

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

23 FEBRUARY 2015

Board

Julian Lee	Chair
Lewis Doyle	Non-Executive Director
Stephen Woodford	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
Graham Dodge	Clinical Director for Central Clinical Support Services (item 2.2)
Rick Strang	Director of Operations (Unscheduled Care) (items 2.8)

2.1 CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from Craig Jones and Antony Kildare, Non-Executive Directors; and from Professor Malcolm Reed, Dean of Brighton and Sussex Medical School, who, the Chairman advised, had been formally appointed by the NHS Trust Development Authority (TDA) as a Non-Executive Director.

2.2 CLINICAL TEAM PRESENTATION – IMAGING

The Clinical Director for Central Clinical Support Services reported on Imaging Services in Sussex and the potential benefits which could be achieved through better collaboration between service providers. The Clinical Director described a context of tighter resources and increased demand with providers competing for the same staff resource, and with organisational barriers preventing co-operation between providers and integration across acute and community Trusts. This could result in fragmented pathways for patients, problems in recruiting and retaining staff and the management of demand was extremely limited. The context was also shaped by the publication of NHS England's *Five Year Forward View* and arising from this the potential to break down the barriers in how care is provided between primary and community care services and hospitals, based on collaboration. The Royal College of Radiologists policy framework similarly proposed the development of radiology services through networks of expertise. A proposal had been developed in 2012 to unify the existing departments into one organisation under one management structure to address the needs of acute and community services, underpinned by a flexible and adaptable model of service delivery, with significant potential benefits in the quality of patient care and service efficiency. This collaborative model could also be applied to other tertiary and local hospital services, redesigning patient pathway and breaking down barriers between organisations.

The Director of Strategy and Change advised that the former PCTs had formerly discussed federated service models as described by the Clinical Director for Central Clinical Support Services, and the *Five Year Forward View* provided a framework for creativity and innovation in taking these discussions forward. The Board would be discussing the *Five Year Forward View* at its seminar in March. The Director of Strategy and Change further advised that models of shared care services might also help address the constraints around capacity which the Trust was addressing through the business planning process. The Chief Financial Officer noted the importance of getting the preparatory work right and of agreeing a shared vision in the development of collaborative service models.

The Board further discussed the importance of prioritising service developments, with the large number of programmes underway in the Trust; the significance of organisational buy-in; and the governance of shared care services.

The Chief Executive concluded by noting the TDA's view of the importance of the Trust's role as a system leader, the need to prioritise developments based on clear patient and clinical priorities, and the deliverability of proposals.

2.3 DECLARATIONS OF INTEREST

There were no declarations of interest.

2.4 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 26th January 2015 were approved as a correct record.

2.5 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

2.6 REPORT FROM THE CHAIRMAN AND CHIEF EXECUTIVE

Chairman's Report

The Chairman recommended the appointment of Stephen Woodford, Non-Executive Director, as Deputy Chairman.

The Board approved the appointment of Stephen Woodford as Deputy Chairman.

The Chairman further reported on a meeting with Chairs in the TDA South Region, which had discussed the common issues and challenges which Trusts were facing.

Chief Executive's Report

The Chief Executive noted the important publication of the review by Sir Robert Francis, QC, *Freedom to Speak Up, an independent review into creating an open and honest reporting culture in the NHS*. The Trust was well placed to address the

recommendations of the report, with the establishment of the Patient Safety Ombudsman role. The Trust was committed to the values of fairness and transparency and would use the recommendations of the report to develop this culture further.

The Norovirus outbreak at Princess Royal Hospital had led to additional challenges across the hospitals and the Trust had been well supported by the Ambulance Trust and primary, community and social care partners.

Over 200 nurses have accepted offers following the internal recruitment programme, which will have a significant impact on the number of nursing vacancies.

A Board to Board meeting had been held with TDA on 10th February, which had been a positive opportunity for the Board to discuss its vision, successes and challenges with TDA. Formal feedback had not yet been received.

The Values and Behaviours Programme continued to make good progress with work around individual and team development; people processes; and in engagement with over 140 staff recruited as Values and Behaviours champions.

The business planning process was well developed, with a process significantly improved from previous years. The annual plan would be submitted to the Board for approval on 30th March. However there was uncertainty arising from delays in issuing the national contract and the tariff arrangements for 2015/16. Notwithstanding this uncertainty, the Trust was working closely with commissioners in developing its business planning assumptions.

The appointment of the new Dean of the Medical School and on-going work with Health Education England and through the Academic Health Science Network would support the further development of the Trust as a University Hospital and the benefits deriving from that.

The Board discussed the *Francis* report and agreed the importance of taking careful stock of the whistle-blowing arrangements within the Trust, as it considered the recommendations in the report.

The Chairman, in the context of staff engagement, with the Values and Behaviours Programme, asked for a further report on the number of staff involved in different components of the programme, which the Director of Strategy and Change advised would be incorporated in the next report to the Board.

Action: Director of Strategy and Change

SAFETY AND QUALITY

2.7 INFECTION PREVENTION AND CONTROL

The Chief Nurse advised the Board that there had been 37 cases of *C. difficile* year to date, against the annual target of no more than 50 cases. The target for 2015/16 had been set at no more than 46 cases. There had been 2 MRSA blood infections, which were considered to be unavoidable with no lapses of care identified, and 2 cases of contaminated blood cultures.

The Norovirus outbreak at the Princess Royal Hospital had significant impact with a high number of patients and staff affected, and a consequent operational impact with ambulances being transferred to the Royal Sussex County Hospital. All affected wards have been deep cleaned and re-opened.

The Chief Nurse noted the commitment from Trust staff and partners in mitigating the impact of the outbreak on patients.

The infection prevention and control team continues to work with colleagues, particularly in the emergency pathway, to prepare in the event of a patient presenting with Ebola. A recent suspected case, later assessed to be negative, put the preparations into practice, and any lessons to be learned will be identified through an After Action Review.

The Chairman asked about the effectiveness of working arrangements between the IPC and 3Ts teams in the light of the aspergillus incident and the Chief Nurse advised that there are regular meetings between the teams, and work is on-going to reduce the impact of building works on patients, for example with the relocation of patients from the Short Stay ward.

The Board noted:

- **the incidence of infections and the priorities of the IPC team over the coming months;**
- **the on-going cleaning concerns and the work with the Soft FM provider to ensure patients are nursed in a clean environment;**
- **work to embed the role of the IPC team in the construction work on the hospital sites.**

2.8 NURSE STAFFING

The Chief Nurse introduced the monthly safer nursing and midwifery staffing report, and advised the Board on: the additional pressures on nurse staffing arising from the opening of extra capacity beds; the positive outcome of the international recruitment campaign, which would reduce the number of vacancies and use of bank and agency staff; improvements in fill rates in January; and the work being undertaken by the Deputy Chief Nurse to review ward establishments for 2015/16.

The Board discussed the 'red' rated wards in January and how far the data in the report reflected concerns regarding staffing levels and their potential impact on patient safety and experience. The Chief Nurse advised on the mitigations undertaken when fill rates were below 80%, but agreed that in some cases, the data presented could be misleading. Fill rates were also in some areas, for example the Acute Medical Unit (AMU), in excess of 80%, although concerns about staffing had been identified. The Chair of the Patient Safety Ombudsman Panel advised that staffing concerns on the AMU had been discussed at its most recent meeting. The Board agreed that the presentation of the data would be reviewed.

Action: Chief Nurse

The Chief Executive advised that while the Trust was obliged to respond to national

requirements for the reporting of staffing levels, it was important that the data reported to the Board presented the risks to patient safety. The Chief Executive further advised that CQC had requested information about staffing in the emergency pathway and AMU, to which the Trust would respond by the end of the week. It was also important, in the light of earlier discussions that the Board was mindful of the importance of staffing levels in other professions, for example, therapies.

The Board noted the nurse to patient ratios in January 2015 and would review an updated report at the next board meeting.

FINANCIAL AND OPERATIONAL PERFORMANCE

2.9 BOARD PERFORMANCE DASHBOARD

The Chief Executive introduced the Board performance dashboard, advising the Board of the connection between performance against the 4 hour Accident and Emergency Standard and Referral to Treatment standards and also the standards around diagnostic tests, which would be discussed in more detail.

Emergency and Unscheduled Care

The Director of Emergency Care reported that the recovery towards the end of January had been weakened by the challenges experienced in February, particularly the Norovirus outbreak at the Princess Royal Hospital (PRH). PRH had maintained a walk-in Emergency Department (ED) service while ambulances were diverted to the Royal Sussex County Hospital (RSCH) which was already under pressure. The need urgently to secure additional capacity was recognised and progress continued to the opening of Newhaven Downs, which was at a critical moment in terms of staff recruitment and defining the cohort of patients appropriate for the service. Further discussions had also taken place to review services which could be moved off the RSCH site to release space there, which would be reported to the Board at a future meeting.

The Chairman asked about the timescale for the opening of Newhaven Downs and the Director of Strategy and Change advised that recruitment for therapists and Health Care Assistants was proceeding well, but less so for nursing staff; and advertising was underway for medical staff. The outcome of the recruitment process would determine the initial size of the service provision, but it was anticipated that it would open towards the end of March at the earliest. The Board further discussed on-going service provision at Newhaven Downs and length of stay, with the Director of Strategy and Change noting the importance of therapies and social work staff in the 're-enablement' of the patient cohort.

The Director of Strategy and Change further noted the substantial support the Trust had received from partners, including the ambulance service, in the recent challenged period.

The Chief Executive re-iterated the importance of the Trust making sustained improvement to patient experience and performance, and addressing with partners the underlying factors which determined performance across the health and social care system.

The Board was advised that there had been five 12 hour breaches in the most recent period, which were currently being validated and would subsequently be reported and investigate as Serious Incidents. The Chairman asked for further information about the causes of breaches of the four hour standard, which would be reported to the March Board.

Action: Director of Emergency Care

The Board noted the importance of forward planning for the winter of 2015/16 and it was agreed that it would be advised of progress in this regard.

Referral to Treatment

The Chief Financial Officer advised that the Trust was focused on reducing the number of longer waiting patients to 3750 by the end of February. The figure at the time of the Board meeting was 3859, which was on track but with limited margin for error. The Chief Financial Officer further advised that 5 high level actions had been implemented to improve the performance of the central booking hub, and good progress was now being made supported by strong clinical leadership within the programme.

The Chairman asked that a future report included timelines for the 5 high level actions.

Action: Director of Scheduled Care

The Board noted the high level of clinic cancellations and was advised that this reflected in part, planned leave, and the most important figure was the number of clinics cancelled with less than 6 weeks' notice and its impact on patients. The Board would be advised of the reasons for clinic cancellations at short notice at the March meeting.

Action: Director of Scheduled Care

The Chief Executive concluded that RTT performance, and that of the Hub, was subject to regular review and scrutiny by the Clinical Management Board, when the clinical leaders of the programme reported progress. The Trust was working actively with the CCGs to enable sustained improvement and a new management lead for the Hub had been appointed, who had significant, relevant experience and would seek to build on the progress now being made.

The Board noted month 10 performance and the actions to address adverse variances in performance

2.10 FINANCE REPORT

The Chief Financial Officer advised the Board that the Trust was reporting a £3.2m deficit at Month 10, £4.1m behind the plan submitted to the NHS Trust Development Authority (TDA).

Financial performance in December and January was close to breakeven, an improvement on earlier trends.

Operating costs were overspent by £13.4m, with pay being overspent by £9.5m, primarily temporary staffing, and non-pay by £3.9m

Capital expenditure was lower than planned, with the operational capital programme considerably behind plan, although work on the decant schemes was well underway.

The CIPs programme is marginally behind plan with a year to date variance of £950k, with under-performance in some work-streams, including the nursing and medical work-streams offset in other areas.

The forecast remained to achieve a planned surplus of £2m, but with significant risk to delivery and a break even position was more likely.

The Board noted the report and the month 10 position and the risks to delivery of the financial plan.

2.11 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.

2.12 OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ASK QUESTIONS

A member of the public welcomed progress with the central booking hub and thanked the clinical leaders of the hub for the recent progress made.

A member of the public asked what discussions there had been with Western Sussex Hospitals about providing radiotherapy at St Richard's Hospital.

The Director of Strategy and Change responded that good progress had been made with the planned satellite radiotherapy unit in East Sussex and the Full Business Case (FBC) would be submitted to the Board for approval in March. Discussions were on-going concerning the planned satellite radiotherapy unit in West Sussex, where the strategic environment was more complex. The objective of the Trust was to proceed with the FBC for the unit as set out in the approved Outline Business Case (OBC). Further discussions would be held with partners next week

2.13 ANY OTHER BUSINESS

The Chief Executive advised that discussions were on-going regarding the 2015/16 tariff and its financial implications for the Trust's financial plan. The Chief Executive and Chief Financial Officer would discuss the options for the Trust further and update the Board on the outcome of those discussions.

Action: Chief Executive and Chief Financial Officer

The Chief Executive further advised that the Trust had been in discussion with TDA and would be considering piloting the *Well-Led* framework which superseded the existing frameworks for assessing Board governance.

2.14 DATE OF NEXT MEETING

The next meeting will be held on 30th March 2015 at 9.00 a.m. in the Boardroom, St. Mary's Hall, Royal Sussex County Hospital.

2.15 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.