

## MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

21 DECEMBER 2015

### Board

Lewis Doyle	Non-Executive Director (Chairman)
Antony Kildare	Non-Executive Director
Dr Farine Clarke	Non-Executive Director
Michael Edwards	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
Emma Sheriff	Head of Nursing - Discharge, Partnerships & Clinical Site Management (item 12.2)
Debi Fillery	Nurse Consultant for Safeguarding Children & Young People (item 12.10)
Duane Passman	Director of 3Ts (item 12.13)

### **12.1 APOLOGIES FOR ABSENCE**

Apologies were received from Julian Lee, Chairman, and Kirit Patel and Professor Malcolm Reed, Non-Executive Directors.

### **12.2 PRESENTATION AND DISCUSSION WITH EMMA SHERIFF, HEAD OF NURSING - DISCHARGE, PARTNERSHIPS & CLINICAL SITE MANAGEMENT**

Emma Sheriff, Head of Nursing, Discharge, Partnerships and Site Management, introduced a discussion on discharge and discharge planning, and advised the Board that the cost of delayed transfers of care to the Trust in 2015/16 to date was £262,974.

There were currently 52 patients medically ready for discharge (MRD) at BSUH with a combined total of 391 bed days delayed and between 40 to 60 MRD patients every day. Brighton and Hove Council was also more effective than other Local Authorities in discharging patients from the MRD list.

In discussion, the Board was advised that the rate of Delayed Transfers of Care, although higher than the national target of 3.5% at 3.9 to 4.0%, did compare favourably to neighbouring acute hospitals.

Emma discussed the role of the Hospital Rapid Discharge Team (HRDT) at the Royal Sussex County Hospital (RSCH) which case manages patients from admission to hospital to expedite their discharge, noting the impact of hospital admission on, for

example, the muscle function of patients. The HRDT treated 698 patients in November, with 652 of those patients being discharged in less than 10 days.

Newhaven Community Ward opened at the beginning of November and is now full to 20 patients with sub- acute medical or nursing requirements. Newhaven had accepted 49 patients, and to date 27 patients had been discharged with an average length of stay of 9.5 days. The Board discussed the risk of patients remaining for excessive periods of time in Newhaven and Emma advised that patients were carefully screened for their suitability prior to admission, which reduced that risk.

Emma also discussed other developments including Discharge to Assess (D2A) which was changing the way patients are assessed for discharge, with assessments taking place in the patient's own home. Since D2A started 167 Trust patients had been discharged via this pathway. The red cross have also provided a 'home from hospital' service since June 2015 and had taken home 470 patients to date with referrals increasing every month. In November they supported 109 patients on discharge and the service was very popular with patients and their families or carers. The *Right Care, Right Place, Each Time* programme was also being rolled out across the Trust and was successfully reducing length of stay and enabling discharge earlier in the day, all of which was improving patient flow.

Emma concluded by describing two patient stories, the first of which illustrated an example where a patient had made a positive choice for end of life care in a nursing home, facilitated by the multi-disciplinary team (MDT) caring for her; and the second of which demonstrated what happened when failings around the provision of a package of care resulted in a further hospital admission and the later death of the patient in hospital.

The Board discussed the stories and was advised that the latter story concerned a patient from High Weald, Lewes and Haven and reflected ongoing concerns and issues around engagement in that locality. The Board further discussed partnerships with hospices and was advised that there were waiting times to access hospice care because of their limited capacity, although hospice care and care at home was very positive. The Board also discussed communication with partners and the reliance on paper-based systems and Emma advised that she was developing a single referral document, which could be used electronically; a clinical assistant role was also being rolled out on level 9 in the New Year to ensure skilled nursing time was used more effectively.

**The Chairman congratulated Emma and her team on their work and thanked her for the presentation.**

### **12.3 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **12.4 MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 30 November 2015 were approved as a correct record.

The Board noted the importance of the recording of concerns made at the Board, either in the narrative of a Board discussion or at the conclusion of the discussion.

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

The Board noted the items detailed under the progress log.

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

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

The Chief Executive advised the Board that following approval of the 3Ts Full Business Case, the Chairman and Chief Executive had signed the contract with Laing O'Rourke on 7<sup>th</sup> December and work on the main scheme would begin on site on 4<sup>th</sup> January.

The external safeguarding children review had been completed and verbal feedback on the findings of the review had indicated that no significant areas of concerns had been identified. The report would be submitted to the January meeting of the Board.

A productive meeting had been held with the newly appointed vice-Chancellor of Brighton University who would be coming to talk to the Board in the New Year.

Improvements continued to be made to the urgent care pathway, including most recently to the process for ambulance handover, and Trust performance was significantly better than in the equivalent period in 2014, although further work was required to ensure the improvements made were sustainable.

The Care Quality Commission (CQC) inspection would take place in April 2016, and preparations were being made for the inspection.

The Board discussed the urgent care pathway and the delays in opening Newhaven Community Ward and the Deputy Chief Executive advised that this had resulted from delays in recruiting staff and also in registering the facility with CQC. The Board was also advised that it was planned to close the facility in March, although its capacity would be replaced by the Hospital at Home programme.

The Board also discussed the national productivity review and it was agreed that the findings of the review, in respect of the Trust, would be circulated to the Board.

### **Action: Chief Financial Officer**

The Deputy Chief Executive further advised that the findings of the review and the potential savings opportunities would be incorporated in the development of the Annual Plan.

The Board also discussed the validation exercise in relation to Referral to Treatment (RTT) and was advised that the validation team would be expanded in January so that the existing team could focus on the 'incomplete' list, with additional staff working on clearing the remaining data.

The Board noted that the Interim Chief Executive would be the Nominated Individual in respect of CQC registration from 24<sup>th</sup> December and a statutory notification to this effect had been submitted to CQC.

## **OPERATIONAL AND FINANCIAL PERFORMANCE**

### **12.7 BOARD PERFORMANCE DASHBOARD**

#### **Urgent care**

The Chief Operating Officer reported that improvements continued to be made in performance against the four hour Accident and Emergency standard and the Trust was the most improved Trust of the 27 Trusts within the Emergency Care Improvement Programme (ECIP). The *Right Care, Right Place, Each Time* programme continued to make improvements to patient care and flow, with wards on both hospital sites demonstrating reduced length of stay and discharge early in the day. Significant work had also been undertaken with SECAMB to expedite ambulance handover, which was also an area of financial risk for the Trust.

#### **Referral to Treatment (RTT)**

The Chief Operating Officer reported on progress in Planned Care, advising that work had been completed in respect of the 11,447 patients with uncertain clock status, and following completion of this work a rebased trajectory would be submitted to the CCGs on 22<sup>nd</sup> December, based on the detailed plans developed by each of the Clinical Directorates.

The Board discussed ways of streamlining patient pathways and the Chief Operating Officer advised that the redesign of patient pathways would be undertaken in key clinical pathways and would include quicker access to diagnostic tests. The Board would receive an update on this work in 4 to 6 months.

#### **Action: Chief Operating Officer**

The Chief Operating Officer also advised that £1m had been identified to support additional activity, which would include out-sourcing of work in the Independent Sector and with a focus on those patients who had waited the longest to be treated.

Finally the Chief Operating Officer noted that both the 2-week and 62 day cancer standards had been achieved in November.

The Board welcomed the improvement in respect of the cancer standards and also the work undertaken to establish the baseline position in Planned Care.

### **12.8 FINANCE REPORT**

The Chief Financial Officer advised that the Trust was reporting a £25.7m deficit, year to date, £8m behind the revised TDA stretch target. Additional financial controls had been implemented to mitigate the risks to financial performance. However the cash position was adversely affected and was being addressed through debtor and creditor management, and revisions to the capital plan.

In the year to date position, pay was overspent by £8.6m and non-pay by £10.3m including £7.4m of PbR excluded drugs.

The Board noted the Month 8 position.

## **SAFETY AND QUALITY**

### **12.9 SAFER NURSING AND MIDWIFERY STAFFING**

The Chief Nurse introduced the monthly report on safer nursing and midwifery staffing, advising the Board that 52 local and national recruits had started in November, and a further 21 international recruits, with 42 leavers in month. 4 wards only had a fill rate of 80% or less in November, the lowest number to date, and despite the national cap on agency nurse expenditure.

The Deputy Chief Nurse continued to work with the Directorate Lead Nurses to control nursing spend, although agency spend continued to be required for trained specials, vacancies, backfill and to cover sickness absence.

The Board discussed whether 'specials' were being used to bypass other controls and the Chief Nurse advised that this had been reviewed and the scrutiny of agency usage increased. However there was no evidence to support that this was the case.

The Board also discussed the recent national publicity on safe staffing levels.

The Board noted the nurse to patient ratios in November and the on-going plans for nurse recruitment.

### **12.10 SAFEGUARDING CHILDREN ANNUAL REPORT**

The Nurse Consultant for Safeguarding Children & Young People introduced the Safeguarding Children Annual Report, which provided assurance to the Board as to how it met its statutory safeguarding children requirements.

The Nurse Consultant advised the Board that the formation of a Multi-agency Safeguarding Hub (MASH) would require the Trust to provide an additional £25k funding to support this service from April 2016. The Board discussed how the MASH would be funded, and it was confirmed that a financial contribution from the Trust was required.

The Nurse Consultant further advised the Board on an increase of 30% in the number of children in Brighton and Hove who were subject to a child protection plan in 2014/15, reflecting an increase in the child protection and safeguarding children workload across the City.

The Nurse Consultant noted that safeguarding children training was 66.4% at level 1; 42% at level 2; and 49.1% at level 3, although higher in key areas such as paediatric nursing (83%) and maternity (80%).

The Board expressed its concern at the level of safeguarding children training, agreed the need to ensure better compliance and requested a report to the next Board meeting on how this would be achieved.

**Action: Chief Nurse**

The Chief Nurse noted the important work undertaken by the team and highlighted in the report including in relation to Child Sexual Exploitation (CSE) and the daily supervision and support of staff across the hospitals in relation to safeguarding children issues.

The Board noted the report and was advised that a further discussion on safeguarding would take place at the next Board meeting when the external review would be received.

#### **12.11 EMERGENCY PLANNING, RESILIENCE AND RESPONSE**

The Chief Operating Officer advised the Board that the Emergency Planning, Resilience and Response (EPRR) core standards submission had been completed by the Trust. The Trust was substantially compliant with the EPRR standards and where actions were required, they would be completed within the next 12 months.

The Chief Operating Officer further advised the Board that in March 2015, the Trust took part in EMERGO, its 3 yearly live exercise and the Trust received almost full marks in the assessment carried out by Public Health England.

The Trust had also undertaken further assurance following the Paris attacks in respect of its systems for major incident cascade, critical care capacity and capability and the treatment of patients with blast and ballistics injuries. The Chief Operating Officer noted that a core of 8 Consultants had experience of the latter, including one employed directly by the armed forces, and the Board could be assured of the Trust preparedness in this area.

The Board discussed learning from recent incidents including the Shoreham disaster and the Chief Operating Officer advised that the Trust response had been reviewed through an After Action Review (AAR) with learning about staff reporting back through the command and control system, but generally the Trust had good plans which were effectively implemented.

**The Board approved the updated Major Incident Plan; noted the EPRR core standards assessment and action plan; confirmed that the Trust had completed the EPRR self-assessment and noted the assurance in relation to the Paris attacks.**

#### **12.12 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.

**Action: Chairman & Director of Corporate Affairs**

**The Board approved the declaration.**

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

### **3Ts Programme Board**

The Director of 3Ts advised that following approval of the FBC, the contract had been signed with the contractor on 7<sup>th</sup> December, with work starting on site on 4<sup>th</sup> January.

The Board discussed the criterion for staff engagement with and understanding of the programme and the Director of 3Ts advised that there was significant involvement through the design process and the sign-off of the design. The Board noted the importance of communication with staff and that this would become more pressing in the next phase when work on the main scheme commenced, together with its impact on staff. The Director of 3Ts further advised on the range of stakeholder engagement through, for example, the National Programme Board, and with local residents.

The Board further discussed the risks around Decant and the current Amber rating. The Director of 3Ts advised that the Programme Board would review the risks around the Decant Plan at its meeting in January, at which point the overall assessment of progress on Decant would be reviewed.

The Deputy Chief Executive advised that work was being undertaken to refresh the Trust Clinical Strategy in the light of, for example, the Five Year Forward View, and other developments; and the Trust Estates Strategy; and their alignment with the 3Ts programme.

Non-Executive Directors expressed concerns about the quality of signage on the RSCH site, and the Director of 3Ts advised that this was being reviewed with Facilities and Estates and it was agreed that signage was poor and would be addressed in each stage of the programme.

**Action: Chief Financial Officer**

## **12.14 ANY OTHER BUSINESS**

The Chairman reiterated the Board's thanks to the Chief Executive for his contribution to the Trust over the past 3 years, including the securing of funding for the 3Ts Programme and wished him well in his new role.

The Deputy Chief Executive advised that the Board would be meeting bi-monthly from January 2016 with the Board Committees meeting in the intervening months.

## **12.15 DATE OF NEXT MEETING**

The next meeting will be held on 25 January 2016 at 9.00am in the Boardroom, St. Mary's Hall, Royal Sussex County Hospital.

## **12.15 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.