

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

4 NOVEMBER 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
Kirit Patel	Non-Executive Director
Christine Farnish	Non-Executive Director
Matthew Kershaw	Chief Executive
Spencer Prosser	Chief Financial Officer
Sherree Fagge	Chief Nurse
Steve Holmberg	Medical Director
Amanda Fadero	Deputy Chief Executive
Mark Smith	Chief Operating Officer

In Attendance

Dr Louise Pack	Consultant Orthogeriatrician (Item 11.2)
Dr Stuart White	Consultant Anaesthetist (Item 11.2)
Melanie Woodfield-Bailey	Assistant Trust Board Secretary

11.1 APOLOGIES FOR ABSENCE

Apologies were received from Professor Malcolm Reed, Non-Executive Director.

11.2 PATIENT STORY – FRACTURED NECK OF FEMUR SERVICE

Dr Pack introduced the work of the service, illustrated through the stories of Evie and Frank, two patients who were admitted within two or three days of each other in August this year. She described their admissions and care provided, stating that although both had fractured hips, they had very different stories which served to highlight the role of the Orthogeriatrician who is trained to take a proactive, holistic approach to treatment and to know when to escalate and when to palliate; often having to take five or six co-morbidities and multiple medications into consideration.

Dr White reported that the use of Orthogeriatricians has been shown to reduce mortality, hospital acquired complications and length of stay. To help demonstrate this, he presented findings from his review of 5250 Brighton hip fracture patients from 2006 to date. He advised that by 2007 the number of hip fracture patients who died within 30 days of surgery had risen to 11% so the Trust commissioned an external review by Professor Keith Willett, who looked at the service and made his recommendations. A Consultant Orthogeriatrician was appointed shortly thereafter and since then there has been a steady drop in mortality, with the Trust having had the lowest mortality rate in the country in 2012 (52 patients lower than the national average). However, an increasing

demand on the service (600-610 patients per year compared to 520 patients in 2012), has meant that the figure is slowly on the increase. Patients are also getting older and sicker, making it harder to place them back into the community; therefore early identification of patients who are medically ready to transfer is key, along with good engagement system-wide to ensure community provision, and working with families to set realistic expectations so that patients can go home as soon as they have mobilised and are ready to do so.

The Board recognised the pressures that the service is currently under, given that Dr Pack is the only substantive (part-time) Orthogeriatrician whilst the second substantive post is being recruited to. Dr Pack is supported by a locum consultant and two Senior House Officers (SHOs), but suggested an Advanced Nurse Practitioner could help her work more efficiently and would also strengthen the team, which in turn would help attract other Orthogeriatricians into the Trust.

The Board thanked the doctors for an informative presentation; recognised that the Fractured Neck of Femur (NOF) service has been through a period of considerable change over the past 6 months as part of the site reconfiguration programme – moving from two sites to a single-site service based on Twineham Ward – and thanked them for their hard work with the transition and in helping make the service a centre of excellence.

It was agreed that investment in the orthogeriatric service would be reviewed and managed through the business planning process. The Chairman asked for a progress update to the Board in 3 months' time.

Action: Medical Director / Director of Corporate Affairs

11.3 OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ASK QUESTIONS

A member of the public asked how the Trust intends to resolve the escalating problem of having to cancel elective surgery operations on the day and to continue not being able to offer re-admission dates to patients.

The Chairman welcomed Mr H and his mother-in-law to the meeting, acknowledging how incredibly difficult it must be for patients who have a planned operation cancelled, especially at short notice and on more than one occasion. He confirmed that he had written to him directly and understood that the Directorate Lead Manager was in regular contact, but thanked him for coming along to relay his experiences first hand and to allow the Board to speak to him personally.

The Chief Executive gave assurances that the Trust was working hard to reschedule his surgery as soon as possible and was exploring every option; including trying to source additional capacity outside of the hospital, with patient safety being of primary concern. He added that he and the Chief Operating Officer were personally involved in dialogue with the Specialty and would be speaking to his Consultant the next day when they hoped to conclude matters. On a more general note, he advised that for abdominal surgery in particular the Trust has a significant waiting list and this unfortunately means that patients scheduled for routine surgery are being cancelled to make way for patients who require urgent or emergency surgery, who have to be prioritised. However, he confirmed that the Trust is investing significantly to address its unscheduled care

challenges and maximise the productivity of theatre capacity in order to better protect the beds available for elective patients. The Chief Operating Officer added that hearing a patient talk about their experiences is a very powerful thing and, with his permission, he would like to use him as a case study to focus discussions with the service and commissioners. He also confirmed that he would follow up Mr H's reference to a fellow patient who had told him his surgery had been cancelled five times.

The Chairman thanked Mr H for having the courage to come along and apologised on behalf of the Board that he had had such a traumatic experience. He reiterated that the Trust was doing everything it possibly could to expedite matters and advised that he would be taking a keen personal interest in his case, which would be followed up both at Executive and Board level, with additional scrutiny at the Quality & Risk Committee.

The Board noted that the new Clinical Director for Abdominal Surgery and Medicine had been appointed and was due to start on 1 December 2015; and agreed that a report should be brought back to Trust Board on 21 December, which should include developments in the specialty of Digestive Diseases, a summary of the work of the Clinical Oversight Group, together with updates on Consultant recruitment and Staff and Associate Specialist (SAS) doctors.

Action: Chief Operating Officer / Medical Director

11.4 DECLARATIONS OF INTEREST

There were no declarations of interest.

11.5 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 28 September 2015 were approved as a correct record.

11.6 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

11.7 REPORT FROM THE CHIEF EXECUTIVE

Chief Executive's report

The Chief Executive reported that the Trust continues to focus on its three main priorities: unscheduled care, as measured by the A&E standard; 18 weeks, including cancer targets; and financial control. These would be discussed at length during the course of the meeting, but he confirmed that this month the acute floor team had implemented significant changes to the way the Emergency Department at the Royal Sussex County Hospital works. Specialist medical and surgical clinicians will now work as part of an acute care hub on Level 5, alongside the Emergency Department team, to help ensure patients are seen by the right clinical teams earlier, thus speeding up their assessment and treatment. As well as the changes to unscheduled care, he reported that ward processes are being improved through implementation of the *Right Care, Right Place, Each Time* programme, which aims to ensure tests, treatments and therapies are all carried out in the most efficient and timely way. Additional capacity

has also been secured at Plumpton Ward at the Princess Royal Hospital from October and Newhaven Community Ward from 2 November 2015.

He highlighted that the Trust had seen an increase in the number of patients waiting 12 hours and would be reporting 32 patients over a period of 4 days. He confirmed that this would be investigated and declared as a Serious Incident and the learning used to facilitate improvements.

The Care Quality Commission (CQC)'s report on urgent and emergency services at the Royal Sussex County Hospital was published on 23 October, with two aspects of services rated as inadequate – 'safety' and 'well-led'. Although the CQC recognised that changes had been implemented, they felt sufficient progress had not been made. The report also highlighted the challenges the Trust has in not always having sufficient capacity to properly accommodate the number of patients present in the Emergency Department. The Chief Executive was pleased to report that the CQC recognised that staff provide good clinical care and treat patients with compassion, dignity and respect, and said that all of the patients and relatives they spoke to were positive about the care they received. The Trust accepts the overall findings of the report and is working with its partners to effect the necessary improvements. The Chairman added that the report would be reviewed in greater detail by the Board later that day.

A Non-Executive Director stated that the briefing note circulated by the Trust to Non-Executives to accompany the CQC report could have been clearer; she questioned what phrases like 'model of care' and 'unscheduled care' meant to people outside of the organisation and stressed the importance of speaking and writing in plain English. The Chief Executive clarified that the briefing note had been issued to stakeholders in the local health community, not the general public, but acknowledged that it was all too easy to slip into 'NHS speak'. The Board agreed the focus should be on clear communication, which was something that the Deputy Chief Executive advised would be a fundamental part of the Communications Strategy, which was due to be brought back to the Board in due course.

The Chief Executive reported that the pressures on the urgent care system were reviewed at a Risk Summit on 12 October, where the Trust's plans for improvement and those of its partners were discussed. He added that the CQC and Risk Summit are intrinsically connected and the Board will have a seminar at the end of November to review operational and governance related issues.

The Trust has now received verbal notification that HM Treasury has given the final approval for the 3Ts Redevelopment of the Royal Sussex County Hospital, which is the culmination of 10 years' hard work by staff across the Trust. The Chief Executive also acknowledged the support of partners in reaching this point.

The Board noted progress with other key strategic developments around vascular, stroke, burns and plastics, and radiotherapy services.

The report updated the Board on developments in Research, providing updates on: the National Institute for Health Research (NIHR) Clinical Research Network' annual league table, which rated BSUH 26th out of all 241 participating NHS organisations in respect of studies open to recruitment and 32nd in respect of the total number of patients recruited; performance in initiating the delivery of research; the 'Jaffa' Panel, which awarded the

Trust's patient and public involvement (PPI) lay research panel in partnership with Healthwatch Brighton and Hove an award for their work under the banner of 'Patients and the public helping to shape and design NHS health research'; the Medicines and Healthcare products Regulatory Agency (MHRA) inspection in September; the Clinical Trial Unit registration outcome; the Genetic Medicine Centre; and general research project news.

The Chief Executive updated the Board on developments with the Values and Behaviours programme, reporting that 450 staff had attended the recent **Support, Hear, Inspire, Nurture and Encourage (SHINE)** week, with 5% of the workforce having given up their time to participate in events which aimed to offer different support and development opportunities. A Non-Executive Director asked if 450 was a sufficient number of staff and was advised that this was only the first of many events; conferences would be held every six months in order to capture as many staff as possible from managers down to ward leadership level. Feedback was reported to have been overwhelmingly positive, would be widely shared and would help shape future events. The Deputy Chief Executive added that another piece of work was under way in parallel to engage with the consultant body, with the Executive Directors each meeting with small groups of clinicians; the output from which would be brought back to the Board next time.

Action: Deputy Chief Executive

In addition to the above, Leading the Way Too (LTW2) was launched on 7 October. Lasting 9-12 months, the programme aims to include all managers with direct reports, which is in the region of 500 staff. Team coaching has started, with 32 teams (391 individuals) having requested coaching to date, and there are now 220 Values and Behaviours Champions who have been recruited from across the organisation. A Non-Executive Director asked how many of those were clinicians and was informed that senior consultants were engaged, but exact numbers would be confirmed next time.

Action: Deputy Chief Executive

The Board noted the report.

OPERATIONAL AND FINANCIAL PERFORMANCE

11.8 ANNUAL PLAN – QUARTER 2 REVIEW

The Deputy Chief Executive presented the Annual Plan Quarter 2 Review, which outlined progress on the Trust's objectives in Quarter 2 of the financial year.

She highlighted that despite operational challenges and the renewed focus on the Internal Turnaround key priority areas of unscheduled care, scheduled care and financial recovery, the Trust had achieved incremental progress against a number of objectives, including most notably: (i) creating a learning and reporting culture; (ii) improvement in patient engagement; and (iii) delivery of greater integration for the frail and elderly.

The Board learnt that the improvement in ratings in the highlighted areas – particularly around patient engagement and improved staff experience in delivering care – reflected the positive impact of the actions undertaken since the Risk Summit and as part of the Internal Turnaround assurance processes. The Chairman asked who allocates the Red-

Amber-Green (RAG) rating and was informed that the Executive Team makes a subjective decision initially, which is then followed up with a more in-depth, challenging session to analyse in greater detail. The Deputy Chief Executive added that the data is then reported on a quarterly basis and, as part of the Turnaround mechanism, the team drills down into the Key Performance Indicators (KPIs) to supplement this process.

The Board discussed the commentary for each of the operational priorities and noted that there remains a risk that poor performance in key constitutional standards and the challenging financial position will hinder further advancements in the achievement of the Trust's objectives.

The Non-Executive Directors agreed that on balance it was a fair assessment of progress, but questioned if the RAG ratings were overly positive in some areas; suggesting that tangible results should be seen before escalating a rating from red to green. The Deputy Chief Executive explained that the report was trying to reflect progress made, even if the final outcome had not yet been fully achieved. However, she acknowledged this point and agreed that it would be taken on board when compiling next quarter's report.

A Non-Executive Director remarked that it was difficult having to consider three different reports on finance and performance and asked if a more integrated report could be produced in order to triangulate the information for ease of reference and to make it more logical. The Deputy Chief Executive suggested that as part of the Board Assurance Framework the Board should have a session on how reporting is perceived. It was agreed that she would discuss this further with the Director of Corporate Affairs.

Action: Deputy Chief Executive, Chief Operating Officer & Director of Corporate Affairs

11.9 BOARD PERFORMANCE DASHBOARD

The Chief Operating Officer reported on the Month 6 performance dashboard, highlighting that the format had been refreshed to provide a more comprehensive view, with three sections – narrative, scorecard and dashboard – aligned with the CQC themes, but he proposed embedding the narrative into the scorecard next time to give it greater clarity.

In terms of Month 6 performance, he reported that the Trust continues to report a 'failed' position against aggregate performance for the 18-week Referral to Treatment (RTT) 'incomplete' pathway standards with an 81.4% performance against the 92% standard. The Trust continued to breach the '6 week wait for diagnostic test standard' in September, as patients breached the 6 week target across a range of modalities.

The Board noted that the Trust's delivery of the 4-hour A&E wait standard had deteriorated in September with an 85.1% performance, giving a year to date position of 82.5%, which was below the recovery trajectory. Performance remains particularly challenged on the Brighton site within the main Emergency Department (ED) and remains very high risk as winter approaches. However, significant progress had been made in developing the new clinical model for the Acute Floor, with work having commenced on 21 October to phase in the changes which will include specialist medical and surgical clinicians working as part of the acute care hub on Level 5 alongside the ED team. The new Surgical Assessment Unit (SAU) moved into the area previously known as CIRU over the weekend of 17/18 October and is working well, promoting

throughput. The Acute Medical Unit (AMU) is also working reasonably well and ambulatory care is starting to gain traction. The Medical Assessment Unit (MAU) is not functioning quite as smoothly, with some implementation challenges having been encountered; however the on-going work to build engagement with clinicians and improve connectivity with front line staff is helping to address this. He added that Dr Ian Sturgess of the NHS Emergency Care Intensive Support Team (ECIST) had been in to review the changes being made on Level 5 and had made some excellent recommendations which were being pursued.

The Chairman asked how far into delivering these physical changes the Trust was. The Chief Operating Officer replied that a 'go live' date was in sight, however the complexity of the process could not be underestimated; Level 5 is being completely reconfigured, which involves significant changes with many interdependencies. There also needed to be investment in the front part of the hospital via the two capital schemes that have come forward, but more importantly improved flow through the hospital which would govern safety and quality, as well as the financial envelope.

With regard to the 32 12-hour breaches over a 4-day period referred to earlier in the meeting by the Chief Executive, he advised that this was totally unacceptable and was due to poor discharges and poor flow through the hospital. He had asked the Clinical Director for the Acute Floor to review each breach in detail in order to reassure the Board that no patient harm had occurred and to describe circumstances over the course of the 4-5 days when the breaches were posted, so that events were not replicated in future. His findings would be brought back to the Trust Board in December.

Action: Chief Operating Officer

The Board discussed 18-week Referral to Treatment (RTT) noting that aggregate compliance with the new nationally reported standard associated with 'incomplete' pathways was not anticipated before October 2016 due to the extensive backlog of long waiters. This is subject to review pending completion of the intensive validation exercise to resolve the 11,447 patients with an unknown clock status. The Chief Operating Officer confirmed that the bulk of this had now been completed with the outstanding 998 patients to be validated over the next 1-2 weeks. He added that a clinical review had shown that there were no patient safety issues, which was important to note, and he was not expecting any more surprises in terms of data quality.

A Non-Executive Director raised again the option of outsourcing additional capacity. The Chief Operating Officer advised that it had not been dismissed, but the Trust was restricted due to the complicated case mix. The Chief Financial Officer concurred, stating that it had been explored at length last year and had been found to be too complex for the independent sector. The Non-Executive Directors strongly urged the Executive Team to look again at additional capacity and further explore the potential capacity available in hospices in the County. The Chairman requested that this be brought back for further discussion next time.

Action: Chief Operating Officer

The Board discussed the cancellation of operations, which the Chief Operating Officer confirmed was an area of focus that needed to be picked up as part of the RTT issue. A Non-Executive Director asked if there were other reasons for cancellation in addition to the impact of unscheduled care. He advised that other factors included sickness and cancellations within 6 weeks. The Medical Director reported that having considered the

data, it was not that straight forward in that the vast majority of cancellations were connected to registrar availability. However, he added that there were some behaviours that were less than satisfactory and these were currently being addressed. The Chairman suggested that this issue required further review and should be brought back for discussion in due course.

Action: Chief Operating Officer / Medical Director

The Board noted the Month 6 report and the actions in place to address adverse variances.

11.10 FINANCE REPORT

The Chief Financial Officer introduced the Month 6 report, which had been discussed in detail at the Finance and Performance Committee, advising the Board that the Trust was reporting a £20.4m year to date deficit at the end of September 2015, this being £3.6m behind the revised Trust Development Authority (TDA) plan of £16.7m. Operating costs are £10.9m overspent, with pay expenditure overspent by £3.6m and non-pay by £7.2m.

In terms of income the Trust is reporting a year to date position of £6.7m above plan, which includes £5m additional pass through payments. The surplus predominantly relates to Payment by Results (PbR) exclusions, which the Board noted was currently running at £1m over performance. This surplus is offset by costs in drugs and clinical supplies; research and development income is behind plan, but is expected to recover during the year.

The Board noted the Month 6 position and the actions planned to improve financial performance, which would be discussed in greater granularity in the closed session of the Board.

SAFETY AND QUALITY

11.11 SAFER NURSING AND MIDWIFERY STAFFING

The Chief Nurse advised the Board on the September position regarding safer nursing and midwifery staffing, highlighting that the 4% Agency cap which started on 1 October was expected to impact on filled shifts within safer staffing levels whilst recruitment continues.

She reported that there had been a small decrease in trained staff in September, compared to the previous month, and there continued to be additional capacity areas open, and high short term sickness in some areas.

Vacancy numbers were similar, as staff coming into post were offset by staff leaving the Trust, with 23 locally/nationally recruited nurses and 27 European nurses having started in September and 17 leaving. Staffing shortfalls are discussed daily at operational meetings in order to identify areas that require additional support. Bank and agency staff are used as necessary to ensure acceptable nurse to patient ratios; the Board noted that Directorate Lead Nurses, Matrons and Practice Educators had also worked on the wards as required.

The Chief Nurse reported that recruitment continues to be an area of sustained focus, with national and international recruitment continuing at pace. The Board reviewed

starters and leavers for the year, noting good progress in October with 9 locally/nationally recruited starters and 22 international starters to date, bringing the totals for the year so far to 352 and 174 respectively. The Chief Nurse highlighted that 62 nurses in the Philippines were ready to apply for visas, but due to immigration challenges and the reduction in allocation of certificates of sponsorship it has not been possible to bring them into the country. She added that the Trust has applied for certificates of sponsorship every month since July and has been declined each time. However, with last week's announcements regarding immigration, she anticipated that nursing will be on the shortage occupation list from December and therefore certificates of sponsorship would be forthcoming.

The Board discussed the letter received from TDA, Monitor, NHS England, Care Quality Commission and the National Institute for Health and Clinical Excellence (NICE) dated 13 October 2015 regarding safe staffing and efficiency. A Non-Executive Director asked if the guidance around the 1:8 ratio had impacted on the Trust's view. The Chief Nurse advised that as a Board the decision had already been made to invest in some 1:6 and 1:7 ratios, in recognition of the positive impact the number of registered nurses has on the quality of care, so the Trust was in a good position. However, this was proving challenging and therefore from December a new acuity and dependency tool would come into effect – to be undertaken on a shift by shift basis – and would provide another dimension to calculating nursing requirements. She added that the Board report in March 2016 would outline National Standard for Nursing and Midwifery workforce and benchmark current staffing levels against it.

The Board noted the nurse to patient ratios in September, the actions taken to mitigate shortfalls in staffing levels, and supported the ongoing work around nurse recruitment. It also recognised the considerable efforts of the Chief Nurse and her team to deliver comprehensive cost savings and advances in the flexible workforce.

STRATEGY

11.12 7 DAY SERVICES

The Medical Director presented a report on 7 day services, advising the Board of the Trust's baseline position in respect of the national 7 day services standards and the further work planned following the publication of the national baseline position.

He reported that the mortality figures between week day and weekend admissions have been one of the key drivers for looking at 7 day services. Ten standards were published recently, four of which were identified by the Academy of Medical Royal Colleges as most likely to increase the benefits to patient care and have the most impact on reducing weekend mortality, namely: Standard 2 - Time to Consultant Review; Standard 5 - Access to Diagnostics; Standard 6 - Access to Consultant-directed Interventions; and Standard 8 – On-going Review.

The Board reviewed the Trust's baseline position, noting that it comes close on most standards. The Medical Director reported that the Trust is now waiting to hear what additional expectations are, over and above what is already being done. Full data sets will be published on the NHS website on 27 October, followed by publication of key site level indicators on the 'My NHS' website on 3 November 2015. Once this data has been

published, a gap analysis will be undertaken to determine what further actions are required in order to review the impact of improvement and progress in achieving the clinical standards.

A Non-Executive Director asked if there was a big divergence with other Trusts over how to respond and was informed that although everyone would agree that provision of services over a full week is a good idea, the detail is not a consistently held view. The Board acknowledged that a considerable amount of infrastructure was already working over the weekend, with services running led by senior decision makers, senior consultants operating and a whole range of diagnostics; the only areas currently not available as a general rule are outpatients and day surgery. All agreed that the Trust's job now is to try to create the necessary headroom and external support to respond to the change and demand.

The Board noted the report, endorsed the progress made to date and supported the approach as outlined in the report.

GOVERNANCE

11.13 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.

11.14 REPORTS FROM COMMITTEES AND PROGRAMME BOARDS

Finance, People and Performance Committee

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

EPR Programme Board

The Board noted the report from the Chair of the EPR Programme Board.

11.15 ANY OTHER BUSINESS

There was no other business.

11.16 DATE OF NEXT MEETING

The next meeting will be held on 30 November 2015 at 9.30am in the Boardroom at St. Mary's Hall, Royal Sussex County Hospital.

11.17 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.