

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

30 NOVEMBER 2015

Board

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

In Attendance

Dominic Ford	Director of Corporate Affairs
Duane Passman	Director of 3Ts (item 11.38)

11.25 APOLOGIES FOR ABSENCE

There were no apologies for absence.

11.26 DECLARATIONS OF INTEREST

There were no declarations of interest.

11.27 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 4 November 2015 were approved as a correct record.

Further to the patient story at the previous Board meeting, the Chief Executive confirmed that following discussion with Mr H, his surgery had been scheduled.

11.28 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

11.29 REPORT FROM THE CHAIRMAN AND CHIEF EXECUTIVE

Chairman's report

The Chairman, on behalf of the Trust Board, formally recorded his thanks to the Chief Executive for his unwavering efforts and commitment to the Trust in the period since his appointment, noting in particular, the development of the Foundations for Success Programme and the approval for the 3Ts programme. The Chairman further wished the Chief Executive well in his new appointment.

The Chief Executive recorded his thanks to the Board, noting that he was leaving the Trust with mixed emotions, recognising the many achievements made by the staff of the Trust over the past 3 years, but also the further work to be done in meeting the challenges faced by the Trust.

Chief Executive's report

The Chief Executive noted the current operational and financial challenges which had been discussed in detail at the Finance, People and Performance Committee and would be discussed later in the meeting, while advising the Board on the recent improvements in urgent care performance.

The Trust had not yet received the formal approval letter for 3Ts, although the Chancellor's Spending Review and Autumn Statement had confirmed funding for the development.

The Star Awards ceremony had been held on 17th November, celebrating the exceptional people who worked for the Trust, and the awards ceremony had grown year on year. The Chairman, who had been in attendance, noted the importance of recognising the achievements of staff through this and other mechanisms.

Work had begun in preparing the Annual Plan for 2016/17 which would have a strong focus on the priorities within the Turnaround Programme.

The *Leading the Way Too* programme was being rolled out with 97 managers having attended to date, and as part of the programme of staff engagement, the Medical Director and Operational Director of HR would also be discussing the medical engagement and leadership plan with the Board.

The Trust continued to implement the *Safety, Quality and Patient Experience Strategy*, and as discussed at the Quality and Risk Committee, the Mortality Review Group was actively reviewed all mortality data, including any emergent themes, while a programme of Human Factors training was being delivered to theatre staff following the recent Never Events.

Finally, the Chief Executive noted the ongoing strong performance of research in the Trust against the national research performance measures in relation to research delivery and value for money.

The Board discussed the six Never Events which had been reported since April 2015. The Medical Director detailed each of the events, and advised the Board that

organisational learning was focused around positive cultural change and implementing standards for interventional procedures.

The Board discussed the apparent recent increase in mortality as measured by the Summary Hospital-Level Mortality Indicator (SHMI) and the Chief Executive noted that a case notes review was being undertaken as discussed at the Quality and Risk Committee and which would be reported to its next meeting. The Chief Executive further advised that the latest SHMI data would be received shortly, which would provide further trend data.

Action: Deputy Medical Director

The Chief Nurse advised that work continued on the implementation of the quality improvement plan in advance of the planned CQC inspection next year, noting that End of Life Care in the Trust which had been rated as 'good' by CQC continued to be recognised nationally for its good practice.

The Board noted the report.

OPERATIONAL AND FINANCIAL PERFORMANCE

11.30 BOARD PERFORMANCE DASHBOARD

The Chief Operating Officer introduced the Month 7 performance dashboard, advising the Board that the dashboard had been further refined and further comments on its content and presentation would be welcomed.

As discussed at the previous Board meeting, the report into the breaches of the 12 hour Accident and Emergency standard, largely attributed to poor patient flow in the week in question, which had been reported and investigated as a Serious Incident, would be circulated to Board members. No harm has been identified as occurring whilst the patients were in the Emergency Department, although patient experience was adversely affected

Action: Chief Operating Officer

The Chief Operating Officer advised that validation of the 11,447 patients of uncertain clock status had been completed and had concluded that no patients had come to harm as a consequence. The RTT trajectory would be rebased following this validation work and as reported previously aggregate compliance was not expected before October 2016. Additional resource of around £1m had been secured to support the RTT recovery plans and capacity was being mobilised, including in the Independent Sector, focused on the most challenged specialties. This resource would be used rigorously and with external advice from the Intensive Support Team (IST).

The Board discussed medical engagement with the recovery plans and the Chief Operating Officer advised that while this remained uneven, progress had been made through the capacity and demand modelling process across all specialties. The Chief Operating Officer further advising that out-sourcing included diagnostic procedures, for example, echocardiography. Waiting times for the diagnostic tests which were subject to the 6 week performance standard were expected to be compliant from March 2016.

The Chief Executive noted the appointment of the new Clinical Director in Abdominal Surgery and Medicine and further clinical appointments which would support improved performance in this area.

The Chief Operating Officer further advised the Board on progress in improving data quality through training of clinical administration staff, completion of clinic outcome sheets and improved rota management, and its importance in improving performance.

In respect of cancer services, the Chief Operating Officer advised the Board that cancer performance was reported 2 months in arrears. However significant progress had been made through the cancer recovery plan, and compliance with the cancer standards was anticipated from November 2015. The Board welcomed this progress and discussed best practice in cancer services, with the Chief Operating Officer noting the importance of patient-led pathways in enabling strong performance and good patient experience.

3 cases of *C. difficile* had been reported in October, giving a year to date total of 30 cases, 3 in excess of the year-end trajectory. The Chief Nurse noted that each case was subject to detailed review and no cases of cross-infection had been identified.

The Chief Operating Officer further advised the Board of the recent improvement in performance against the 4 hour Accident and Emergency standard, noting the successful roll-out of the *Right Care Right Place Each Time* programme, as measured by the programme metrics, including reduced length of stay; and progress with the Level 5 Plan. The Chief Operating Officer noted the importance of medical leadership and engagement with both of these critical programmes, and its improvement in the recent period.

The Board discussed the on-going challenge in reducing the number of Medically Ready for Discharge (MRD) patients and how progress could be made in this area, and it was noted that daily calls took place with primary and community care partners, with a focus on MRD patients, together with strategic discussions through the System Resilience Group (SRG). The Deputy Chief Executive added that this was also being taken up through the Sussex forum of acute Trusts. In this context, the Board also discussed the potential benefits from Trust-managed step down facilities.

The Chief Nurse suggested that it would be useful for the Board to discuss with the Hospital Rapid Discharge Team (HRDT) discharge arrangements and challenges.

Action: Chief Nurse

The Board discussed the key risks around performance, expressing its concerns around the number of cancelled operations which were not rebooked and treated within 28 days. The Board also discussed potential financial penalties linked to under-performance and it was agreed that the Chief Operating Officer would circulate information regarding this.

Action: Chief Operating Officer

The Chief Executive further advised that the Emergency Care Intensive Support Team (ECIST) would welcome the opportunity to talk to the Board and it was agreed that this would be scheduled.

Action: Director of Corporate Affairs

The Board noted the month 7 performance report and the actions being undertaken to address areas of under-performance

11.31 FINANCE REPORT

The Chief Financial Officer advised the Board that the Trust was reporting a £23.1m deficit a month 7, £5.7m behind the TDA stretch target. The month 7 deficit had been £2.8m. Pay expenditure was overspent by £6m and non-pay expenditure by £8.9. The Chief Financial Officer advised the Board that there was material risk to meeting the stretch target and financial performance was also adversely affecting cash flow. Measures were being taken to address this issue as a priority.

The Board noted the month 7 performance report, and that a further discussion on the financial plan to year-end would be discussed in the closed part of the Board meeting

SAFETY AND QUALITY**11.32 SAFER NURSING AND MIDWIFERY STAFFING**

The Chief Nurse reported on nursing and midwifery staffing levels in October, advising that there were 5 areas on 4 wards with fill rates of less than 80% in the month, the lowest number since the Trust started collecting the data. Significant progress continued with local, national and international recruitment, despite the challenges in securing start dates however, the number of starters and leavers was the same in October, and further analysis was being undertaken to understand the reasons for nursing staff leaving the Trust.

Agency spend in October was 4.6% of the overall nursing spend, slightly above the agency nurse ceiling of 4% set for the Trust in 2015/16, but significantly reduced from earlier in the year. Discussions were ongoing with Directorate Lead Nurses to control the nursing spend.

The Board discussed the number of leavers and the Chief Nurse agreed to report to a future Board meeting on the analysis being undertaken.

Action: Chief Nurse

The Board further discussed delays in Nursing and Midwifery Council (NMC) registration and the Chief Nurse advised that this was attributable to the volume of applications and the capacity to undertake observed tests and would increase with the introduction of nursing revalidation.

The Board asked what the sickness rate was for nursing staff and the Chief Nurse confirmed that it varied from ward to ward, but was around 4.5% and the Deputy Chief Executive advised that a programme of work was being undertaken through the Well-Being Committee, which was also intended to support reductions in sickness absence.

The Board further discussed workforce planning for nurses, midwives and other staff and agreed that a report on workforce modernisation would be submitted to the Board in the New Year.

Action: Deputy Chief Executive

11.33 CARE QUALITY COMMISSION

The Chief Nurse updated the Board on progress with the Emergency Department action plan following the publication of the CQC report in October, noting that the plan had been discussed in detail at the Board Seminar on 23rd November, and advising the Board that the issues CQC had identified were being addressed through the *Right Care Right Place Each Time* programme, Level 5 plan and capacity mobilisation programme.

A planned CQC inspection was also expected early in the financial year 2016/17 and subject to confirmation. The Trust quality improvement plans which were designed to improve patient safety and experience would support preparation for this inspection, together with the detailed work being undertaken with individual Clinical Directorates.

The Board noted the report

11.34 PATIENTS EXPERIENCE AND COMPLAINTS

The Chief Nurse introduced the quarterly Patient Experience and Complaints Report, which had been discussed in detail at the Quality and Risk Committee.

The report noted that improvements had been made in the Trust's responding to complainants within the required timeframe. There has also been a sustained improvement in the response rate to the Friends and Family Test (FFT) and FFT performance was slightly higher than the national average in September.

The Board discussed the key metrics concerning performance in relation to complaints and FFT and noted the report

STRATEGY

11.35 VASCULAR SERVICES

The Deputy Chief Executive reported on progress with the development of the Sussex Vascular Network, which was hosted by the Trust and had been formally established in February 2014. Within the network, the Trust was the hub for major arterial surgery, and substantial progress had been made in implementing the network clinical model of care both within the Trust and the 'spoke' hospitals. Overall, the network in Sussex was one of the more developed in the country and the Deputy Chief Executive noted the work of the Network Manager in securing this progress.

The Chief Executive reiterated the strategic importance of the vascular service and the role played by the Trust in the network and the importance of the service for the Trust as a teaching hospital. The Medical Director noted the achievements of the network in building confidence across the hospitals in the County.

The Board suggested that the vascular network, and similar examples of collaboration would be a useful subject for discussion within the Sussex-wide forum of Non-Executive Directors.

The Board noted the report and the progress made in the Sussex Vascular Network

GOVERNANCE

11.36 BOARD ASSURANCE FRAMEWORK

The Director of Corporate Affairs introduced the Quarter 2 iteration of the Board Assurance Framework (BAF) and advised that the Finance, People and Performance Committee review of the BAF had requested the incorporation of a specific risk around staff engagement and that the BAF should fully reflect the further controls implemented through the Turnaround Programme.

The Board discussed the BAF and agreed that the definition of the risks should be reviewed and sharpened to ensure that they fully reflected the priorities and risks agreed by the Board and defined in the Turnaround Programme.

Action: Director of Corporate Affairs

The Deputy Chief Executive also advised that the risks for 2016/17 would be defined through the Annual Planning process.

11.37 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.

The Board approved the declaration.

11.38 REPORTS FROM COMMITTEES AND PROGRAMME BOARDS

Finance, People and Performance Committee

The Board noted the report from the Chair of the Finance and People Committee.

Quality and Risk Committee

The Board noted the report from the Quality and Risk Committee and agreed that the roles of the Board Committees would be reviewed to ensure an appropriate balance in the business of the Committees

Action: Chairman and Director of Corporate Affairs

EPR Programme Board

The Board noted the report from the Chair of the EPR Programme Board. It was agreed that the report to the Board in December would include progress against the original business case assumptions.

Action: Medical Director

3Ts Programme Board

The Director of 3Ts reported on the risks associated with the decant programme and the actions which had been undertaken to mitigate those risks. A formal approval letter had not yet been received in respect of the Full Business Case and discussion was ongoing to expedite this and the signing of the contract. This would also enable clarity on the procurement route for the main scheme capital.

The Board discussed the delays in the decant programme and the Director of 3Ts confirmed that this was partly attributable to issues of capacity and capability in the contractor.

The Chair of the Audit Committee noted, that in the context of 3Ts governance, following approval of the FBC, further work was required to ensure that the governance was appropriate to the size of the scheme, the programme was fully aligned to the development of the health informatics strategy and counter-fraud was incorporated in the scheme assurance.

11.39 ANY OTHER BUSINESS

There was no other business.

11.40 DATE OF NEXT MEETING

The next meeting will be held on 21 December 2015 at 9.30am in the Euan Keats Education Centre at the Princess Royal Hospital.

11.41 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.