

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

24 AUGUST 2015

Board

Julian Lee	Chairman
Lewis Doyle	Non-Executive Director
Antony Kildare	Non-Executive Director
Professor Malcolm Reed	Non-Executive Director
Dr Farine Clarke	Non-Executive Director
Michael Edwards	Non-Executive Director
Christine Farnish	Non-Executive Director
Kirit Patel	Non-Executive Director
Matthew Kershaw	Chief Executive
Spencer Prosser	Chief Financial Officer
Sherree Fagge	Chief Nurse
Amanda Fadero	Deputy Chief Executive
Mark Smith	Chief Operating Officer

In Attendance

Dominic Ford	Director of Corporate Affairs
Fiona McKinna	Clinical Director – Cancer Services (item 8.1)
Helen O'Dell	Deputy Chief Nurse (item 8.10)

8.1 CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from Stephen Woodford, Non-Executive Director.

8.2 CLINICAL TEAM PRESENTATION – CANCER SERVICES

The Clinical Director for Cancer Services introduced a presentation from the Cancer Services Directorate, describing the directorate team, the scope of its services, current issues and challenges and future opportunities and ambition.

The directorate had a £40 million budget, £13m of which is drug costs and only 50% of which was pay costs. It provided Sussex-wide care for non-surgical oncology treatment, chemotherapy and radiotherapy, haematology, specialist palliative care and breast care services.

The breast team provided screening and symptomatic breast care, which included mammography and family history screening, diagnosis, surgical and oncological treatment of breast cancer, with an outpatient base at Preston Road in Brighton and surgery at the Princess Royal Hospital (PRH). A new breast surgeon was starting shortly and the service had also been enhanced with the appointment of the Dean of the Medical School, Professor Reed, who was also supporting innovation through a frailty clinic.

The specialist palliative care team included 2 consultants and an excellent team of Clinical Nurse Specialists, with strong links to hospices and community palliative care.

The team was currently small, but plans had been developed for 7 day working for the CNS team, with the ambition to provide better care for in-patients with both cancer and non-cancerous life limiting diagnoses.

The haematology team treated leukaemias, lymphomas, myeloma and inon-malignant diagnoses. It also ran haemo-pathology services and planned to repatriate activity currently provided in London. The service was also keen to improve haemo-pathology and ambulatory care.

The oncology service was a Sussex-wide service for treatment of cancers with chemotherapy and /or radiotherapy. The service was also responsible for one of the main performance standards in the hospital: the 31 and 62 day cancer pathway standard. The Trust had recently agreed an 8 point plan to improve the 62 day pathway, which would be sent this week to the TDA and NHSE. In addition to performance, the newest area of challenge to the diagnostic pathways was the new NICE guidance and the 5 year forward view for cancer, which provided an opportunity for innovation across all diagnostics. The most critical change in improving access for patients was direct to test which would provide a paradigm shift. The Chair of the Quality and Risk Committee agreed on the potential to improve access for patients by enhancing testing and diagnosis in primary care.

Cancer surgery was the main risk for the directorate because of the cancellation of operations arising. The Board discussed the cancellation of operations and the Clinical Director confirmed that this arose from the lack of bed capacity on the RSCH site. Improvement in performance in the 62 day pathway would involve a combination of outsourcing, extra lists in the Trust and collaboration with other hospitals to sustain our performance.

With regard to radiotherapy, the 2 machines at Preston Road were expected to be handed over around Christmas, and treating patients early 2016. The TDA had approved the business case for the satellite service in Eastbourne. Building works had commenced building works and patients would be treated in the spring of 2016. Further discussions were underway about the location of additional radiotherapy capacity including stereotactic radiotherapy which would provide more focussed treatment on an ordinary linear accelerator but with extra capability.

The Board discussed commissioner support for stereotactic radiotherapy and the Clinical Director advised that stereotactic capability would support the future-proofing of the services and its research and teaching profile. The Deputy Chief Executive further advised that commissioners did not support new market entrants for stand-alone stereotactic radiotherapy, but the Trust was now discussing additional capability to a linear accelerator. There was on-going work regarding the location of the planned 7 linear accelerators for the Sussex population, and further conversations were planned regarding the developments in west Sussex.

The ambition for chemotherapy was to deliver it closer to patients, including a chemotherapy unit pilot at PRH to relieve the pressure on capacity at RSCH. Other opportunities were also being explored to improve capacity and access for patients and more oral drugs were becoming available and more shared care opportunities. A chemotherapy 'bus' was also providing a more accessible service for patients in East Sussex.

The Clinical Director concluded by talking about the sustainability of the service in terms of population, capacity and demand; the growth of the cancer services workforce of oncologists, radiographers, physics support, chemotherapy trained nursing staff and allied health professionals and its role in research, education and training; and future collaboration between providers of cancer care for economy of scale, workforce flexibility, and to enhance regional services.

The Board discussed collaboration in cancer service provision and the Deputy Chief Executive advised on the effectiveness of the previous Cancer Network with the Clinical Director noting that the Five Year Forward View envisaged collaboration for populations larger than the previous Network. The Deputy Chief Executive reported that a meeting was planned in September to discuss how these partnerships could be taken forward.

The Chairman thanked the Clinical Director for her presentation.

8.3 DECLARATIONS OF INTEREST

There were no declarations of interest.

8.4 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 6 July 2015 were approved as a correct record.

8.5 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

The Director of Corporate Affairs confirmed that the planned discussion on health informatics would be held in the autumn as part of the broader Board development programme.

The Deputy Chief Executive further advised that the discussion on workforce modernisation would now be held in November.

8.6 REPORT FROM THE CHIEF EXECUTIVE

Chief Executive's report

The Chief Executive reported on progress with the 3Ts Programme, advising that the Full Business Case (FBC) had been approved by the NHS Trust Development Authority (TDA), pending final approval by Her Majesty's Treasury, and the Trust was providing further assurance to the approving bodies.

The site reconfiguration programme had completed the successful transfer of neurosurgery services to the Royal Sussex County Hospital (RSCH) in June and the full major trauma pathways had been implemented from the end of July.

The Chief Executive further advised that the Board meeting would focus on performance challenges following his report, and this would include the model of unscheduled care

which had been developed and work to implement the SAFER care bundle which was being piloted on 3 wards in the Barry Building.

The transfer of Soft Facilities Management (FM) from Sodexo to the Trust would be effective from 1st September, and the Project Management Office (PMO) was working with all parties to address all outstanding pay and non-pay issues to ensure an effective transfer.

The Clinical Trials Unit (CTU) was up and running, and ground-breaking research work was being undertaken, including work around Alzheimer's and HIV which had been widely publicised. Further important work had also been undertaken in developing multi-professional education, and the role of Trust staff had been recognised at multi-professional conference on education in London.

The Chair of the Quality and Risk Committee and Dean of the Medical School also advised that Brighton and Sussex Medical School (BSMS) had received an overall satisfaction rating from final year students of 98%, giving it first place among UK institutions.

The Board noted the report.

OPERATIONAL AND FINANCIAL PERFORMANCE

8.7 CORPORATE OBJECTIVES QUARTER 1

The Deputy Chief Executive reported on high-level progress in Quarter 1 against the Trust corporate objectives for 2015/16, advising the Board on the significant challenges in operational performance in unscheduled and scheduled care and resultant financial performance; with stronger performance in respective of teaching and research, the development of shared care with partners and tertiary care and in staff engagement through the Values and Behaviours programme.

The shortfalls in operational and financial performance were being addressed with an enhanced focus on financial control and urgent care and RTT recovery over the next 3 month period and would be discussed in detail in the next items at the Board. A Non-Executive Director noted the importance of the productivity challenge for the Trust in improving performance and the Chief Executive agreed that the effective use of resources connected all of the areas of under-performance.

The Board noted the progress against the Trust Objectives for 2015/16

8.8 BOARD PERFORMANCE DASHBOARD

The Chief Operating Officer introduced the Month 4 performance dashboard, advising the Board, in particular, on performance in emergency and unscheduled care; scheduled care; and cancer services, and noting the significant external scrutiny of Trust performance in these areas.

Referral to Treatment (RTT)

The Chief Operating Officer advised the Board on the work programme to deliver and sustain 18 week performance, advising the Board that performance in June and July

had deteriorated, with the number of patients waiting over 18 weeks now standing at over 5700.

Work was being finalised on a trajectory to deliver compliance against the RTT standards, with a forensic review of capacity and demand, and Clinical Director sign-off of the specialty plans. However it was anticipated that initial estimates suggest it would take at least a further 12 months to report aggregate compliance and compliance by specialty, with a number of high-risk specialties comprising: digestive diseases, head and neck, neurosciences and trauma and orthopaedics, where there was currently a mismatch between capacity and demand. This trajectory would be submitted to the TDA at the end of August.

The Board discussed the revised RTT trajectory and the ability of the Trust to deliver against that trajectory, where other plans had not been achieved. The Chief Operating Officer advised the Board of the scale of the challenge to achieve the revised trajectory, but also advised that it was founded on extensive analysis and modelling and directorate engagement; and in discussion added that a rigorous approach had been taken in all specialties, particularly those, like Digestive Diseases, where there were high risks to compliance.

The Chair of the Audit Committee noted the caveats to achieving the revised trajectory and also asked if there were any further issues in respect of data quality. The Chief Operating Officer advised that the plan was based on very substantial detail, which was being further refined, prior to the end of August submission. However the Chief Operating Officer was clear that there were outstanding data issues that may impact on the proposed trajectory but would report these to the next Board; achieving the trajectory also required changes in clinical engagement, culture and improved productivity.

The Board further discussed accountability for delivery of the plan and was advised that the directorate teams were accountable to the Clinical Director and through the performance review process. The Medical Director advised that directorate confidence in the plan was critical, based on the engagement which had been undertaken.

A Non-Executive Director noted the importance of clinical and managerial leadership and the Deputy Chief Executive advised that dedicated management support would be provided for the directorate teams, and corporate functions realigned to enable this.

Emergency and Unscheduled Care

The Chief Operating Officer advised the Board on on-going challenges in performance against the four hour Accident and Emergency standard, with year to date performance of 81.0% and Quarter 2 performance of 83.3% to date.

Following the Risk Summit in July, a new model of care for the acute floor, addressing the ECIST recommendations, had been developed and agreed. This included an enlarged Surgical Assessment Unit which increased the of number short stay surgical beds; zone 2b which would be dedicated to Medical Assessment and staffed by Acute Physicians; an AMU designed as a short stay medical assessment ward with dedicated frailty beds for patients with a predicted stay of 48 hours or less; and an Emergency Department for patients who present with undifferentiated issues and the urgent care

centre.

The Board discussed clinical engagement and support for this model and the Chief Operating Officer advised that it had been developed by the responsible Clinical Directors. The Chair of the Quality and Risk Committee noted the transformational potential of senior clinical decision-making at the front door.

The Chief Operating Officer further advised that the SAFER patient flow bundle was being piloted within selected specialty medicine and digestive diseases wards to improve patient flow prior to implementation across the hospitals.

Cancer Performance

The Chief Operating Officer advised the Board on the Trust's position in respect of the 8 key priorities identified by the NHS Trust Development Authority (TDA) to deliver performance against the cancer 62 day referral to treatment standard and the actions taking place to achieve this by specialty and tumour group, with particular challenges in digestive diseases, gynaecology and urology. Detailed plans had been developed by tumour group to enable compliance by November 2015.

The Board discussed the capacity challenges in cancer surgery arising from pressures on unscheduled care, and the Chief Operating Officer would advise the Finance, People and Performance Committee on progress at its meeting in September.

The Board noted the current programmes of work underway and next steps and the associated risks in relation to delivery of performance against the Accident and Emergency, RTT and cancer standards.

The remit of the Finance and People Committee would be extended to enable Board Committee scrutiny of performance and further reports on emergency and unscheduled care and RTT would be submitted to the September meeting of the Committee, prior to the next Board meeting

Action: Chief Operating Officer

8.9 FINANCE REPORT

The Chief Financial Officer advised the Board that the Trust was reporting a £14m year to date deficit at Month 4, £4m behind the plan submitted to the Trust Development Agency (TDA).

Income was ahead of plan by £5.3m but both pay and non-pay were overspent by £3.8m and £5,6m respectively.

The Trust was currently forecasting a £19.2m deficit for the year. A financial recovery process was underway, with a focus on controls on spending on temporary staffing and enhanced control of the contract for hotel services. The Trust was also reviewing its locum rates and further recruiting overseas nurses to mitigate further increases in staffing costs.

The Board noted the Month 4 position and the identified risks and mitigations to

the financial plan and the detailed discussion on the financial recovery plan which would take place later in the Board meeting

SAFETY AND QUALITY

8.10 SAFER NURSE STAFFING

The Chief Nurse and Deputy Chief Nurse introduced a six-monthly report on nurse staffing, advising the Board on the current position in respect of: the nursing establishment, safer staffing, bank and agency staff, vacancies.

The Deputy Chief Nurse advised on the increase in the substantive nursing establishment noting that overall the Trust had recruited 472 starters, and with 205 leavers, there had been an increase of 267 substantive staff. Offers had been made to 379 international recruits, of whom 116 had started and 222 were waiting to start. Delays in the NMC registration process were being addressed nationally.

The Board discussed the training and induction process for new recruits and the Deputy Chief Nurse advised the Board on the induction programme for international recruits, which had been evaluated and updated following feedback

The Board further discussed nursing spend, noting the £2.7m overspend year to date and the usage of bank and agency staff and the Chief Nurse advised that no 'off framework' agency bookings had been made since 1st July and greater controls on agency bookings had been implemented via the bank office.

There were 5 areas in July with a fill rate of 80% or less.

The Chief Nurse advised the Board that revalidation for nurses would be introduced from April 2016 and significant work was being undertaken in preparation, liaising with and learning lessons from the medical revalidation team.

The Board noted the progress and actions being taken in respect of safer nurse staffing.

8.11 CARE QUALITY COMMISSION

The Chief Nurse advised the Board that the Trust had yet to receive the draft CQC inspection report following its visit in June. The Chief Nurse further advised the Board on progress with the CQC action plan following the May 2014 visit, noting the risks to compliance in respect of emergency and unscheduled care and the impact of poor patient flow on privacy and dignity.

The Chief Nurse further advised the Board on the risks arising from the most recent CQC intelligent monitoring report and the actions being taken to address those risks.

The Chief Executive noted that following the focused CQC inspection in June, the Trust would comment on the factual accuracy of the draft report, prior to publication of the final report which would be shared with the Board.

Action: Chief Executive

The Board noted the report

STRATEGY

8.12 DEVELOPING THE CLINICAL STRATEGY

The Deputy Chief Executive advised the Board on progress with the implementation of the Trust Clinical Strategy following its approval by the Board in March 2014 and noting that the development of the clinical strategy had been identified as one of the Trust 10 key impact programmes in the Annual Plan.

The Deputy Chief Executive noted, in particular, the successful move of neurosurgery services from Hurstwood Park to RSCH and fractured neck of femur and urology services to PRH; progress in developing radiotherapy services; joint working with Queen Victoria Hospital to develop integrated services for plastics and burns patients; work with Sussex Community NHS Trust (SCT) on the tender for community services in High Weald Lewes Haven, where the Trust would be working with SCT to provide integrated services, on sexual health services in Brighton and Hove, and the re-provision of community short term services beds in Brighton and Hove to which the organisations were making a joint response; and collaborative work with East Sussex Healthcare NHS Trust and Maidstone and Tunbridge Wells NHS Trust to develop more sustainable services, where a number of areas had been identified for cooperation.

The Deputy Chief Executive also reported that a more formal review and refresh of the Clinical Strategy would be undertaken in the second half of 2015/16, to ensure alignment with the Five Year Forward View, in particular around Urgent and Emergency Care Networks and other partnerships with local providers.

The Board discussed the role of education and teaching, including simulation and agreed that the refresh of the clinical strategy would be discussed at a Board Seminar to be scheduled later in the year.

Action: Director of Corporate Affairs

The Board noted the progress made in the implementation of the clinical strategy and the plan to refresh the strategy

8.13 COMMUNICATIONS AND ENGAGEMENT STRATEGY

The Deputy Chief Executive introduced the Communications and Engagement Strategy 2015 to 2018 and the Director of Communications described its plans for communication with patients, staff, stakeholders and the local communities in the period of the strategy.

The Board discussed the strategy and agreed its importance and the complex challenge of communicating effectively with the range of audiences described within the strategy and of an ongoing dialogue with those audiences. While welcoming the strategy, the Board recommended that the action plan was revised to enable delivery over a longer period and agreed that any comments on the strategy would be shared with the Director of Communications.

Action: All & Director of Communications

GOVERNANCE

8.14 ANNUAL REPORT

The Chief Executive introduced the Annual Report and Annual Accounts 2015/16, advising the Board that the Annual Report and Annual Accounts would be presented to the Annual General Meeting on 24th September.

The Board discussed the Annual Report and recommended that it enhanced the sections on teaching and research and volunteers prior to publication.

Action: Director of Communications

8.15 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 performance against the Accident and Emergency, RTT and cancer standards.

The Board approved the declaration

8.16 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.

EPR Programme Board

The Medical Director reported that further work was being undertaken to prepare for the implementation of a number of 'mini big bang' projects following agreement of those projects by the Clinical Management Board (CMB). The Medical Director also confirmed that the development of the programme was aligned with the re-focused Trust priorities as agreed at the last Board.

The Board would be advised of these developments following the CMB discussion.

Action: Medical Director

The Board noted the report from the Chair of the Finance and People Committee.

3Ts Programme Board

The Director of 3Ts advised the Board that final FBC approval was anticipated in September with a start to the main construction in January 2016. Further assurance had

been requested with regard to the Trust financial recovery plan and the final capital cost of the project, which the Trust had provided.

The Board noted the report.

8.17 OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ASK QUESTIONS

There were no questions from members of the public.

8.18 ANY OTHER BUSINESS

There was no other business.

8.19 DATE OF NEXT MEETING

The next meeting will be held on Monday 28 September 2015 at 9.30am in the Euan Keats Education Centre, Princess Royal Hospital.

8.20 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.