

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

27 APRIL 2015

Board

Julian Lee	Chairman
Lewis Doyle	Non-Executive Director
Christine Farnish	Non-Executive Director
Antony Kildare	Non-Executive Director
Spencer Prosser	Chief Financial Officer
Professor Malcolm Reed	Non-Executive Director
Stephen Woodford	Non-Executive Director
Dr Farine Clarke	Non-Executive Director
Michael Edwards	Non-Executive Director
Kirit Patel	Non-Executive Director
Matthew Kershaw	Chief Executive
Sherree Fagge	Chief Nurse
Steve Holmberg	Medical Director
Amanda Fadero	Director of Strategy and Change

In Attendance

Dominic Ford	Director of Corporate Affairs
Marco Maccario	Clinical Director Cardiovascular Services (item 4.2)
Simon Maurice	Major Trauma Centre, Programme Director (item 4.11)
Jonathan Andrews	Major Trauma Centre, Clinical Lead (item 4.11)
Sally Howard	Director of Scheduled Care and Service Transformation (item 4.12)

4.1 CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

There were no apologies for absence.

4.2 CLINICAL TEAM PRESENTATION – CARDIOVASCULAR SERVICES

The Clinical Director Cardiovascular Services reported on the work of the Cardiovascular Clinical Directorate in its first six months and its challenges and plans over the next six months; advising the Board on the structure of the directorate, the model of integrated shared care for cardiology, cardiac surgery, renal and vascular surgery across Sussex; and the development of the renal and vascular networks, through a hub and spoke model, with the renal network being well embedded, and good progress being made on the vascular network, with new Consultant appointments, developments in interventional radiology, ring-fenced bed capacity at the hub, the appointment of vascular nurse specialists, and the development of a patient 'passport' to enable the transfer of patients across the network.

The Clinical Director reminded the Board of earlier issues regarding mortality in cardiac surgery, where the unit had been an outlier in respect of clinical outcomes, the restrictions on practice which had been put in place as a consequence, and the improvements in culture and relationships in the unit which had been made and

supported by the Clinical Oversight Group. The improvements in mortality were also reflected in indicators around bleeding complications, infections and return to theatre.

The Clinical Director also advised the Board of operational challenges which had affected the functioning of the cardiac day case unit and resulted in reduced elective activity. However this had largely been resolved and the cardiac day case unit now had 80-90% of cardiology patients' occupancy.

The plans for the next 6 months would focus on: completion of the vascular network, with 7 days a week resident consultant on call in the Trust and in-outpatient service at spokes; the consolidation of the renal network with the provision of inpatient services at the spokes and the Princess Royal Hospital (PRH), additional on-call provision at the Royal Sussex County Hospital (RSCH) and the relocation of the dialysis unit at Western Sussex Hospitals NHS Foundation Trust (WSHT); further developments in cardiology including the restructure of the community cardiology service and heart failure; and plans to sustain and expand the cardiac surgery unit.

The Board discussed patient involvement in cardiovascular services with the Chief Nurse noting the active Renal User's Group, and the Clinical Director advised patient involvement was less well developed in vascular services, although there was an active patient representative.

The Board further discussed the repatriation of cardiac surgery activity following the lifting of restrictions and the Clinical Director advised that referrals were coming back to the unit. The Board also discussed early warning signals in cardiac surgery, with the Clinical Director advising on the indicators used to monitor outcomes, which were reviewed in the morbidity and mortality meetings; and how the unit had effected change through improved relationships, daily briefing meetings and better planning for patients.

The Director of Strategy and Change noted the correlation between patient outcomes, staff engagement and operational pressures and activity; and also advised the Board of the significance of the progress made by the directorate, particularly in relation to tackling long-standing challenges in vascular and cardiac services; and the Chief Executive concluded that this progress was a useful example of why the new clinical directorate structure had been developed, and the importance of Sussex-wide models of care for the Trust.

The Chairman thanked the Clinical Director for a very useful and informative discussion.

4.3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.4 MINUTES OF THE PREVIOUS MEETING

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

4.5 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

4.6 REPORT FROM THE CHAIRMAN AND CHIEF EXECUTIVE

Chairman's Report

The Chairman noted that he had attended a useful meeting of the Central Sussex Independent Patient's Forum, with very good representation from patients and patient groups.

Chief Executive's report

The Chief Executive reported that following an assurance meeting with the Executive Team, the service moves in the site reconfiguration programme, would take place on 19th, 20th and 21st June. The Chief Executive reminded the Board of the strategic importance of the site reconfiguration programme, which would be discussed later in the meeting.

There had been a positive meeting of the 3Ts National Programme Board on 17th April, and subject to the completion of further due diligence, the plan remained to secure approval of the Full Business Case at the end of July, which timescale was critical to enable contracts to be signed and work to start on site in January 2016.

The Trust was agreeing the final contractual position with the Clinical Commissioning Groups, which would include a 'risk share' element for 2015/16. However the national timetable for agreeing contracts with NHS England (NHSE) had slipped and the initial contract offer was short of Trust income expectations, with the difference being worked through by the Trust and NHSE.

The Trust, with partners had undertaken significant planning to make sure the hospitals and the wider system were prepared for the Easter bank holiday and the Trust came out of the weekend in a better position than in previous years. Nevertheless, significant challenges in unscheduled care remained and would be discussed later in the meeting.

A project team was overseeing the transition of the soft facilities management services from Sodexo to the Trust, with a project office coordinating the different work-streams and a Clinical Lead had been appointed as part of the project team.

The General Medical Council (GMC) would be visiting the Trust on 27th May as part of its visit to the Medical School and Health Education England, Kent Surrey and Sussex, to assess the quality of under-graduate and post-graduate training, and the Board would be informed of the outcome of the visit in due course.

The Chairman and Executive Team met the NHS Trust Development Authority (TDA) on 22nd April, when the discussion focused on our plans for 2015/16 and performance in relation to emergency and unscheduled care and referral to treatment. A positive Board to Board meeting had been held with Brighton and Hove Clinical Commissioning Group (CCG) on 21st April, when both the Trust and the CCG discussed our respective visions and the alignment between them.

The Board discussed the contractual negotiations with NHSE and the gap between the NHSE and Trust position, which the Chief Executive advised was between £10m and £15m.

The Board further discussed the site reconfiguration programme and the risks to delivery, and the Chief Executive advised that the risks were identified and closely managed. One example was the recent work of the project team on ensuring that a transport solution was put in place for staff travelling between sites.

The Board also discussed the meeting with Brighton and Hove CCG and the potential to align the Trust and CCG objectives, where appropriate and the Director of Strategy and Change advised that, from experience, it would be important to choose a small number of areas where the organisations could work together to ensure any agreed plans were delivered with a positive impact for patients.

The Board noted the report

SAFETY AND QUALITY

4.7 INFECTION PREVENTION AND CONTROL

The Chief Nurse advised the Board that the Trust had achieved its national *C. difficile* target in 2014/15, with 45 cases, 8 of which were considered avoidable infections. The target in 2015/16, was no more than 46 cases. There has also been 2 MRSA blood infections in 2014/15, where no lapses in care had been identified, and which were considered to be unavoidable. The Chief Nurse further advised on plans to ensure the infection prevention and control risks associated with the building programmes were safely managed, and work with the project team to ensure risks around the transition of soft facilities management provision were considered and addressed. The infection prevention and control team were also working closely with clinical staff in Accident and Emergency to prepare for the potential presentation of patients with Ebola, and the attendance of patients with symptoms, later found to be negative, demonstrated that a good system for assessing and treating patients was in place in the hospital.

The Board discussed the infection prevention audits and peer review process and the Chief Nurse confirmed that independent audit of hand hygiene practice was essential to the objective validation of practice.

The Board noted the incidence of infections in 2014/15, and the importance of the effective management of infection prevention and control risks in respect of the building programmes and transition to in-house cleaning provision

4.8 SAFER NURSING AND MIDWIFERY STAFFING

The Chief Nurse reported on the fill rates for trained and untrained staff in March, advising that there were 9 wards where fill rates were 80% or less during the month. This was an improvement from the 16 wards in February, and fill rates had also improved for trained and untrained staff, and for both day and night shifts in March. The Chief Nurse also noted progress with the local and international recruitment campaigns and 244 offers had been accepted for European and non-European nurses to date, with 32 staff already having started on the wards.

The Board discussed the number of vacancies currently, which the Chief Nurse advised was 230 with a further 197 staff on maternity leave. The Board also discussed delays in

the appointment of international staff because of the NMC process; and the differential between the pay rates for substantive and agency staff. It was agreed that the monthly report would include data on agency usage.

Action: Chief Nurse

The Board also discussed staffing levels in areas where there had been patient safety concerns, for example the Acute Medical Unit, and the Chief Nurse advised that the vacancy factors had not been significant in this unit, although there were problems with sickness absence.

The Board further agreed on the importance of developing the identity and 'brand' of the hospital to support longer-term recruitment. The Chief Executive concluded by advising on the daily tactical decisions the hospital was taking to ensure safe staffing, alongside its strategic plans for recruitment and retention in partnership with other providers and the universities.

The Board noted the report

4.9 MEDICAL REVALIDATION AND APPRAISAL

The Medical Director advised the Board on progress with the implementation of medical appraisal and revalidation, noting that the completed appraisal rate, at 31st March 2015, was 76% and the Trust had made 164 positive recommendations to the GMC in 2014/15 with 77 deferral requests. The key risk concerned the number of appraisers, with the high number of doctors with a prescribed connection in the Trust, and it was likely that appraiser services would need to be purchased externally in 2015/16.

The Board discussed the alignment of medical appraisal and revalidation with the Values and Behaviours Programme and the Medical Director advised that this was reflected in the GMC guidance, but would also be strengthened through the process of values-based recruitment. Behavioural contracts had also been established in some of the challenged specialties.

The Board noted the progress made in the development of the medical appraisal and revalidation systems and the challenges concerning the recruitment of appraisers and plans to address this

STRATEGY

4.10 ANNUAL PLAN 2015/16

The Director of Strategy and Change presented the Annual Plan to the Board, noting that the Plan was the culmination of a lengthy process of engagement and discussion with the new clinical directorates. The final plan was based on an assumption of income of £440m in 2015/16. The plan described five key corporate objectives for the year, and ten key impact programmes designed to improve patient safety and experience and operational performance within the hospital. The plan built on the Foundations for Success Programme and the *Review of the delivery of Projects, Programmes and Change* and a new executive governance structure would be established through a

Change Board to enable the effective prioritisation and delivery of projects and programmes.

The plan contained a £32m Cost Improvement Programme, consistent with the programmes achieved in previous years and the Trust set out to achieve a break-even position with a continuity of services risk rating of 3.

The Board welcomed the plan and discussed its communication with staff in the hospital and was advised that a summary version of the plan would be shared with staff and stakeholders in May.

Action: Director of Communications

The Board discussed accountability for delivery of the plan and was advised that the plan and its priorities had been developed following discussion through the Clinical Management Board and delivery would be monitored through the performance meetings and reported to the Board through the new performance dashboard.

The Board further discussed the investment priorities and the Director of Strategy and Change advised that £6.9m of investments had been prioritised, which were subject to the Trust securing its planned income through the contract negotiations. The final income position would be reported to the next Board meeting.

Action: Director of Strategy and Change and Chief Financial Officer

In conclusion, the Board: approved the plan as the Trust operational plan for 2015/16 and; approved the plan for submission to NHS TDA for approval.

4.11 SITE RECONFIGURATION

The Major Trauma Centre Programme Director and Major Trauma Centre Clinical Lead updated the Board on progress with the site reconfiguration programme – the development of a 24/7 neurosurgery service at RSCH and the reconfiguration of clinical services to support this. The Board was advised that the date for the service moves had been confirmed as 19th to 21st June. Two assurance meetings had been held with the Executive Team which had confirmed the plan for implementation and its timing and a critical path and milestones for the delivery of the programme defined. There was good on-going communication with staff, and a decision taken to introduce, for a period of 6 months, a 7 day a week bus service between the PRH and RSCH sites, during which a longer-term review of staff travel and transport would be undertaken.

The Director of Strategy and Change added that a mobilisation team had been established to support the programme both before and after the service moves and the Chief Executive concluded by re-iterating the critical strategic importance of the programme for the Trust, and its associated challenges, which the executive team had assured judiciously before agreeing the implementation date.

The Board noted the update and would receive a further report at its next meeting.

FINANCIAL AND OPERATIONAL PERFORMANCE

4.12 BOARD PERFORMANCE DASHBOARD

The Director of Strategy and Change advised the Board on performance in the emergency pathway, noting that Trust performance against the four hour Accident and Emergency standard remained below the trajectory agreed with TDA. There were significant challenges to patient safety and experience, particularly for the third of patients attending the Emergency Department (ED) who spent some time in the cohort area. Delays in the ED were caused primarily by 'exit block' and the unavailability of beds. As reported in the discussion around the Annual Plan, ten high impact programmes had been developed to improve patient safety and quality and operational performance and were planned to impact directly on emergency and unscheduled care.

The Board discussed the challenges in the emergency pathway, including inappropriate attendances at the Emergency Department and the flow of patients to the Urgent Care Centre and to Majors; the impact of admission avoidance programmes; the intractability of the performance challenge and the need for new solutions to address it. The Chief Executive advised that some health economies had improved their performance, but our local health economy was one of a number, which had not yet managed to achieve sustained improvement. The Medical Director noted that the burden of poor performance was largely borne by patients, but also by staff, and Non-Executive Directors reinforced this point from their experience of ward visits in the hospital and discussions with staff.

The Board noted that six 12 hour breaches from decision to admit (DTA) were reported during the month and arose from a period of sustained and significant pressure at the end of March.

The Board also discussed the timeframe for the Trust to deliver improved performance, and the Chief Executive advised that it was critical that improvement was seen in Quarter 2, 2015/16.

The Director of Scheduled Care and Service Transformation reported on performance against the standards for referral to treatment, advising that the Trust plan to achieve compliance with the standards focused on: maximising use of internal capacity; securing additional outpatient and theatre sessions internally and externally; a focus on data quality; and capacity and demand modelling to ensure performance was sustained. A detailed discussion on the performance of the Central Booking Hub was planned for the Board meeting on 24th August.

The Board discussed the volume of cancelled operations and the Director of Scheduled Care and Service Transformation advised that whilst this had reduced the pressures on both unscheduled care and HDU/ Critical care beds was continuing to impact. It was noted that these issues were being addressed as part of the business plans for 2015/16.

The Board also discussed what improvements had been made and the Chief Financial Officer advised that the Trust had met the required trajectory to reduce the number of patients waiting longer than 18 weeks at the end of February, although the Trust continued to submit a 'managed fail' position against aggregate performance for the 18 Week RTT 'admitted', 'non-admitted' and 'incomplete' pathway standards. There was

also a significantly improved understanding of the Trust position and the requirements to achieve a sustainable position.

The Board noted the report.

4.13 FINANCE REPORT

The Chief Financial Officer advised that the Trust was reporting a £0.1m surplus at Month 12, £2m behind the plan submitted to TDA. This position was unaudited and there were risks attached to this position, primarily related to securing the required income from commissions and discussions were continuing in this regard. The Trust was reporting an overall Continuity of Service Risk Rating (CoSRR) of 3 in line with the plan. The CIPs programme ended the year £2.6m behind plan, with £29.8m delivered against the plan of £32.4m. The cash balance at the end of the year exceeded the plan by £7.1m because of late payments made to the Trust at the end of the financial year; the strategic and operational capital expenditure was materially lower than the plan, and will be carried forward into next year.

The Board noted the month 12 position.

4.14 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.

4.15 REPORTS FROM COMMITTEES AND PROGRAMME BOARDS

Audit Committee

The Board noted the Annual Report from the Chair of the Audit Committee.

Finance and Workforce Committee

The Board noted the Annual Report from the Chair of the Finance and Workforce Committee.

Quality and Risk Committee

The Board noted the Annual Report from the Chair of the Quality and Risk Committee.

4.16 OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ASK QUESTIONS

There were no questions from members of the public.

4.17 ANY OTHER BUSINESS

There was no other business.

4.18 DATE OF NEXT MEETING

The next meeting will be held on Monday 1 June 2015 at 9.00am in the Euan Keat Education Centre at the Princess Royal Hospital.

4.19 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.