

## MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

25 JANUARY 2016

### Board

Julian Lee	Chairman
Lewis Doyle	Non-Executive Director
Antony Kildare	Non-Executive Director
Dr Farine Clarke	Non-Executive Director
Michael Edwards	Non-Executive Director
Kirit Patel	Non-Executive Director
Amanda Fadero	Chief Executive
Spencer Prosser	Chief Financial Officer
Sherree Fagge	Chief Nurse
Steve Holmberg	Medical Director
Mark Smith	Chief Operating Officer

### In Attendance

Dominic Ford	Director of Corporate Affairs
Duane Passman	Director of 3Ts
Brendan Ward	Director of Change
Liz Sergeant	Emergency Care Improvement Programme (item 1.2)

### 1.1 APOLOGIES FOR ABSENCE

Apologies were received from Christine Farnish and Professor Malcolm Reed, Non-Executive Directors.

### 1.2 DISCUSSION WITH LIZ SERGEANT, EMERGENCY CARE IMPROVEMENT PROGRAMME

Liz Sergeant from the Emergency Care Improvement Programme (ECIP) reported on her experience of working with the Trust, which dated from 2012, noting that ECIP's work with the Trust had been planned to end in 2015, but had continued as Trust performance deteriorated in 2015, with a loss of grip associated with the interim operational posts in 2015 and 2014, prior to the appointment of the substantive Chief Operating Officer.

In 2015, ECIP's work with the Trust had focused on key actions concerning: assessment and screening in the Emergency Department; ambulance handover; the 'safer' care bundle (*Right Care, Right Place, Each Time*); the single clerking model; ambulatory care; and escalation processes, both internal and external. ECIP was also working with Sussex Community NHS Trust around pathways out of the hospital.

There had been a significant improvement in performance against the four hour Accident & Emergency standard prior to the New Year, with a subsequent dip over the New Year period. However, at the time of the meeting, the Trust was among the most improved of the 28 Trusts in the ECIP programme.

The Chairman asked why performance had deteriorated in 2015 and was advised that there had been challenges around nursing and medical leadership and engagement in the Emergency Department (ED), together with clinical practice and processes which led to delays in patient care. The Chief Operating Officer advised that there was a new medical leadership in the ED which was actively involved in designing and delivering change.

The Board discussed cultural change in the ED and the hospital, noting the positive impact of the good performance prior to the New Year on morale and engagement. The Board was also advised of the strong clinical leadership of the *Right Care, Right Place, Each Time* programme and the clinically-led development of the Single Clerking Model.

The decrease in performance since the New Year was due in part to the reduction in discharges early in the day, together with an increase in respiratory illnesses and the Chief Operating Officer advised that there was also higher acuity in patients attending the hospital.

The Chief Executive also advised the Board of the different challenges on the main hospital sites, the plans to reinforce the clinical and managerial leadership on the PRH site and ensure the changes made were sustainable.

Liz further advised the Board of the importance of Board leadership and Non-Executive Director challenge in sustaining change, with particular reference to the Medical Director, Chief Nurse and Chief Operating Officer driving change together.

A Non-Executive Director who had visited the ED on 18<sup>th</sup> January, noted that visible leadership and coordination of the ED had not been apparent during that visit.

Liz also noted the importance of involving patients in planning their care and discharge in improving patient flow and the Chairman noted that from his discussions with patients in the Barry Building on 18<sup>th</sup> January, this had been inconsistent.

The Chief Nurse noted the importance of learning from the decline in performance over the New Year period for the Easter Bank Holiday, which would also fall shortly before the CQC inspection.

The Chairman thanked Liz for her presentation.

### **1.3 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **1.4 MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 21 December 2015 were approved as a correct record.

### **1.5 MATTERS ARISING FROM THE PREVIOUS MEETING**

The Board noted the items detailed under the progress log.

The Chair of the Audit Committee noted the importance of ensuring there was a thorough discussion of accountability, referenced in the action log, in the planned Board Seminar.

The Chair of the Finance, People and Performance Committee asked if the Board could review one of the detailed clinical plans referenced in the action log, and it was agreed that the Clinical Director for Digestive Diseases would be invited to the Board or Board Committee.

## **1.6 REPORT FROM THE CHAIRMAN AND CHIEF EXECUTIVE**

### **Chairman's report**

The Chairman noted his own very positive experience recently of the care provided by the Trust in the Day Case Unit. The Chairman further noted that the recruitment process for the Chief Executive had commenced; and reported on his attendance at the Sussex Chairs meeting and Healthcare Financial Management Association (HFMA) Chairs meeting.

The Chairman advised the Board that Lewis Doyle, Chair of the Audit Committee, would be retiring from the Board when his term of office concluded in March and thanked Lewis for his guidance and stewardship of the Audit Committee. The Chairman further thanked Michael Edwards, who was resigning as a Non-Executive Director, for his contribution during his time on the Board.

The recruitment of replacement Non-Executive Directors had also commenced, with interviews planned in March.

### **Chief Executive's report**

The Chief Executive advised the Board on her priorities as interim Chief Executive, noting the privilege it was to undertake this role. The Chief Executive's priorities included getting the basics right in relation to unscheduled care, planned care and financial control; progressing the delivery of the 3Ts programme; ensuring readiness for the CQC inspection in April in terms of patient safety and experience; improving the engagement and support for staff in relation to appraisal, statutory and mandatory training and medical engagement; aligning corporate support for the clinical directorates, building on the work of the Operational Support Unit (OSU); and further developing relationships with partners.

The Chief Executive also advised the Board that a further Risk Summit was planned for 15<sup>th</sup> February, however if the Trust could secure further improvement in urgent care performance, the requirement for the Risk Summit, would be removed. A tripartite meeting had also been held with NHS England and the Clinical Commissioning Groups (CCGs) to discuss planned care performance, the outcome of which had been supportive in respect of the approach developed by the Trust.

A constructive meeting had also been held with representatives of the 3 local Health Overview and Scrutiny Committees (HOSCs), and attended by senior clinicians in the Emergency Department and Specialist Medicine, which had been convened to discuss urgent care performance.

The Chief Executive further noted the work undertaken by Trust staff in Sierra Leone, which would be shared with the Board at a future meeting; and the work of Trust staff in relation to the Virtual Fracture Clinic; Patient Safety and Enhanced Recovery, all of which had been recognised externally.

A Non-Executive Director asked how the Board could help progress the issues in respect of BME engagement, and the Chief Executive advised that this would be discussed further at the Finance, People and Performance Committee in February, in the context of the Equality Workforce Report and through the Board Seminar programme.

A Non-Executive Director asked how the negative external perceptions of the Trust could be improved and the many positive experiences and stories promoted and the Chief Executive advised that a new approach to communications was being implemented, including through social media, and with a greater focus on stakeholder and partner relations.

A Non-Executive Director noted the importance of seeking external expert support for performance improvement where appropriate, and the Chief Executive advised that the Chief Executive of Frimley Health NHS Foundation Trust, which had received the first 'outstanding' rating from CQC, would be visiting the Trust and meeting senior leaders to discuss what the Trust could learn from the Frimley Health experience, both at Frimley Park and in transforming Heatherwood and Wexham Park Hospitals.

The Chief Operating Officer added that the Trust was also working with GPs through, for example, the Planned Care Board; and the Chief Executive also noted the joint work undertaken with Sussex Community NHS Trust through the joint Programme Board.

## **OPERATIONAL AND FINANCIAL PERFORMANCE**

### **1.7 BOARD PERFORMANCE DASHBOARD**

#### **Planned care**

The Chief Operating Officer updated the Board on progress with the programme of work to improve Planned Care performance, noting that there were over 9,200 patients waiting over 18 weeks at the start of January, with high numbers particularly in the specialties of Digestive Diseases and Neurosciences.

Work continued to implement the Directorate action plans, with additional dedicated resource in the most challenged Directorates; helpful discussions had been held with the CCG to ensure consistent messaging to patients; and additional capacity was being utilised both in the Independent Sector and other NHS providers, particularly for patients who had experienced long waits. This included working with the national Programme Management Office (PMO).

There was a particular focus on recovery and sustainability in Digestive Diseases and Neurosciences, using the expertise of the national Intensive Support Team (IST) and the Sussex MSK Partnership, for neurosciences.

A revised trajectory for delivery of the 92% standard had been submitted to TDA which would deliver aggregate performance from December 2017. This trajectory had been discussed at the tripartite meeting with TDA which had expressed concerns about the timescale for compliance and the IST would review the trajectory in detail as part of its work with the Trust.

The Chairman asked about the scale of the challenge in Digestive Diseases and Neurosciences and the Chief Operating Officer advised that both Directorates had developed plans which would include changes in patient pathways and improved productivity, including theatre efficiencies. The Chief Operating Officer also advised on the challenges in Neurosciences following the site reconfiguration programme in integrating within the RSCH site. The Board noted that the Clinical Director for Neurosciences had a detailed recent discussion with the Board and a discussion with the Clinical Director for Abdominal Surgery & Medicine would be arranged.

**Action: Director of Corporate Affairs**

In respect of diagnostics, the Chief Operating Officer advised that performance had improved substantially in December, with 293 reported breaches, against 510 in October, representing a performance of 5.43% against the 1% target, and an improvement from the previous 10%

Both the two-week and 62-day cancer targets had been delivered in November and the Board welcome the progress in respect of diagnostic waits and performance against the cancer standards.

The Board agreed the importance of clinical engagement in delivering improved performance and the Chief Operating Officer also advised on the role of the Operational Support Unit (OSU) in supporting Directorate recovery plans.

The Chair of the Finance, People and Performance Committee asked about the performance of the Booking Hub and the Chief Operating Officer advised that an external consultant was reviewing the costs, processes, staffing, benefits and standard operating procedures of the Booking Hub, the outcome of which would be reported to the Board in March.

**Action: Chief Operating Officer**

**Urgent care**

The Chief Operating Officer updated the Board on progress with urgent care transformation, including the Level 5 Plan, and *Right Care Right Place Each Time* programme, advising the Board that the Clinical Management Board had most recently approved the Single Clerking Model to further improve patient flows through the Emergency Department.

Further progress was being made with the Level 5 Plan, including the planned streaming of medical admissions from the beginning of February, and the development of the Surgical Assessment Unit (SAU) into a 24/7 service.

Performance against the four hour Accident & Emergency standard remained

challenged, and at around 85%, following the improved performance prior to the New Year. The *Right Care Right Place Each Time* programme continued to be rolled out, although the improvements made in patient flow in November and December had stalled following the Christmas period. The improvement in ambulance handover delays had also deteriorated in this period.

The Chairman noted that the time to initial assessment data was not yet incorporated in the Board performance dashboard and it was agreed that this would be included in the next report.

**Action: Chief Operating Officer**

The Chief Operating Officer also noted the new medical leadership in the ED and the strengthened clinical leadership with the change programme, including the development of the Single Clerking Model.

The Chief Executive advised the Board that the first day of the Junior Doctors Industrial Action had been managed effectively. However further action was planned on 10<sup>th</sup> February, for which detailed contingency plans would be prepared.

In respect of the other metrics on the performance dashboard, the Chief Executive noted the problems in providing data for statutory and mandatory training following the implementation of the Virtual Learning Environment, and an update report would be provided to the Finance, People and Performance Committee in February.

**Action: Director of Education and Knowledge**

The Chief Nurse noted the relative improvement in harm-free care as measured by the Safety Thermometer, compared to the same period in the previous year, although there had been an apparent increase in grade 2 pressure ulcers in December, which should be seen in the context of on-going reductions in pressure damage.

**The Board noted the Month 9 report and the actions being taken to address performance in urgent care, planned care, and that a report on statutory and mandatory training would be submitted to the next Finance, People and Performance Committee**

## 1.8 FINANCE REPORT

The Chief Financial Officer advised that the Trust was reporting a £28.9m year to date deficit at the end of December 2015; this was £10.9m behind the revised Trust Development Authority (TDA) plan of £17.8m, year to date.

The forecast deficit at year-end was now £37.7m. There were significant risks to the year-end position and the delivery of financial performance, with financial recovery processes established to mitigate those risks.

Financial performance was also adversely affecting cash flow which the Trust was addressing through debtor and creditor management, and revisions to the capital plan. The reported deficit included over performance on income which created affordability pressures for commissioners and a risk to recoverability.

Pay expenditure was overspent by £11.2m and non-pay expenditure overspent by £12.9m including £8.4m of additional pass through costs for PbR excluded drugs and devices, contributing to the year to date deficit. Discussions with Commissioners were on-going regarding the current and year-end position.

The Board noted the Month 9 report.

## **1.9 ANNUAL PLAN QUARTER REVIEW**

The Director of Change introduced the Quarter 3 Review of progress against the Annual Plan objectives, which reported RAG rated progress in relation to the 2015/16 priorities. The red rated priorities were: performance against the core access standards; and delivery of the financial plan. The Director of Change added that further work would be undertaken to align the review of the Annual Plan with the Board Assurance Framework in its next iteration.

The Chairman asked about the planned closure of the Newhaven Downs facility and the Chief Executive advised that this had been the original plan, as part of system resilience, however it had now been agreed that the service, together with Hospital at Home was a critical component of the core system capacity, and had supported patient flow and a business plan regarding both would be submitted to the System Resilience Group in February.

**The Board noted the report and agreed that the RAG rating and commentary provided a useful and succinct summary of progress in Quarter 3.**

## **SAFETY AND QUALITY**

### **1.10 SAFER NURSING AND MIDWIFERY STAFFING**

The Chief Nurse introduced the monthly report on safer nursing and midwifery staffing, advising the Board that there were 6 areas on 5 wards in December with a fill rate of 80% or less. Agency usage was 3.9% in December, reduced from 7.5% in November.

The focus on local, national and international recruitment continued and a further cohort of 32 nurses started in January. Changes to the immigration rules would also enable 64 Filipino nurses to start in February and March. Overall there had been 629 starters between December 2014 and December 2015, with 361 leavers and a report on the reasons why nurses were leaving the Trust would be reported to the Finance, People and Performance Committee in February.

#### **Action: Chief Nurse**

The Chief Nurse also advised the Board of the positive work around induction for new staff and social integration for international recruits; and the importance of continued progress in recruitment in reducing agency usage.

The Board discussed the published dashboard, where staffing levels were triangulated with key safety and quality metrics and the Chairman noted that there was no apparent correlation between fill rates and increased risk of, for example, pressure damage and

falls.

The Board welcomed the progress in reducing nursing agency usage, and discussed the retention of nursing staff, and the Chief Nurse advised that there was some movement of staff between the hospital sites but also turnover as staff progress and developed their skills.

The Chair of the Audit Committee asked about progress with e-rostering and the Chief Nurse responded that there had been improvement over the last year, with dedicated support for the programme, with regular discussions on progress with the Directorate Lead Nurses. The Medical Director advised that there were also lessons for medical e-rostering, which was being progressed by one of the Deputy Medical Directors, and linked to work around job planning.

The Board further discussed agency rates for medical staff, and the Medical Director advised that caps on bank rates had been introduced in November, with a reduction in price caps from 1<sup>st</sup> February, reducing maximum rates for doctors. All agency procurement for doctors would also be required through approved frameworks from 1<sup>st</sup> April. This had not yet had an effect on medical workforce spend and the Chief Financial Officer advised that an audit would be undertaken to better understand the volume and value of medical agency spend.

**Action: Chief Financial Officer**

## 1.11 CARE QUALITY COMMISSION

The Chief Nurse noted that the Board had discussed the Well-Led Framework at its Seminar on 18<sup>th</sup> January and the planned CQC inspection and the output of the Seminar discussion would be shared with the Board when complete.

Preparations were underway for the CQC Inspection in April, and progress against the actions from the 2014 and 2015 inspection reports was appended to the report. The key risks concerned patient flow, a backlog in referrals from GPs, storage, maintenance of equipment, statutory and mandatory training, and assurance of learning lessons, including lessons learned from the Never Events in Theatres.

The Director of 3Ts advised that the 3Ts team was very focussed on any risks in relation to the CQC inspection arising from the building programme on the RSCH site.

A Non-Executive Director asked about learning from the 7 Never Events and whether the remedial actions were sufficient and the Medical Director advised that additional checks and controls had been introduced, together with a focus on culture change through human factors training and individual accountability. It was agreed that the letter circulated by the Deputy Medical Director, in this regard, would be shared with the Board.

**Action: Medical Director**

An assessment of the relative risk to patients from continuing or stopping 'blocks' and it had been agreed that the latter would involve more potential harm to patients. A detailed report on learning from the Never Events would be considered at the Quality and Risk

Committee in February.

**Action: Medical Director**

The Chief Nurse further advised that as part of the data return to CQC, a Trust self-assessment of the expected ratings for the core services would be undertaken and shared with the Board.

**Action: Chief Nurse**

## **1.12 SAFETY WALK-ROUNDS**

The Chief Nurse reported on the Board Walk-Rounds which had been undertaken with Executive and Non-Executive Directors on 18<sup>th</sup> January at the RSCH site in the Barry Building, Emergency Department, vascular services and Digestive Diseases. Patient representatives had also reviewed signage on the site on the same day, identified a number of themes, and made recommendations to improve signage. The recommendations would be progressed by the Director of Facilities and Estates and Deputy Chief Nurse (Patient Experience).

The Director of 3Ts added that the 3Ts team had been part of the review of signage, which would be incorporated in the developments on site.

The Board discussed the difficulties which could be experienced by frail and elderly patients on the RSCH site and also how changes on the site would be communicated to patients. The Board also asked about the timescales for implementing the recommendations from the signage review, and the Chief Nurse agreed to do this when the priorities and timelines for delivery had been worked through.

**Action: Chief Nurse**

## **GOVERNANCE**

### **1.13 PANDEMIC FLU PLAN**

The Chief Operating Officer introduced the Trust Pandemic Flu Plan, which described in detail how the Trust would respond to a flu pandemic, based on an integrated emergency planning process.

The Board discussed the Plan and was also advised by the Chief Nurse on the high, comparative percentage of staff flu vaccinations, 53%, which had also improved from previous years.

**The Board approved the Pandemic Flu Plan**

### **1.14 TDA SELF CERTIFICATION**

The Board reviewed the monthly self-certification to TDA which included a declaration of non-compliance with 3 statements: 2 of those areas of non-compliance deriving from the outcome of CQC inspections, and 1 concerning performance against the Accident and Emergency, RTT and cancer standards, with the Director of Corporate Affairs advising

that the Trust was compliant against the cancer standards in November.

The Board discussed how it could be assured of the evidence to support the declaration and it was agreed that this would be discussed with the Chairman.

**The Board approved the declaration.**

#### **1.15 NOMINATION AND REMUNERATION COMMITTEE TERMS OF REFERENCE**

The Chairman reported that a proposed amendment was made to the Terms of Reference for the Nomination and Remuneration Committee to ensure Committee oversight of off payroll and interim remuneration and consistency with Her Majesty's Treasury guidance.

**The Board approved the revisions to the Nomination and Remuneration Committee Terms of Reference**

### **REPORTS FROM COMMITTEES AND PROGRAMME BOARDS**

#### **3Ts Programme Board**

The Director of 3Ts reported on the outcome of the 3Ts Programme Board, noting the increased focus on community and local engagement as the programme moved into the main scheme build. Dates for the meetings with the local community would be circulated to the Board.

**Action: Director of 3Ts**

#### **EPR Programme Board**

The Medical Director reported on progress with the Digestive Diseases programme and pathology results reporting, the priorities agreed following discussion at the Clinical Management Board. The Board would be updated on progress at its meeting in March.

**Action: Medical Director**

#### **1.16 ANY OTHER BUSINESS**

#### **1.17 DATE OF NEXT MEETING**

The next meeting will be held on 29 March 2016 at 9.00am in the Euan Keats Dining Room, Princess Royal Hospital.

#### **1.18 CLOSED SESSION RESOLUTION**

The Board agreed that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of business to be transacted, publicity on which would be prejudicial to the public interest.