

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

26 JANUARY 2015

Board

Julian Lee	Chair
Lewis Doyle	Non-Executive Director
Stephen Woodford	Non-Executive Director
Antony Kildare	Non-Executive Director
Craig Jones	Non-Executive Director
Christine Farnish	Non-Executive Director
Matthew Kershaw	Chief Executive
Amanda Fadero	Director of Strategy and Change
Steve Holmberg	Medical Director
Sherree Fagge	Chief Nurse
Spencer Prosser	Chief Financial Officer

In Attendance

Dominic Ford	Director of Corporate Affairs
Rachel Clinton	Director of Communications
James Yassin	Clinical Director, Acute Floor (item 1.4)
Sarah Doffman	Clinical Director, Specialty Medicine (item 1.4)
Helen O'Dell	Deputy Chief Nurse (item 1.11)
Rick Strang	Director of Operations (Unscheduled Care) (items 1.13)
Sally Howard	Director of Service Transformation and Scheduled Care (item 1.13)

1.3 CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

There were no apologies. The Chairman thanked Professor Farthing for his contribution to the Trust during his time as a Non-Executive Director.

1.4 CLINICAL TEAM PRESENTATION – UNSCHEDULED CARE

James Yassin, Clinical Director, Acute Floor, and Sarah Doffman, Clinical Director, Specialty Medicine, reported on the challenges to internal pathways and on patient flow within the hospitals arising from increases in admissions and acuity at the 'front-door' and 'exit block' with patients ready for discharge, unable to leave the hospitals; and the on-going plans to improve patient flow.

The Clinical Director, Acute Floor, noted the high proportion of patients conveyed by ambulance who were subsequently admitted to hospital and the Clinical Director, Specialty Medicine added that in some cases, this resulted from the inappropriate admission of patients from Nursing Homes, who were brought to hospital for end of life care, despite DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) agreements being in place.

The Clinical Director, Acute Floor, further noted plans to improve the provision of ambulatory care at the front door of the hospital, as part of the broader plan to enhance

choice and options on arrival at the hospitals, with Consultant input in acute medicine, surgery and elderly care. The Clinical Director, Specialty Medicine noted that this should reduce length of stay and free up ward beds for those patients who required them.

The Board discussed the alignment of the plans with the 3Ts FBC, and it was confirmed this was the case. The Board further discussed risk appetite within the hospitals and with partners, and noted that risk aversion in Nursing Homes, sometimes, was leading to inappropriate attendance and subsequent admission to hospital.

The Clinical Director, Specialty Medicine further reported on the close working with SECAMB to increase choices available to and considered by paramedics, including the opportunity for paramedics to talk to and be advised by geriatricians. The Clinical Director, Specialty Medicine also discussed the development of integrated care models for elderly patients, with frailty Multi-Disciplinary Teams (MDTs) led by geriatricians; and GP networks with 6 in place in Brighton & Hove; together with work with Nursing Homes to ensure advanced care plans and DNACPRs for patients were in place. However the Board noted that parts of this work were not yet moving at the pace required.

The Clinical Director, Specialty Medicine, discussed the Princess Royal Hospital (PRH), noting plans to expand the Care of the Elderly bed base, the further development of the medical model, and challenges to medical recruitment and morale on site; and changes to the site, including the planned reconfiguration of stroke services to RSCH.

The Clinical Director, Acute Floor, reported on the consequences of 'exit block', which was manifested in the cubicles and resuscitation space in the Emergency Department being full, with, at times, the consequent cohorting of patients on arrival in the Department; ICU patients inappropriately remaining on ICU because of a lack of ward beds; an increased risk of infections; the impact on staff and patient morale; together with the cancellation of elective patients; and difficult daily decisions regarding clinical priorities.

The Board then discussed the planned development of a step-down facility at Newhaven Downs, which would accommodate patients with on-going needs who did not require an acute hospital bed. The Clinical Director, Specialty Medicine, advised the Board that 75 out of 155 patients, on one day, during the previous week, had not needed to be in an acute bed. The Board further noted the need to improve social care assessment and placement and increase resources for the Hospital Rapid Discharge Team (HRDT) and therapy support to enable patients to maintain mobility.

In conclusion, the Chief Executive thanked the Clinical Directors for their presentation, and for their engagement and commitment to resolving the challenges in Unscheduled Care; the Chief Executive further noted the critical importance of addressing these internal and external challenges which were also being experienced nationally, with increases in the volume and acuity of patients attending hospital; the complexity of the challenge and the on-going focus, working with partners, to make sustained improvement.

1.5 DECLARATIONS OF INTEREST

There were no declarations of interest.

1.6 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 24th November 2014 were approved as a correct record, subject to the addition in 11.16 of the additional phrase:

Action: Director of Corporate Affairs

“The Chair of the Audit Committee asked if the software upgrades from Alert were obligatory or could be delayed and for their impact on ongoing support from the software vendor. It was agreed that the Board would be advised if the Alert software releases are obligatory, their impact on the Alert support contract (if any) and options to minimise any further delay to the EPR programme that may result from software upgrades or releases.

Action: Director of Health Informatics

1.7 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

1.8 REPORT FROM THE CHIEF EXECUTIVE

The Chief Executive reported on progress in Education and Training, including the new Dean of the Medical School having taken up his role; and an important planned visit from the General Medical Council to the Medical School and the Foundation school in May.

A revised business planning process has been developed and the 2015/16 business plan will be submitted to the Board for approval in March.

The Board had approved the amended Full Business Case in the light of the comments received from NHS England, NHS Trust Development Authority (TDA) and Department of Health at a Special Closed Session of the Board on 19th January; and there had been a positive outcome from both the NHS England Finance and Investment Committee on 12th January and the TDA Board on 22nd January.

The Trust was on track to meet its ambitious objectives of recruiting patients for research studies and the team is developing its strategy for 2015/16, aligned to national research objectives. In December, the Clinical Research Facility (CIRU) moved their clinical operations to the academic department facilities on Level 10 of the Royal Alexandra Hospital. Sussex University has agreed to enter into a formal collaboration with the Trust to support the development of the Brighton and Sussex Clinical Trials Unit (CTU).

The implementation of the site reconfiguration programme is at an advanced stage. The additional critical care beds which are being built at PRH will be ready by the end of

January 2015 and the new neuro-theatres, recovery and ITU beds at RSCH are scheduled to be completed by the end of March 2015. The programme will be undergoing an internal assurance process to determine on which date the services can safely move between the sites and plans for the service moves continue to be developed with the clinical directorates.

A number of positive developments had also taken place within the Trust, which included Advanced Neonatal Nurse Practitioner, Kathy Mellor being awarded an MBE in for services to neonatal nursing and charitable work to improve the survival of new-born babies in developing countries.

The Chairman re-iterated the Board's congratulations to Ms Mellor and also to the library team for their recent award. The Board also thanked the Safety team for the excellent Patient Safety conference held in January.

The Chair of the Audit Committee asked about progress with the clinical strategy and the Chief Executive advised that good progress was being made; a progress report would be submitted to the Board, and then every quarter.

Action: Director of Strategy and Change

The Board noted the report.

SAFETY AND QUALITY

1.9 CQC INSPECTION AND ACTION PLAN

The Chief Nurse introduced a report on progress with the action plan following the CQC inspection in May 2014, noting that the key risks to delivery of the plan concerned the actions relating to Emergency and Unscheduled Care and the challenges around patient flow, and progress with the actions concerning supporting staff.

The Board discussed the language used in the report, and noted the importance of a focus on on-going 'improvement', as opposed to 'compliance', while recognising this was the terminology used by CQC in relation to its statutory regulations. The co-Chair of the Finance and Workforce Committee further noted the challenges around staffing and recruitment which had been discussed at the Committee, which had endorsed the next phase of international nurse recruitment.

The Board discussed the potential timing of a re-inspection by CQC and the Chief Nurse advised that a meeting would be held with CQC on 28th January, when the process and timing of a re-inspection would be discussed further.

The Board noted the report.

1.10 SAFETY AND QUALITY DASHBOARD

The Medical Director introduced the Q3 Safety and Quality dashboard, noting that this was the second iteration of the report, and advised the Board that the safety indicators remained positive, including: lower than expected mortality rates; more patients experiencing harm-free care than the national average; and on-going reductions in the

rate of pressure ulcers and falls. The Medical Director suggested that this reflected the skills, expertise and commitment of staff, notwithstanding the operational pressures on the hospitals.

The Board welcomed the report and agreed that the information it contained should be communicated within the hospitals, while recognising the importance of appropriate messaging to staff in the current challenged circumstances.

Action: Director of Communications

1.11 NURSE STAFFING

The Chief Nurse and Deputy Chief Nurse introduced the six-monthly nurse staffing report, and the Deputy Chief Nurse noted that the report built on the previous review of the nursing establishment reported to the Board in September 2013 when the Board approved prioritised investment in nursing, and a further report to the Board in April 2014, which described the requirements in relation to nurse staffing and the publication of nurse to patient ratios which followed the Francis Inquiry and Government response to the Francis Inquiry, Hard Truths.

The Deputy Chief Nurse further advised that further work was planned in relation to recruitment; in developing and implementing guidance to backfill staff on maternity leave; and to incorporate the forthcoming NICE guidance on staffing levels. Appended to the report, were scorecards for individual wards, and the Chief Nurse noted the challenge in producing this information manually, which would be simpler in the next iteration of the scorecards.

Visits were also planned to other Trusts, which had undergone developments, similar to the 3Ts programme, to learn from their experiences, in relation to nurse staffing.

The Board discussed the overseas recruitment, which it was advised was proceeding well. The Board further discussed the current level of vacancies and the Deputy Chief Nurse advised that there were currently 216 whole time equivalent vacancies, which would reduce as overseas and other recruits came into post.

The Board discussed e-rostering and the Deputy Chief Nurse advised that a detailed action plan had been developed following the internal audit and progress would be reported to the Audit Committee in March. The Chief Nurse added that implementation had been inconsistent to date but was now being supported by an implementation team. The Board further discussed the December dashboard and the Chief Nurse advised on the mitigations when staffing levels were below template.

The Chief Executive concluded by noting the focus of patients and partners on staffing levels and the critical importance of continued progress in this area; thanked the Deputy Chief Nurse for her work in producing the report; and advised the Board that the progress identified in the report and the strategic intent needed to be considered alongside the current operational challenges and their impact on staff.

The Board noted the status of the Trust in relation to the 10 national expectations regarding nurse staffing and the further actions planned.

WORKFORCE

1.12 VALUES AND BEHAVIOURS

The Director of Strategy and Change updated the Board on progress with the Values and Behaviours programme, following the previous report to the Board which had supported the planned re-phasing of the programme. The Director of Strategy and Change advised the Board of the successful roll-out of the leadership development programme: 'Leading the Way' in which 67 clinical and managerial leaders were engaged. The programme would also be linked to the development of the People Strategy, to be discussed in a later item at the Board. A 'process amnesty' was also being implemented which, among other areas, would address and improve a number of HR processes, including recruitment, induction, appraisal and job roles.

The Board discussed the capacity and capability to support the programme and the Director of Strategy and Change advised that a former Non-Executive Director was supporting the 'rewiring' work which was designed to improve and simplify business planning and governance processes. The Board further recommended that the detailed action plan was grouped into core themes.

Action: Director of Strategy and Change

The Board also discussed clinical engagement and was advised of the strong presence of Clinical Directors and Directorate Lead Nurses on the 'Leading the Way' programme. The Board further discussed how the benefits to patients from the programme would be measured and the Director of Strategy and Change advised that this would be incorporated in the benefits realisation work. The Director of Strategy and Change advised that consideration was being given to how the benefits of the 'Leading the Way' programme could be extended beyond the cohort of leaders currently undertaking the programme.

The Board noted the update against the 2014/15 work programme; and endorsed the direction of travel and programme priorities; an update on the 'rewiring' work would be submitted to the Board in March; and further work would be undertaken on the programme benefits realisation.

Action: Director of Strategy and Change

FINANCIAL AND OPERATIONAL PERFORMANCE

1.13 CORPORATE OBJECTIVES 2014/15

The Chief Financial Officer introduced a report on progress against the 2014/15 corporate objectives. The report described progress against the detailed objectives at the end of Quarter 3, as assessed by the Board Director lead. Overall, good progress had been made against the objectives set out at the start of the financial year and the objectives would remain under regular review, including by the Board.

The Chief Executive added that the key challenges for the Trust were inter-dependent and concerned performance against the four hour Accident and Emergency standard;

Referral to Treatment standards; maintaining high quality care and delivering the financial plan.

The Board noted the report and progress against the 2014/15 corporate objectives

1.13 BOARD PERFORMANCE DASHBOARD

The Chief Executive introduced the Board performance dashboard, noting that performance against the 4 hour Accident and Emergency Standard and Referral to Treatment standards was reported in addition to the performance dashboard.

Emergency and Unscheduled Care

The Director of Emergency Care reported that the good progress made by the Trust in November had been severely challenged by winter pressures, over the more recent period, reflecting challenges experienced across the country. In particular, the Trust had experienced significant increases in emergency activity in December, with increases in ambulance conveyances, Accident and Emergency attendances and admissions. The Trust had also experienced two 12 hour breaches recently which had been reported and would be investigated as Serious Incidents.

Notwithstanding the pressures experienced by the Trust and partners, work has continued to implement the system-wide Organisational Resilience and Capacity Plan, with further work planned to increase capacity across the system, including importantly the planned step down facility at Newhaven Downs discussed earlier in the Board meeting. The Director of Strategy and Change noted the importance of maintaining patient flow in this facility, when it was opened, and its function for ambulatory and rehabilitation patients.

The Board discussed the impact of the operational pressures on sickness absence and stress-related illness and the Director of Emergency Care advised that the hospitals had on occasion been stretched to the limits, which had its impact on staff. The Board further discussed when the Trust might expect to emerge from the current operational pressures and the Chief Executive advised that part of the challenge facing the Trust reflected fundamental demographic and system changes which all Trusts were experiencing, although the national position was returning to a more normal position, more quickly than BSUH.

The Board further discussed the schemes developed as part of the Organisational Resilience and Capacity Plan, and the modelling of their impact, which the Director of Strategy and Change advised was undertaken but may not be exact.

The Board noted the report.

Referral to Treatment

The Director of Service Transformation and Scheduled Care updated the Board on the revised trajectory to enable sustained delivery of the 18 week standard from referral to treatment (RTT) and progress with the centralised booking hub; and advised the Board that RTT performance had been significantly challenged since the end of Q2, with four key elements to the plan to achieve aggregate compliance: making maximum use of

internal capacity; additional outpatient and inpatient, and theatre sessions, internally or in the independent sector; a focus on data quality; and capacity and demand modelling to sustain performance in the future. Over 4,000 patients have currently waited longer than 18 weeks, with over half in Digestive Diseases, spinal services and neurosciences. A joint action plan has been developed with CCG partners to deliver aggregate performance from March 2015. However pressures in emergency and unscheduled care represent a significant risk to delivery of this plan. Five high level actions have been developed to secure improvements in the Central Booking Hub, which remain work in progress, but there is a clear improvement programme to ensure that the Hub develops a gold standard service.

The Board discussed communication with patients and the need to ensure that performance in the Hub was assessed from the patient's perspective. The Board further discussed capacity in the independent sector and the Chair of the Finance and Workforce Committee noted that the Committee had discussed spend in the Hub and would receive a further report in March on this area.

The Board noted the Month 9 report, and the actions identified to address adverse variances.

1.14 FINANCE REPORT

The Chief Financial Officer advised the Board that the Trust was reporting a £3.1m deficit at Month 9, £3.6m behind the plan submitted to the NHS Trust Development Authority (TDA).

The Chief Financial Officer further advised that performance for December was close to breakeven, which represented an improvement on the recent trend. However significant pressures on pay and non-pay remained and urgent action was being taken to strengthen controls, particularly on the use of locum and agency staff. Activity and income continued to be closely monitored and subject to discussion with commissioners. Overall, the forecast remained to achieve the planned surplus of £2m but there was a significant risk to the achievement of this forecast.

Elective activity was significantly behind plan and consequently Trust activity and income expectations were significantly different from Commissioner plans. Review meetings are being held with specialties where activity is significantly behind plan to ensure there is focus on recovering performance.

Slippage in the efficiency programme needs to be recovered and the directorates and the Delivery unit are working to identify in year mitigation for this slippage.

The Board discussed the risks to achievement of the plan; the TDA view on the Trust position and forecast; assumptions regarding payment for activity undertaken; and the commissioner position on fines and penalties.

The Board further discussed spending on temporary staffing in the booking hub and on nursing and medical staff and it was confirmed that the Finance and Workforce Committee had discussed spending on the booking hub in detail.

The Board noted the Month 9 position.

1.15 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 ED performance.

The Board approved the declaration.

1.16 BOARD ASSURANCE FRAMEWORK

The Director of Corporate Affairs reported that the risks within the Board Assurance Framework had been reviewed by the Finance and Workforce Committee and Quality Risk Committee; the risk gradings remained the same in Quarter 3; and the BAF would be refreshed in discussion with the Board to reflect the 2015/16 corporate objectives. The Board further agreed that the risk grading for BAF risk 3 '*Challenging strategic environment prevents delivery of clinical strategy and long term clinical and financial sustainability*' should be increased to 15.

Action: Director of Corporate Affairs

The Board noted that the components of the BAF had been considered previously at the Quality and Risk and Finance and Workforce Committees, and noted the report.

1.17 STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

The Chief Financial Officer introduced the Standing Orders and Standing Financial Instructions, which had previously been reviewed by the Audit Committee. The document had been revised to reflect changes in legislation and the Trust Procurement Code, and a detailed scheme of financial delegation, superseded the previous scheme.

The Board approved the Standing Orders and Standing Financial Instructions.

1.18 REPORTS FROM BOARD COMMITTEES

Finance and Workforce Committee

The Board noted the report from the Finance and Workforce Committee.

Quality and Risk Committee

The Board noted the report from the Quality and Risk Committee.

EPR Programme Board

The Board noted the report from the EPR Programme Board, which would be discussed further in a separate item.

Audit Committee

The Board noted the report from the Audit Committee.

1.19 HEALTH AND SAFETY POLICY (STATEMENT OF INTENT)

The Director of Corporate Affairs reported that the Health and Safety Policy had been approved by the Finance and Workforce Committee in January, and the Board was asked to approve the Statement of Intent, which formed part of that policy. The Director of Corporate Affairs added that compliance with the requirements of the policy was monitored through a quarterly report to the Finance and Workforce Committee.

The Board approved the Health and Safety Policy (Statement of Intent).

1.20 OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ASK QUESTIONS

A member of the public noted the importance of on-going consideration of how the Trust talks to and communicates with patients, with which the Chief Nurse and which would be considered further through the Patient Experience Panel.

1.21 ANY OTHER BUSINESS

There was no other business

1.22 DATE OF NEXT MEETING

The next meeting will be held on 23rd February 2015 at 9.00 a.m. in the Euan Keat Education Centre, Princess Royal Hospital.

1.23 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.