Compliance Framework on 1 October 2013.

Nationally 12% of trusts are under review for governance issues, and 14% are rated 'red'. On financial risk ratings (FRR) 126 trusts have a FRR of 3 or above; 12 are rated at 2 and 9 at 1.

Following the meeting, the trust has been asked for further information, which will inform Monitor's decision on whether to take further action or not.

2.1.2. Vascular Surgery. Governors will be aware that responsibility for the elective Vascular Surgery service transferred to Brighton and Sussex University Hospitals NHS Trust (BSUH) in June 2013. We continue to work very closely with BSUH to ensure that patients who require emergency treatment can be safely assessed and treated in our hospitals and/or transferred to BSUH.

2.1.3. Radiotherapy. We continue to work very closely with BSUH on the future of radiotherapy services for West Sussex residents. Currently services are provided in Brighton for Worthing residents and in Portsmouth for Chichester residents. The Cancer Strategy proposes that there are LINNACS for the provision of radiotherapy services in West Sussex, but an updated business case is being prepared to determine where these should go.

2.2. Internal issues

2.2.1. Private Patients At the board meeting in December, the board received a report on the opportunities for the development of private patient services in the future. This has been identified as a key strategic development for the trust. The review identified a number of potential opportunities which will now be worked up into a formal business case for approval by trust board. Governors will be consulted on the development of the business case once the potential scope and size of the development is clearer.

2.2.2. Harness Block The Board agreed the disposal of the Harness Block and peripheral buildings in April 2013. A priority purchaser process was initially pursued but not successful. The board has now agreed that the Harness Block will be demolished, and the surplus land on which it currently sits will be sold with planning permission, and this will now be progressed.

2.2.3. Emergency Floor Work continues to create the Emergency Floor at Worthing Hospital and is due to complete in late 2014. It is anticipated that there will be opportunities for governors and others to see the final layout before this is open to patients.

3. **QUALITY REPORT**

3.1. Mortality rate (crude and standardised): The crude mortality rate for October and November was lower than the equivalent months for last year, however the year to date figure remains slightly higher. The Hospital Standardised Mortality Ratio (HSMR) published by Dr Foster continues to fall and for the 12 months to September 2013 was 95.8 (note this is slightly different from the figure published in the Board scorecard due to Dr Foster reissuing their data mid-way through the month).

3.2. Dementia screening: Dementia screening is a key CQUIN target for Western Sussex Hospitals Foundation Trust in 2013/14. The Trust is required to screen all emergency patients aged 75 or over with the national screening question ('have you been more forgetful in the last twelve months?') during the first 72 hours. Performance against this indicator continues to increase month by month. Performance for the most recent month available (November) was 87.4%. The Trust is required to achieve 90% for three consecutive months to achieve the CQUIN goal.

3.3. Hospital acquired infections: Quarter 3 provided a sustained improvement in the reporting of hospital attributed Clostridium Difficile infections.

- Quarter 1 = 25 cases
- Quarter 2 = 12 cases
- Quarter 3 = 7 cases

The ongoing commitment to the key improvement markers for managing Clostridium Difficile i.e. scrupulous attention to all aspects of hygiene, timely isolation, prudent antimicrobial prescribing and ongoing challenge of poor practice has been maintained throughout this quarter.

The Local Health Economy held its first summit to address the challenge from a wider health perspective.

The Trust reported 2 case of Meticillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia during this quarter. The Local Health Economy root

cause analysis (RCA) highlighted that both cases involved highly complex patients and that both bacteraemia were unavoidable.

The Trust has not experienced any infection control outbreaks during this quarter.

The CQC in their recent unannounced visit commended the Trust on both its infection control processes and the cleanliness that they observed.

- 3.4. NHS Safety Thermometer: Following an incremental roll out in 2012/13, the NHS Safety Thermometer has been live on all wards at Western Sussex Hospitals NHS Foundation Trust (WSHFT) for 12 months. In December 2013 data relating to national performance for November 2012 to November 2013 was published. Over the period the Trust consistently scored better than the national average for both the percentage of patients harm free and the percentage suffering no new harms. In particular at WSHT there were fewer patients who had suffered pressure damage or falls.
- 3.5. Never Events/Clinical Incidents: During Quarter 3 the Trust did not report any Never Events and the incident report presented to the Quality & Risk Committee (QRC) demonstrated that the Trust maintains its healthy incident reporting profile of high numbers of no-harm incidents with low numbers of serious and moderate harm incidents reported.
- 3.6. Care Quality Commission (CQC) visit: The Trust (Worthing Site) received an unannounced CQC visit on the 10th December 2013. The visit reviewed 5 standards and the Trust was found to be compliant. The report was highly complementary of the care which was observed throughout the Trust during the visit. The CQC observed Privacy and Dignity prioritised through all aspects of patients care.
- 3.7. Friends and family scores: The Trust continues to increase the number of patients responding to the question regarding whether they would recommend services at WSHFT to friends or relatives if they needed similar treatment, while maintaining good scores. The score for inpatients (October and November combined) was 77 based on 1277 responses (21.6%) compared to a national average of 72. The score for A&E was 76 based on 3225 responses (24.2%) compared to a national average of 55. (National averages are based on October performance only). Collection of Friends and Family data has now been launched in maternity services where women are given the opportunity to respond using text messaging.

3.8. Francis Inquiry

'Hard Truths', the Government response to the Mid-Staffordshire NHS Foundation Trust Inquiry was published during this quarter.

The Francis Inquiry workstreams already in place in the organisation support all the recommendations within the national response.

An overview of nursing staffing and leadership was provided to a Governors briefing session during this quarter.

4. **PERFORMANCE REPORT**

- 4.1. Trust performance is assessed quarterly by Monitor against the access targets and outcomes objectives in the Risk Assessment Framework. Compliance is determined by the aggregate score performance across each financial quarter, with the exception of elective referral to treatment (RTT) compliance in which a single month of non-compliance generates a failure for the respective quarter.

- 4.2. While Monitor assess on a quarterly basis, the Trust Board is presented with a monthly performance report that monitors notional compliance in each month and actual compliance for each confirmed quarter, actions plans for identified compliance concerns, and detailed description of the implementation and delivery of past action plans until compliance is restored.
- 4.3. Confirmed performance for each quarter is drawn from statutory reports to NHS England, that are not available until around the 20th day of the month following quarter end. For that reason Quarter 3 are not available at the point of writing, but indicative forecasts for Q3 are stated based on confirm October and November positions, and December to date as at the 24th.
- 4.4. A score of 1 penalty point against access targets and outcomes objectives for Q3 to November has been reported to Trust Board, relating to C.difficile variance to trajectory. The Trust had 2 cases against the in-month trajectory for November, the cumulative volume of breaches at that point (42 cases) is greater than the aggregate in year target for the end of Quarter 3 (34.5 cases), therefore a minimum Quarter 3 score of 1 cannot be avoided.
- 4.5. While compliance against all other key metrics remains very high risk in Q3, all other metrics are forecast to be compliant at the point of writing.

PERFORMANCE BY KEY AREA

4.6. A&E

Compliance in November was 96.06% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge. For context and comparison, weekly national data for the period 4th November to 1st December relating to Type 1 (Major A&E) departments, shows compliance of 93.78%, therefore WSHFT operated 2.3% ahead of the national average during the month. Compliance for Surrey and Sussex Area providers (excluding WSHFT) for the same period showed 95.13% for Type 1 A&E attendances, with WSHFT being third best performer within the sector.

While total admissions have been reduced in 2013, the percentage of admissions relating to the frail elderly proxy of >85 years have increased from 17.4% of admissions April–November 2012, to 18.2% in April–November 2013. There has been a corresponding step change for the proportion of over 85 admissions with a length of stay greater than 1 day from 24.9% of admissions greater than 1 day April–November 2012, to 25.5% in April–November 2013. Therefore, while there has been an overall reduction of emergency admissions, the extension in length of waiting indicates proportionately richer casemix complexity. This has generated an inability to reduce capacity in line with CCG system QIPP planning assumptions, and moreover, recourse to additional unfunded capacity to meet demand.

4.7. Cancer

The Trust achieved compliance against six of seven cancer metrics relevant WSHFT in November 2013, with provisional performance for 62 days from referral to treatment for patients referred under the two week rule of 84.68% against the compliance target of 85%. Quarter 3 remains fully compliant in aggregation against all cancer metrics, although compliance against the 62 days from referral to treatment for patients referred under the two week rule remains high risk.

Referrals per week over the preceding two years have increased by c30% for cancer pathways, with a significant element of this growth occurring in 2013/14 year to date. This referral pathway is only available to GPs, and within national guidance the receiving provider organisation cannot refuse or downgrade any referral received. This increase in crude referrals is also reflected in a 25% increase in patients diagnosed and/or starting treatment under a cancer pathway in November 2013 compared with the same period of 2012.

4.8. Referral to Treatment (RTT)

The Trust maintained full compliance against RTT metrics relating to treatment within 18 weeks for patients who were admitted and those that were treated without admission (non-admitted). In November, 90.27% of admitted patients were treated within 18 weeks (2673 of 2961 completed pathways) against a target of 90%, and 95.58% of all non-admitted patients (5607 of 5866 completed pathways) were treated against a target of 95% . The Trust also delivered full compliance against the requirement of >92% aggregate compliance for incomplete pathways (patients who are still waiting) with 92.31% reported for the month (24,449 of 26,488 patients waiting).

Compliance against these aggregate metrics fully meets all RTT elements of the Monitor Risk Assessment Framework, and full compliance is expected in December and therefore for Q3 in aggregation.

Higher than planned demand has been a key contributor in the failure to deliver specialty level compliance, and resulted in a joint Utilisation Review process with partners at Coastal West Sussex CCG to accurately forecast demand and impact on delivery at WSHFT in the remainder of 2013/14 and into 2014/15.

5. **ORGANISATIONAL DEVELOPMENT AND LEADERSHIP REPORT**

5.1. Staffing levels

Despite an increase in substantive staffing levels we continue to require more staff capacity than budgeted, due to levels of acuity. We have filled circa 10% of that demand through temporary staffing solutions.

Over the last quarter circa 2.5% of that temporary staffing related to agency staff for which we pay a premium and which, potentially raised challenges relative to the quality and consistency of care.

The most significant use of agency staffing is medical staff within the Medicine and Core Divisions to cover gaps in rotas and consultant vacancies; and in ward nursing areas relation to escalation activity.

Work on recruitment to ensure availability of appropriate staff and work to maximise the efficiency of our temporary staffing arrangements is ongoing.

5.2. **Sickness Absence**

The Trust has set a ceiling limit for sickness absence of 3.3% within a trajectory of 3.5% by 31 March 2015. Each Division has a differential ceiling.

We are currently exceeding the ceiling limit at Trust level and in every Directorate (except Core Services). In Facilities and Estates the year to date rate is 6.2% against a ceiling of 4%.

Work on managing absence and supporting staff with long term absence back into work, is ongoing.

The most significant reason for absence are related to musculo-skeletal issues and stress. The Board has therefore agreed some proactive work on these areas through are Health and Wellbeing strategy.

5.3. Learning and Development

We continue to perform well in maintaining levels of statutory and mandatory training. Overall training attendance is now at 91.4% (an increase of 6.2% in the last 12 months). Absolute numbers of staff without a training record (without satisfactory explanation) has reduced to 84 (16 of which have more than 1 years' service). These staff are being dealt with individually.

Performance in relation to Appraisal is disappointing in that we are at a lower level than this time last year. This is being discussed with each Division.

We have recently commenced two Leadership Development Programmes for senior nurses and other staff groups. These are being delivered in partnership with the University of Chichester and build on the successful clinical leadership programme delivered last year for our senior medical staff.

The second Staff Conference on Customer Care was held in September. 171 staff, plus some Governors attended. The feedback from the one day event has been extremely positive and comments include, "brilliant day", "useful and empowering".

We continue to run a wide range of mandatory and development training Last year we ran 1,419 courses for staff across all sites.

We have committed our 2013/14 Continuing Professional Education budget allocation of circa £230k; approving 305 applications from non-medical staff for external development programmes.

5.4. Staff Engagement

The prime methodology for measuring staff engagement in the NHS is the national staff survey. This year's survey completed in December.

Whilst we don't have the national results yet – which will compare and rank us against other Trusts and give a composite staff engagement 'score', we do have our own results.

These show some positive improvements. The percentage of staff who would recommend the Trust as a place to work has improved from 63% to 67%. The percentage of staff agreeing or strongly agreeing that they would be happy with the standard of care provided improved from 69% to 73%.

A 'Family and Friends' test for staff is currently being developed nationally, reflecting the correlation between staff engagement and positive outcomes and experience for patients. We collect information informally from staff on a monthly basis using similar questions – results average > 80%. The richness of this exercise being in the comments received and the opportunity to respond.

6. FINANCE REPORT

- 6.1. The financial position year to date for the end of November was a surplus of £21k against a planned surplus of £4,974k, giving an adverse variance of £4,953k.
- 6.2. The Trust's score against Monitor's continuity of service risk rating is a three out of four. This is made up of a liquidity score of three, and a capital servicing capacity score of two.
- 6.3. The forecast for the year is that the Trust will maintain a score of three against the continuity of service risk rating for the remainder of the financial year. This forecast includes the impact of planned recovery actions.
- 6.4. Income is marginally ahead of plan, however the mix of activity differs, with surgical elective (planned care) income being behind plan, and medical non elective and A&E income (emergency care) being ahead of plan.
- 6.5. Costs show an adverse variance due to the unplanned mix of activity, with the increase in medical emergency activity driving an increase in drug costs in non pay. In pay, difficulties in filling medical posts, along with staffing of escalation beds for unplanned medical emergency activity have increased temporary staffing costs.
- 6.6. The cash balance at the end of November was £2.7m, and is forecast to be £9.5m at year end.

7. CONCLUSION AND RECOMMENDATIONS

- 7.1. **The Council is asked to NOTE the report.**