Brighton and Sussex University Hospitals NHS Trust

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

27 APRIL 2015

Board

Lewis Doyle	Chairman
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
Matthew Kershaw	Chief Executive
Spencer Prosser	Chief Financial Officer
Sherree Fagge	Chief Nurse
Steve Holmberg	Medical Director
Amanda Fadero	Director of Strategy and Change

In Attendance

Dominic Ford	Director of Corporate Affairs
Tosin Ajala	Clinical Director Cardiovascular Services (item 6.1)
Helen Weatherill	Operational Director of HR (item 6.11)
Simon Maurice	Major Trauma Centre, Programme Director (item 6.12)
Jonathan Andrews	Major Trauma Centre, Clinical Lead (items 6.12 and 6.13)
Rick Strang	Director or Emergency Care (item 6.13)
Sally Howard	Director of Scheduled Care and Service Transformation (item 6.13)
Duane Passman	Director of 3Ts (item 6.16)

6.1 CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from Julian Lee, Chairman and Christine Farnish and Stephen Woodford, Non-Executive Directors.

6.2 CLINICAL TEAM PRESENTATION – WOMEN'S SERVICES

The Clinical Director for Women's Services described for the Board the key roles, services and Consultant responsibilities within the Women's Services directorate; and its areas of excellence which included: the regional gynae-oncology centre and referral centres for complex endometriosis and severe pre-term delivery, together with minimal access surgery, acute gynaecology, out-patient hysteroscopy. The service also had the highest rate in the country for home birth deliveries and was a key provider of teaching & education.

The Clinical Director further described the development of clinical governance within the directorate, where the initial priorities had been the investigation of incidents, the role of risk leads within the directorate, progressing clinical guidelines and embedding clinical governance within gynaecology. Over the next 6 months, a governance newsletter would be introduced, a weekly women's services incident meeting, a panel review for

serious incident investigations and a multi-disciplinary collective leadership governance model.

The directorate had identified a number of key objectives in obstetrics: a second obstetric theatre to ensure patient safety; the development of the Midwifery-Led Unit and associated services moves to Sussex House; a new-born hearing screening programme, work around the maternity pathway tariff, further work around normalising birth initiatives, and the development of the enhanced recovery programme in obstetrics. In gynaecology objectives had been agreed to improve waiting times, expand the gynaecology assessment unit, the development of ambulatory care and nurse-led services, increasing minimal access surgery, maximising out-patient capacity and improving 7 day working.

The directorate was monitoring its performance through a number of mechanisms including the maternity dashboard, databases for the gynaecology assessment unit, colposcopy and enhanced recovery; and the patient voice survey and complaints. Clinical governance in the directorate was overseen by the monthly safety & quality and monthly audit meetings.

The key challenges for the directorate were related to Trust-wide operational challenges, staffing levels in the nursing and medical workforce, financial constraints, and the impact of site reconfiguration.

The Chief Nurse noted that the directorate approach to clinical governance was a model of good practice which had been shared with other directorates. The Board discussed the impact of the shortfall in Consultant numbers on clinical services and the Clinical Director advised that the directorate sought to minimise the impact through the flexible use of clinical resources. The challenges in recruiting Consultants were not unique to the Trust and the vacant posts were being recruited to. The Medical Director added that nationally the numbers of higher specialist trainees was inadequate to meet the demand on services, and individual and collective solutions were being developed to address this and to reduce the dependency on locums. The Medical Director further congratulated the directorate on the development of the gynaecology assessment unit, which had been an important benefit for patients. The Director of Strategy and Change added that the directorate had established itself quickly with an evident grip and clear plans and service innovations, which the Chief Executive reinforced, noting the scale of the agenda within the directorate and its clarity of intent.

The Chair welcomed and thanked the Clinical Director for his presentation.

6.3 DECLARATIONS OF INTEREST

There were no declarations of interest.

6.4 MINUTES OF THE PREVIOUS MEETING

The Board discussed the appropriate level of detail within the Board minutes and agreed that the minutes should not be a verbatim record but should reflect key areas of concern and discussion and the decisions made.

The minutes of the meeting held on 27 April 2015 were approved as a correct record.

6.5 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

6.6 REPORT FROM THE CHAIRMAN AND CHIEF EXECUTIVE

Chairman's Report

The Chairman asked the Board to delegate authority to the Audit Committee to approve the annual accounts at its meeting on 4th June.

The Board approved the delegation of authority to the Audit Committee to approve the annual accounts

Chief Executive's report

The Chief Executive reported that final preparations were being made in the site reconfiguration programme, with the move of services planned for 19th, 20th and 21st June, and a final 'Go/No Go' decision on the moves would be made on 18th June.

Recovery trajectories for emergency and unscheduled care and scheduled care were being finalised with the NHS Trust Development Authority (TDA) and would be discussed later in the Board agenda. New ways working continued to be developed in the acute floor including the opening of new Medical Assessment and Treatment Unit (MATU) at the Royal Sussex County Hospital (RSCH).

The Trust was working to meet the national requirements for 7 day services, aligned to the Trust clinical strategy and £500k had been allocated to support the delivery of these clinical standards, with at least 5 of the 10 standards planned for implementation by March 2016.

The Trust continued to work with other providers across Sussex in the development of excellent vascular, cardiac, cancer and renal services for the communities in Sussex. Further discussions will take place between the Chief Executives and Medical Directors of the Sussex providers in June to discuss and agree plans for the further development and sustainability of these services.

The Trust was also working closely with Sodexo to ensure the effective transition of soft facilities management services, with a dedicated project office overseeing the project work-streams.

Good progress was being made in the building works for the 3Ts programme with the Front Car Park and Courtyard buildings and the Trust continued to work with the TDA, NHS England and the Department of Health to secure final approval for the programme.

The Trust has responded to the recommendations of the Savile Inquiry – Lessons Learnt report, which provided assurance regarding the Trust safeguarding arrangements, with further work required in some areas to formalise those arrangements.

The General Medical Council (GMC) visit had taken place in late May and although the Trust had not yet received the visit report, the initial feedback had been positive.

There had been significant press coverage relating to the Acute Medical Unit (AMU) at the Royal Sussex County Hospital last week, following reports from the coroner into a number of deaths relating to the AMU. As a result of the investigation into these cases, improvements in the quality of care provided on the Unit were being made and the Trust was committed to ensuring safe and high quality care on the Unit.

The Board discussed the Trust communications strategy with regard to the press coverage of the AMU and the Chief Executive noted that the media reports had been challenging but generally fair and the Trust had apologised for the failings in individual cases.

The Board further discussed the Trust strategy for proactive communications, agreeing the need for open and transparent communications, and the Director of Strategy and Change advised that a communications strategy was being developed, aligned to the Trust annual plan and priorities and would be submitted to the Board in August.

Action: Director of Strategy and Change

The Chair of the Quality and Risk Committee added that while the Committee had received assurance regarding the overall mortality profile of the Trust and work on the AMU, further work was required to ensure there were not similar problems in other areas, and to improve the identification of early warning signals. It was agreed that this would be discussed further at the Quality and Risk Committee.

Action: Medical Director and Chief Nurse

The Chair of the Quality and Risk Committee further advised that the feedback from the GMC visit, which was a very intensive review which took place only every 5 years, had been positive for the Trust, while noting some of the challenges the Trust faced. The report and actions arising from it would be reported to the Board.

Action: Director of Education and Knowledge

The Board further discussed the baseline assessment undertaken in respect of 7 day services and it was agreed that a report on progress would be brought to the Board.

Action: Director of Strategy and Change

6.7 EXECUTIVE GOVERNANCE AND DELIVERY OF CHANGE

The Director of Strategy and Change introduced a report on the implementation of the recommendations arising from the review of the *Delivery of Projects, Programmes and Change* and their implications for executive governance and assurance. In particular, revised executive management committee arrangements had been implemented comprising: a Change Board and People Board, in addition to the existing Clinical Management Board, reporting to the Executive Team, and a new integrated change management function would be developed.

The Board discussed the risks associated with the development of the integrated change management function and whether the Trust had the skills and capability internally to carry out the roles within this function. The Director of Strategy and Change agreed that the external review had found an insufficiency of change management skills within the Trust, and consideration would need to be given as to whether these skills could be developed internally or secured externally. The Board further discussed the timeline and phasing of the implementation of the recommendations and the Director of Strategy and Change advised that that there were 3 aligned components: the implementation of the recommendations of the external review; the restructure of HR; and the review of other corporate functions. This would include how the Trust provides information and undertakes data and performance management.

The Board noted and endorsed the planned new approach to the delivery of change within the Trust

SAFETY AND QUALITY

6.8 SAVILE INQUIRY – LESSONS LEARNT

The Chief Nurse introduced the Trust response to the *Savile Inquiry – Lessons Learnt* report, advising the Board that consideration of the recommendations had shown that the Trust had procedures in place in respect of each of the recommendations and robust safeguarding arrangements, but in some areas those arrangements needed to be strengthened and formalised. Actions had been developed in these areas. The Trust response had been submitted to TDA as required.

The Chief Executive added that a further external review of the Trust child safeguarding arrangements had been commissioned to provide further assurance of the adequacy of those arrangements.

The Board noted and endorsed the Trust position in respect of the recommendations made in the Lessons Learnt report, the action planned and the progress to date

6.9 SAFER NURSING AND MIDWIFERY STAFFING

The Chief Nurse introduced the monthly report on safer nursing and midwifery staffing, noting that there were 16 wards in April 2015 with a fill rate of 80% or less, deterioration from the position of 9 wards in March. The factors underpinning this included the school holidays, short-term sickness, vacancies and maternity leave. The Chief Nurse added that 53 European nurses had already started on the wards and a further cohort of 41 started on 18th May. Local, national and international recruitment was ongoing and the Chief Nurse emphasised the importance of the marketing of BSUH as an attractive place to work; also noting the successful and well-attended nursing conference which had been held the previous week.

The Board discussed recruitment and the factors affecting recruitment, including the high cost of accommodation in Brighton and Hove. The Board further agreed on the importance of ongoing support from the recruitment team for nursing recruitment which the Chief Nurse and Director of Strategy and Change would review.

Action: Chief Nurse and Director of Strategy and Change

The Board further discussed the output of exit interviews which would be discussed at the next meeting of the Finance and People Committee.

Action: Operational Director of HR

The Board also discussed the announcement in the media regarding controlling the costs of agency staffing and the Chief Nurse advised that the Trust was working to reduce the use of 'off framework' agencies and the Board agreed on the importance of collective approaches to reducing agency costs.

The Board also discussed workforce modernisation and the development of roles such as physician assistants and it was agreed that this would be reported to a future Board meeting in 3 months' time

Action: Director of Strategy and Change

The Board noted the report

6.10 CARE QUALITY COMMISSION

The Chief Nurse introduced progress with the CQC action plan advising that the key risks to addressing the recommendations from the CQC inspection concerned: patient flow and its impact on privacy and dignity; the storage of equipment and improving appraisal rates. Good progress had been made with other aspects of the action plan, with strong engagement from the clinical directorates.

In discussion, the Chief Nurse advised the Board that CQC was satisfied overall with progress but remained concerns about issues relating to emergency and unscheduled care.

The Board noted progress with the CQC action plan

WORKFORCE

6.11 PEOPLE AND WELL-BEING STRATEGY

The Director of Strategy and Change and Operational Director of HR introduced the People and Well-Being Strategy, advising that it described a 5 year plan for the Trust with the overall aim of BSUH being a great place to work and care for patients. Year 1 of the strategy would focus on 'Getting the Basics Right' with the establishment of the new People Board and the restructure of the current HR team to form a new People team with People and Change Business Partners supporting the clinical directorates. Year 2 would focus on 'Building Capacity and Capability Now' and years 3 to 5 would build on the earlier work with demonstrable improvements in the key performance indicators through which the success of the strategy would be measured, with the ambition of upper quartile performance by year 5.

The Board discussed the role of the HR team and the transition from its current to future role and the Operational Director of HR advised that it performed a largely traditional

and transactional function currently but the new model would enable a different relationship with the rest of the organisation with a focus on training and supporting managers to move away from the high volume of employee relations cases at present.

The Board agreed the importance of benchmarking Trust performance around its People in the measures of the success of the strategy.

The Board further discussed and reiterated the importance of achieving significant improvements in appraisal rates as an index of valuing and developing staff.

The Director of Strategy reiterated the importance of the restructure of the HR team, where the external review had found the Trust to be an outlier in terms of HR resource, and noted that the annual plan had agreed an investment of £300k in the new People Team.

The Board approved the People and Well-Being Strategy

STRATEGY

6.12 SITE RECONFIGURATION

The Programme Director and Clinical Lead for the Site Reconfiguration Programme updated the Board on progress with the implementation of the programme, with the planned move of neurosurgery services from the Hurstwood Park Neurosciences Centre (HPNC) to RSCH and the associated moves of services to PRH on 19th, 20th and 21st June. A final 'Go/No Go' decision would take place on 18th June.

The Programme Director confirmed that a number of the critical works schemes had been completed, with others planned for completion on 8th June. A command and control structure would oversee the weekend of the moves and a 'system reset' in the 2 weeks prior to the moves would maximise discharges across the hospitals to create bed capacity in advance.

The Clinical Lead advised that the Programme Board had considered in detail and modelled the risks to the move and it was considered that only exceptional circumstance external to the Trust would result in a 'No Go' decision.

The Board noted the ongoing external engagement with partners, TDA and NHS England and that assurance meetings had been held with commissioners and other providers, including discussions on the changes to the fractured neck of femur pathway and downside scenario planning. The Director of Strategy and Change added that the engagement of the clinical directorates had been critical in refining and developing the clinical pathways. The Chief Executive reiterated the importance of communications internally and with partners, and also the importance of this work in improving patient flow following the moves. The Clinical Lead added that discussions had taken place in detail with neighbouring Major Trauma Centres to ensure that the clinical pathways were agreed and ready in advance of the moves.

The Board thanked the Programme Director and Clinical Lead for their coordination of the work undertaken to date, noted the progress made, and that a

final 'Go/No Go' decision would be made on 18th June. A report would be made to the Board on 6th July.

FINANCIAL AND OPERATIONAL PERFORMANCE

6.13 BOARD PERFORMANCE DASHBOARD

Emergency and unscheduled care

The Director of Emergency Care updated the Board on progress with the Emergency Care pathway, noting that performance against the four hour Accident and Emergency standard remained challenged, particularly at the RSCH site, with in-month improvement at PRH. There had also been 10 12 hour breaches from Decision to Admit during periods of sustained and significant pressure at RSCH in April, all of which had been reviewed in detail.

The Director of Emergency Care added that there was evidence of increasing acuity leading to longer lengths of stay within the context of a challenged bed base and limited capacity. In addition the Trust had round 50 Medically Ready for Discharge (MRD) patients every day, which had a disproportionate impact on patient flow. Ambulance attendances had remained static, although there had been a consistent increase in self-presentation at PRH, in contrast with RSCH, and attributable to the different demographic profile in the local communities. A recovery trajectory for emergency care is in the process of being agreed with the CCGs and TDA, reflecting the 10 high impact changes in the Annual Plan.

The Board discussed the level of re-admissions, noting that this was reported in the performance dashboard; and the increase in acuity. The Chair of the Quality and Risk Committee further noted the poor ranking of the Trust in terms of the numbers of patients whose operations had been cancelled, not being treated within 28 days of the cancellation. The Director of Emergency Care advised that this was largely attributable to pressures in the emergency pathway and the difficult decisions regarding relative priority and risk which were made every day in the hospital. The Medical Director further advised that a framework for clinical prioritisation would be discussed and implemented following the Clinical Management Board in June.

The Board further discussed the level of confidence in achieving the improvement trajectory and the Director of Emergency Care advised that there was a high-level of commitment within the hospitals, while noting that sustained improvement was also contingent on a range of factors external to the Trust. The Director of Strategy and Change added that the review of capacity was critical in securing change, aligned to the modernisation of the workforce and improvements in internal processes.

Scheduled care

The Director of Scheduled Care and Service Transformation advised the Board on RTT performance and progress with the RTT delivery plan, noting that performance in March and April was in line with the trajectory to achieve aggregate compliance with all 3 RTT targets by October 2015. There were particular challenges in spinal, trauma and orthopaedics, digestive diseases surgical and oral surgery and increasing demand in the latter two services.

A new Patient Access Policy has been reviewed with commissioners and would be submitted to the Clinical Management Board for approval in June, with training for the centralised administration teams to support implementation.

The programme of improvement in the booking hub continues and a full presentation will be made to the Board on 24th August. No formal complaints had been received by the hub in April, in comparison with 22 the previous April and all informal enquiries were resolved within 24 hours.

The Board discussed the level of confidence in achieving the planned trajectory and the Director of Scheduled Care and Service Transformation advised that there were challenges and risks within particular services, and that further work was required to improve data quality, while progress in this area was also contingent on the pressures on emergency and unscheduled care.

The Chair of the Finance and People Committee noted that the Committee had revisited the costs and benefits of the booking hub at its last meeting and it was agreed that the Committee would review progress and performance in scheduled care at its meeting in July, with particular reference to the monitoring systems and data quality.

6.14 FINANCE REPORT

The Chief Financial Officer advised the Board that the Trust was reporting a £3.2m deficit at month 1.

Income in M1 was £644k adverse to the break-even plan, pay £1,012k adverse due to medical, nursing and administrative and clerical costs and non-pay £1,573k and pay controls would be enhanced. Further work was required in the development of the efficiency programme to ensure it was delivered to plan and the Delivery Unit was working closely with directorates to identify mitigations for any slippage.

The Chief Financial Officer further noted that the initial draft financial plan, which had been submitted to the Board, had projected a break-even position and risks around this position in relation to activity, income, pay and non-pay were subject to further discussion with TDA and would be discussed in more detail later with the Board.

The Board noted that there had been considerable uncertainty in finalising the Trust financial position in 2015/16 because of the significant delays in agreeing the national and local positions and the Chief Financial Officer confirmed that the M1 position should be considered with caution both in itself, and in terms of extrapolation from that position.

The Board noted the month 1 position

6.15 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.

6.16 REPORTS FROM COMMITTEES AND PROGRAMME BOARDS

Finance and People 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 Chair of the Quality and Risk Committee who advised that further work was required with the clinical directorates to improve compliance with the requirements in relation to the duty of candour.

3Ts Programme Board

The Director of 3Ts advised the Board on progress with the 3Ts programme which, overall, remained on track to start the main scheme construction in January 2016, with the aim of final Full Business Case (FBC) approval in July 2015.

The Board discussed what further support it might bring to securing FBC approval and the Director of 3Ts advised that it would be helpful, in this regard, to take stock following the next meeting of the National Programme Board.

EPR Programme Board

The Medical Director advised that the Trust was in discussion with the contractor regarding changes in the nature of the contractor from one based on implementation to one focused on development. Work continued in respect of pharmacy, pathology and radiology and a full update would be submitted to the Board on 6th July.

Action: Medical Director

6.17 OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ASK QUESTIONS

There were no questions from members of the public.

6.18 ANY OTHER BUSINESS

There was no other business.

6.19 DATE OF NEXT MEETING

The next meeting will be held on Monday 6 July 2015 at 9.00am in the Boardroom, St. Mary's Hall, Royal Sussex County Hospital.

6.20 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.