

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS****29 MARCH 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
Christine Farnish	Non-Executive Director
Amanda Fadero	Chief Executive
Sherree Fagge	Chief Nurse
Mark Smith	Chief Operating Officer

In Attendance

Gillian Fairfield	Chief Executive (designate)
Dominic Ford	Director of Corporate Affairs
Duane Passman	Director of 3Ts
Brendan Ward	Director of Change
Bill Stronach	Deputy Chief Financial Officer
Heather Brown	Deputy Medical Director
Oliver Phillips	Service Strategy Director (item 3.7)

**3.1 APOLOGIES FOR ABSENCE**

Apologies were received from Professor Malcolm Reed, Non-Executive Director; the Chief Financial Officer and Medical Director.

Mr. Reynolds, a member of the public, advised the meeting that he was retiring from the Central Sussex Patient's Forum and thanked the Board for their courtesy in addressing his questions during the period he had attended Board meetings, and for the excellent care his wife had received at the Princess Royal Hospital.

The Chairman thanked Mr. Reynolds for his valuable contribution in holding the Board and the Trust to account to the benefit of patients in mid-Sussex.

**3.2 LEARNING FROM NEVER EVENTS**

The Head of Clinical Investigations introduced a presentation on learning from Never Events, advising the Board of the national context, policy and definitions in respect of Serious Incidents and Never Events; and the 7 Never Events reported by the Trust in 2015/16. The Board was advised of the role of 'strong systemic barriers' in preventing Never Events, and also the increasing recognition of human behaviours in incidents.

The Head of Clinical Investigations illustrated this further with reference to one Never Event, a wrong-sized prosthesis, and the environment, equipment and human factors related to this incident. This included the role played by noise disruption, visual

limitations, the packaging of the materials used, work practices and processes in the theatre, and cognitive biases. The Head of Clinical Investigations then discussed the learning arising from this incident, with a focus on engineering systems to minimise the likelihood of recurrence; the ways in which learning had been shared locally and across the Trust; and the additional checks, training and standards which had been implemented.

The Chief Nurse advised that the recent audit of compliance with the WHO checklist had been positive, and also advised the Board that Professor Reid who had undertaken the earlier review of theatre safety and culture had been invited to review progress since her report.

The Chair of the Quality and Risk Committee noted that the Committee had discussed Never Events in detail at its recent meeting, and noted that the Trust was an outlier in respect of the number of Never Events, and that further cultural change was required to ensure ownership and accountability. The Committee would be undertaking 'deep dives' to assure itself and the Board of progress.

The Board further discussed the cultural survey undertaken with theatre staff and the Head of Clinical Investigations advised the Board that the outcome had been broadly positive, but with issues around the authority to challenge unsafe practice, and evaluation of the effectiveness of the implementation of change.

The Chief Executive (designate) advised that she would be referring to Never Events in her first weekly message, as part of a focus on patient safety; and that engineering safe systems was critical to patient safety; and that the Trust would be utilising a rapid improvement methodology to enable this.

The Chairman thanked the Head of Clinical Investigations for a useful and informative presentation.

### **3.3 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **3.4 MINUTES OF THE PREVIOUS MEETING**

The Chair of the Quality and Risk Committee asked if there was sufficient focus on the risks regarding medical engagement in the minute of the discussion with the Emergency Care Improvement Programme. The Chief Operating Officer advised that the discussion had raised concerns regarding both nursing and medical engagement and the Chief Executive noted that the discussion had also advised that engagement had improved. However the Director of Corporate Affairs would check the record of the discussion.

#### **Action: Director of Corporate Affairs**

Subject to that clarification, the minutes of the meeting held on 25 January 2015 were approved as a correct record.

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

The Board noted the items detailed under the progress log.

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

#### **Chairman's report**

The Chairman noted that Christine Farnish had agreed to be nominated as Deputy Chair and Senior Independent Director.

#### **The Board approved the appointment**

The Chairman advised that interviews for Non-Executive Directors would be held on 30<sup>th</sup> March and would include the appointment of the new Chair of the Audit Committee.

The Chairman welcomed the Chief Executive (designate) to the meeting and the Trust and thanked the interim Chief Executive for her excellent contribution in leading the Trust over the last 3 months.

The Chairman also thanked Lewis Doyle and Michael Edwards, retiring Non-Executive Directors, for their contribution to the Board and the Trust.

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

The Chief Executive advised the Board of progress on the 10 intractable challenges which she had identified as her priorities at the January Board meeting, including the EPR programme, booking hub, urgent care and planned care, all of which would be discussed later on the Board agenda, advising the Board in particular of the very significant progress in identifying solutions to the problems in the Booking Hub; and of a direction to the EPR programme.

While performance against the 4 hour Accident and Emergency standard remained behind the trajectory, the new leadership of the Emergency Department (ED), clinically-led single clerking model, and roll-out of the electronic whiteboards would all support sustained improvement. The Chief Executive also noted that while the changes to car parking on the Royal Sussex County Hospital (RSCH) site had led to complaints from some staff, the changes had been overwhelmingly welcomed by patients. There had also been ongoing improvements in the appraisal rate, which was now in excess of 70%.

The Annual Operational Plan would be presented to the Board later and the Trust was also working with partners to develop a five-year Sustainability and Transformation Plan (STP) through a forum chaired by the Chief Executive of Surrey and Sussex Healthcare NHS Trust (SASH). The Board agreed that the SASH Chief Executive would be invited to discuss the STP with the Board at a later date.

A Non-Executive Director asked about progress in radiotherapy services and the Chief Executive confirmed that work would recommence on the Eastbourne site in April; Preston Park would open on 8<sup>th</sup> May; and work in West Sussex would proceed on the basis of the original Full Business Case.

## STRATEGY

### 3.7 Annual Plan

The Chief Executive introduced the annual Operational Plan, advising that there had been a particularly complex contracting round and that the final contract offers had yet to be received from commissioners, with uncertainty around the income position for 2016/17.

The Service Strategy Director advised that the Plan had been developed from detailed discussions with the clinical directorates around activity, capacity, workforce and finance assumptions for 2016/17, and following discussion in the Clinical Management Board (CMB). The Plan set out 9 priorities for 2016/17, focusing on getting the basics right, and enabled by a systematic quality improvement methodology, new Programme Management Office (PMO) and revised Executive and Board governance.

The Chief Executive added that the Plan incorporated trajectories for improvement in urgent and planned care, and that delivery of those trajectories was also contingent on delivery by partners in respect of demand management and discharge from hospital. There were also risks around the £8m CCG QIPP plans which would be discussed with the CCGs at CMB on 31<sup>st</sup> March.

The Board discussed the Plan, recognising the intent behind the Trust priorities, but questioning whether the infrastructure, capacity and skills were in place to deliver the plan, including through the PMO function; and whether there was a sufficiently stable base for delivery.

**The Board further noted the current uncertainties around the final operational plan, which was required for submission by 11<sup>th</sup> April, including the final financial plan and trajectories; and agreed that further refinement of the Plan would be undertaken prior to submission; and further approval sought from the Board.**

The Board also discussed the challenges around race equality, and the Chief Executive advised that an integrated approach to equality, diversity and human rights would be developed in discussion with the Board.

## SAFETY AND QUALITY

### 3.8 Board Walk-Rounds

The Chairman introduced the walk-rounds he had undertaken recently at RSCH and PRH, and Non-Executive Directors reported on the visits undertaken on 21<sup>st</sup> March; with the Chair of the Finance, People and Performance Committee reporting on a positive visit to the Royal Alexandra Children Hospital (RACH), which had been evidently patient-centred, with very positive patient and family feedback, although some concerns had been raised about staffing levels. Non-Executive Directors also reported on a visit to a busy maternity department, with evidence of good team-work and positive morale among the midwives; with some concerns about the delayed development of the Midwifery-Led Birthing Unit. The Accident and Emergency Department had been quiet during the visit, and Consultants in the Department had been positive about the changes underway, while recognising that there was further work to do.

The Chief Executive designate advised that she would be undertaking regular shifts in the hospital and with the Chief Nurse, would develop a new approach to the walk-rounds.

### 3.9 Safer Nursing and Midwifery Staffing

The Chief Nurse introduced the six-monthly review of safer nurse staffing and midwifery levels, advising that this report was based on a comprehensive review of staffing across the 11 clinical directorates against available national guidance. The Chief Nurse also reminded the Board that staffing levels would be a key component of the CQC inspection and assessment. Overall, nurse to patient ratios in the Trust were good and acted to support recruitment. 6 of the 11 clinical directorates already met the staffing levels in the aspirational national guidance and the Chief Nurse reminded the Board that in addition to staffing levels, high quality care was also reliant on good leadership and team-working. Further work was being undertaken to ensure staffing levels also reflected the acuity and dependency of patients. Fill rates were 90% for substantive staff and only 2.6% of shifts were filled by agency staff, lower than the ceiling for agency staff. Good progress had also been made with local starters, in addition to the international recruitment.

The Chair of the Finance, People and Performance Committee asked about the reduction in Health Care Assistants (HCAs) and the role of nurse practitioners in replacing other clinical roles, and the Chief Nurse noted that there were 90 HCA vacancies, and a renewed focus would ensure those posts were filled. There were also national discussions around the role of nurse practitioners and workforce modernisation was being taken forward aligned with the 3Ts programme.

The Board discussed how learning from the reduction in nursing agency spend could be applied to the medical workforce, and the Deputy Medical Director confirmed that those lessons were being applied and there was a clear focus on reducing locum and agency spend, and the Chief Executive advised that e-rostering of the medical workforce was being rolled out across the Trust.

The Chief Nurse concluded that her main concern in respect of staffing levels was last minute sickness absence which could have a significant impact on services in specific areas.

**The Board noted the six-monthly review of safer nurse and midwifery staffing, the position of the Trust in respect of national guidance; and the further action planned**

### 3.10 CQC Inspection

The Chief Nurse introduced a report on the CQC inspection and progress with the CQC action plan, which had been discussed in detail at the Board Seminar, and advised the Board that preparations continued for the CQC inspection, the interview schedule was nearing completion, focus groups had taken place with staff, and the data pack revised and submitted to the Trust.

The key risks to compliance in the inspection concerned patient flow, planned care, privacy and dignity in the Accident and Emergency Department, particularly in the cohort area, culture and staff engagement. The Chief Operating Officer advised on a positive agreement with SECAMB for a 'halo' crew in the Emergency Department over the next period, which would help mitigate the risks in the cohort area.

The Deputy Medical Director advised on preparations with medical staff, with junior doctors keen to share their innovations with CQC,

**The Board noted the report, preparations for the CQC inspection and the key risks to compliance**

**The Board further approved Gillian Fairfield, Chief Executive as the nominated individual from 1<sup>st</sup> April 2016**

### **3.11 Safeguarding Adults Report**

The Chief Nurse introduced the annual safeguarding adults report, which provided assurance in respect of how the Trust complies with its statutory duties in respect of safeguarding vulnerable adults, mental capacity, and patients with learning disabilities.

The Chief Nurse advised the Board that this area of work was led by the Deputy Chief Nurse, supported by an expert team, including a trainer for the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs), and an excellent Learning Disabilities team. There were good processes in place for learning from reported incidents and safeguarding adults reviews through the nursing fora; a focus on discharge planning; and a well-developed work programme around Prevent, the Government's counter-terrorism strategy.

The Chief Nurse noted the increase in DoLs applications following a Supreme Court ruling in March 2014 which had resulted in a national increase in the number of applications. The Chief Nurse further advised the Board that the Director of People was the Designated Adult Safeguarding Manager (DASM) because the role primarily concerned managing and coordinating investigations in respect of allegations against staff.

The Board asked about information for patients and families regarding DoLs applications and the Chief Nurse advised that the Independent Mental Capacity Advocates (IMCAs) were available for support.

**The Board noted the safeguarding adults annual report**

## **OPERATIONAL AND FINANCIAL PERFORMANCE**

### **3.12 BOARD PERFORMANCE DASHBOARD**

#### **Urgent care**

The Chief Operating Officer advised the Board on performance over the recent Bank Holiday weekend, noting that the Trust had prepared effectively, although very high

attendances and ambulance conveyances had been experienced, with an ongoing high volume of respiratory-related attendances.

The Chief Operating Officer further advised the Board of the limitations of the broader system response to the increased activity, including an increase in the number of patients Medically Ready for Discharge (MRD). The level of Delayed Transfers of Care (DTOC) had increased significantly to 7% which equated to around 40 beds occupied by patients no longer needing acute care in the hospital. The numbers of bed days in February occupied by patients who are considered 'medically fit for discharge' but not a reportable DTOC continued to be very high at an average of 47 occupied beds per day. This represented a growing operational problem for the Trust.

Performance against the 4 hour Accident and Emergency standard was 81.6% in February with a year to date position of 83.4% against the 95% standard. There were 10 12 hour breaches in February.

A new leadership team was in place in the ED at RSCH and a strengthened site leadership team at PRH. The single clerking model had been introduced successfully and work continued with the Right Care, Right Place, Each Time programme, although buy-in was not yet universal. Further work was also taking place with the roll-out of the electronic whiteboards.

The Board discussed the challenges around capacity and patient flow and expressed its concerns about the high volume and on-going problem of MRD patients. The Board asked what could be done differently to enhance capacity and flow, and the relative cost of acute hospital, nursing home and hospital at home provision. The Chief Executive advised that the earlier work around capacity had established a shortfall on 52 beds in hospital and a further 27 beds in the community, equating to 79 overall, and that this analysis had also included the costs of different types of provision.

The Board further discussed how the Trust could improve its partnerships with commissioners, and agreed that this would be taken forward in discussions both through the Annual Plan and the Sustainability and Transformation Plan. The Board also agreed the need for a further Board to Board meeting with its lead CCG and the importance of the Trust determining and clarifying its position around patient flow.

### **Planned care**

The Chief Operating Officer reported the latest position on Planned Care, advising on the central position of Digestive Diseases in the challenges faced in improving Planned Care. The overall elective waiting list backlog continued to rise and was currently at 9,921, of which 2,638 were inpatients.

The challenges in Planned Care were attributable to an imbalance between capacity and demand, particularly in digestive diseases and neurosciences; a delay in the new referral service commissioned by Brighton and Hove CCG, which resulted in large numbers of referrals not coming through in a timely manner and an understatement of the number of patients waiting less than 18-weeks; lack of choice being offered by the referral management provider OPTUM to our challenged specialties; an increase in 2 week wait referrals in Digestive Diseases; and delayed referrals from the Sussex MSK Partnership.

A comprehensive recovery plan was in place based on the Intensive Support Team (IST) recommendations. This included work around leadership and governance; training; improvements in data, reporting and data quality; business planning and contracting; clinical leadership; operational delivery; policies and procedures; and communications. The Trust had recognised the need to do things differently and had recruited 2 nurse endoscopists to enhance capacity, and an additional gastro-enterologist. Additional capacity was also in place in neurology.

Performance against the national diagnostic standard had improved to 2.19% from 4.9% in January.

The Trust did not achieve compliance with the '62 day wait standard for first treatment from GP referral' in January for the 1<sup>st</sup> time since October primarily because of pathway delays within the colorectal pathway.

The Board discussed medical engagement with the improvement plans and the Chief Operating Officer advised that this was variable, but with significant work underway to improve job planning and accountability.

The Board, while noting the significance of Digestive Diseases, also noted that more than 50% of the long waits occurred in other specialties and agreed that improvements in planned care were required across all specialties.

**The Board noted the Month 11 performance report, the risks around performance and further actions planned**

### **3.13 FINANCE REPORT**

The Deputy Chief Financial Officer reported that at month 11 the Trust was reporting a year to date deficit of £36,052k and a forecast deficit of £37,612k against a full year planned deficit of £16,704k.

The year to date deficit position reflected over performance of £15.7m on income offset by pay and non-pay overspends of £17.5m and £21.9m respectively. The non-pay spend included £10.4m of pass through costs matched by additional income. The deficit position was leading to cash flow pressures which were being mitigated through working capital management and the drawdown of funding. The capital spend was below plan year to date because of delays to projects and the need to conserve funds.

The key risks to forecast outturn for 2015/16 were: resolving the risks with commissioners around income; risks of £4m relating to potential changes to estimates at year end, concerning provisions, accruals, prepayments, and stock holding levels; and depreciation in relation to the fixed asset revaluation and revalidation exercise which would be determined in March.

**The Board noted the month 11 position and the risks to the year-end forecast**

## **GOVERNANCE**

### **3.14 BOARD ASSURANCE FRAMEWORK**

The Board noted the Board Assurance Framework for Quarter 3, which had been discussed at the Board Committees, and revised to include risks around leadership and management; and levels of staff engagement.

The Chairman would review the risk grading for the patient-related risks with the Chief Nurse and Medical Director

**Action: Chairman, Chief Nurse and Medical Director**

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

#### **Finance, People and Performance Committee**

The Board noted the report from the Chair of the Committee

#### **Quality and Risk Committee**

The Board noted the report from the Chair of the Committee who advised that further work would be undertaken to improve the functioning of the Committee, including a focus on the 'tail' or key risks, which the Medical Director and Chief Nurse had been asked to bring to the next Committee.

#### **Charitable Funds Committee**

The Board noted the report from the Chair of the Committee

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

The Director of 3Ts advised that the overall progress rating for the Programme was now Amber, because of delays to elements of the decant programme; discussions with stakeholders continued through the Hospital Liaison Group, with concerns around the impact of road closures; and significant progress was being made in developing the foundations for workforce modernisation aligned to the needs of the 3Ts programme.

#### **EPR Programme Board**

The Board noted the report and that there would be a further discussion on EPR in the closed session of the Board.

### **3.16 QUESTIONS FROM MEMBERS OF THE PUBLIC**

A member of the public asked about the impact of the Junior Doctors Industrial Action on the number of cancelled operations and the Chief Operating Officer advised that the numbers had been relatively low.

A member of the public noted the importance of good communication with patients and GPs and the Chief Executive responded that the Trust recognised the impact of the

failings of the Booking Hub on communication with patients, but that the recent review of the Hub would result in significant improvements when implemented.

A member of the public also noted the impact on the hospital of high numbers of patients who were ready to leave hospital.

A member of the public asked about the recent concerns in the media about race relations in the Trust and the Chief Executive noted the importance of resolving these issues and the overall Trust approach to equalities.

### **3.17 ANY OTHER BUSINESS**

There was no other business

### **3.18 DATE OF NEXT MEETING**

The next meeting will be held on 25 April 2016 at 11.15am in the Boardroom, St. Mary's Hall, Royal Sussex County Hospital.

### **3.19 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.