

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

28 SEPTEMBER 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
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

Dominic Ford	Director of Corporate Affairs
Terece Walters (and colleagues)	Clinical Director Facilities and Estates (item 9.1)
Christopher Liu	Clinical Director, Head and Neck (item 9.3)
Jane McNevin	Directorate Manager, Head and Neck (item 9.3)
Duane Passman	Director of 3Ts (item 9.14)

9.1 CHAIR'S WELCOME TO SOFT FACILITIES MANAGEMENT STAFF

The Chairman welcomed Terece Walters, Clinical Director, Facilities and Estates, together with a group of staff who had transferred to the Trust on 1st September from the former Soft Facilities Management provider. Staff described their roles within housekeeping, portering, catering and cleaning services and details of their roles and uniforms would be circulated to Board members.

Action: Director of Corporate Affairs

The Chairman further thanked all those who had been involved in the considerable work to ensure an effective transition of the services.

9.2 APOLOGIES FOR ABSENCE

Apologies were received from Kirit Patel and Professor Malcolm Reed, Non-Executive Directors.

9.3 CLINICAL TEAM PRESENTATION – HEAD AND NECK SERVICES

The Clinical Director and Directorate Manager for Head and Neck Services described the structure, senior team, governance and services provided by the Directorate, its

challenges and future developments. The clinical services included Ophthalmology, Orthoptics, Otorhinolaryngology, Audiology and Oromaxillofacial. The non-clinical services comprised clinical media, diabetic retinopathy screening and outpatient facilities.

In ophthalmology, the Clinical Director noted the welcome refurbishment of the Sussex Eye Hospital, from which a 24 hour A&E service was provided, with services led by 9 consultants. The refurbishment would enable a new children's eye clinic, expansion of adult out-patients, support 2 clean injecting and operating rooms, with new computerised vision testing equipment and had been part-funded by NHS and charitable funds. The Clinical Director advised that the service had carried out 2,200 cataract operations last year, representing a 10% increase in activity. There had also been a significant increase in macular degeneration and diabetic retinopathy work and in glaucoma where a Glaucoma Fellow had been appointed to protect and strengthen the service, utilising optometrists and nurses to reduce cost and manage the service uniformly to best practice guidelines. The challenges faced by the service included the recruitment of nurses and Trust-grade doctors, the longer-term plans for the SEH, potential competition and the need to develop a pan-Sussex plan for ophthalmology.

The Clinical Director further described the work of the SEH A&E service which had increased monthly attendance by 50% over the last 7 years and was now seeing 1100 patients per month, providing an invaluable and accessible resource for patients.

The Directorate Manager detailed the work of the ENT service, including ear, nose and throat disorders; paediatric audiology and the plans to move this service to the Royal Alexandra Children's Hospital; and oral and maxillofacial surgery – and advised the Board on the challenges to these services around capacity, patient flow, the increase in dental referrals and the need to improve equipment. The challenges to patient flow required collaboration with other hospitals to sustain performance, and this included work planned with Queen Victoria Hospital NHS Foundation Trust (QVH).

The Clinical Director concluded by describing the work of the clinical media centre, and the diabetic eye screening programme.

The Directorate Manager reported that the directorate expenditure budget was £14.6m, with a planned income of £24.1m, and contribution to the Trust of £9.5m. Operational challenges meant the directorate was £568k away from plan, year to date, with a forecast contribution to the Trust of just under £9m. The biggest challenge to directorate income and activity concerned the cancellation of ENT and Oral and Maxillofacial Surgery (OMFS) elective work because of patient flow challenges. There was also significant challenge to achievement of the RTT standards, which were being addressed as part of the Trust-wide recovery plan.

The Board discussed the increase in dental referrals and the reasons for this and the directorate advised that this could be attributed to changes in training in community services. The Board also discussed how the high quality of services could be further enhanced and the role of cultural change; and how the take-up of screening could be increased and the Directorate Manager advised that work was being undertaken with primary care services to enable this. The Board discussed the composition of the directorate and the Clinical Director advised that while it had taken some time to bring

the directorate together, and while some of the services were very different, they faced similar challenges.

The Chairman thanked the Clinical Director and Directorate Manager for their presentation.

9.4 DECLARATIONS OF INTEREST

There were no declarations of interest.

9.5 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 24 August 2015 were approved as a correct record, subject to the following amendments:

Steve Holmberg, Medical Director, should be recorded as present.

Paragraph 5.1, add '*In discussing accountability, it was noted that Non-Executive and Executive Directors may not have a shared understanding of what 'accountability' means and that this would merit further discussion*' to '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 Board would discuss accountability at a future Board Seminar'.

Action: Director of Corporate Affairs

9.6 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

9.7 REPORT FROM THE CHIEF EXECUTIVE

Chief Executive's report

The Chief Executive reported that the Board meeting would have a particular focus on the challenges in respect of key areas of operational and financial performance which were being addressed in the internal Turnaround programme, whose focus was on unscheduled care, as measured by the A&E standard; scheduled care and Referral to Treatment (RTT) performance; and financial control.

Further progress had been made in discussions on the 3Ts Programme, and the Trust was working to final approval of the Full Business Case by mid-October which would allow substantive work on the main project to start on site in January.

The Trust had not been successful in its application with Queen Victoria Hospital NHS Foundation Trust (QVH) to be an Acute Care Collaboration Vanguard. However clinical collaboration around plastics, burns and trauma would continue to improve clinical care across the 2 Trusts.

In discussion, the Deputy Chief Executive further advised that the collaborative work with QVH was aligned to the position of the Royal Sussex County Hospital (RSCH) as a

Major Trauma Centre, and this would involve work transferring to RSCH but also to QVH.

The Sussex Stroke Programme Board had begun a review of stroke services in Sussex, including the configuration of stroke services across the County, and had asked the South East Clinical Senate to undertake to an independent clinical review of proposal for acute stroke care. The Trust would be presenting its views to the Senate on 16th October, and the Board would be updated on progress with the review.

Action: Deputy Chief Executive

The soft Facilities Management service had positively transferred to the Trust on 1st September and the challenge was now to develop a sustainable and effective service provided by the Trust.

A Non-Executive Director asked why some of the managerial staff had not transferred from the contract to the Trust and the Chief Executive advised that this concerned personal choice and opportunities within the parent company.

In October, the Trust would be running a series of events with the theme **Support, Hear, Inspire, Nurture and Encourage (SHINE)** to support staff well-being.

The independent review of arrangements for safeguarding children was nearing completion and the outcome would be reported to the Board when the review report had been received.

The Annual General Meeting had been held on 24th September with presentations on *Staff Stories*, the site reconfiguration programme and the vascular network, reflecting three very different and positive areas of work within the Trust.

The Board noted the report.

OPERATIONAL AND FINANCIAL PERFORMANCE

9.8 BOARD PERFORMANCE DASHBOARD

The Chairman advised the Board that the Finance and People Committee had taken on an additional responsibility in respect of Performance, and the performance dashboard report would build on the detailed discussions at the Finance, People and Performance Committee, including those in relation to unscheduled and scheduled care.

The Chief Operating Officer report on Month 5 performance, advising the Board that performance in unscheduled care had increased to 86.5%, 3.2% higher than the previous month. Ten 12 hour breaches had been reported in August, but none in September to date. Performance, while improved, remained uneven, pending implementation of the level 5 plan, and the roll-out of *Right Care, Right Place, Each Time*, and the broader multi-agency delivery plan.

The performance trajectory for Referral to Treatment (RTT) had been submitted but not yet agreed by the System Resilience Group (SRG). Significant detailed work had been undertaken with the specialties and clinical directorates to model capacity and demand,

improve waiting list management and validate data. Discussions were ongoing with commissioners to secure funding for the expected levels of activity required to achieve compliance with the RTT standards.

The Trust recovery plan for cancer was designed to achieve compliance by November 2015, and remained on track, although there were challenges around gynaecological oncology and urology. 2 of the national cancer standards had been breached in July – the 62 day wait for first treatment from urgent GP referral, and the 31 day wait for second or subsequent treatment (surgery). In discussion, it was confirmed that these breaches concerned very small numbers of patients.

Performance in respect of waits for diagnostic tests was 4% against the 1% standard, and the Trust had completed its work with the Intensive Support Team (IST) to ensure data accuracy in the future.

The Board discussed Delayed Transfers of Care which remained high at 4.7% and had a significant impact on hospital capacity and the Chief Operating Officer confirmed that there were daily discussions with partners which included the plans for patients who were Medically Ready for Discharge (MRD), together with site-based meetings. Notwithstanding this, insufficient pace was being given to addressing this problem. The Chief Executive added that this issue was routinely brought by the Trust to the SRG meeting and the Deputy Chief Executive also advised on the importance of the capacity mobilisation work in improving patient flow in the emergency care system.

A Non-Executive Director noted the potential capacity available in hospices in the County, which the Chief Operating Officer agreed to explore.

Action: Chief Operating Officer

The Board further discussed information-sharing with partners, which the Chief Operating Officer confirmed happened daily through the system calls. The Chief Operating Officer also noted that the *Right Care, Right Place, Each Time* programme would address some of the inefficiencies in internal processes which had been identified in e.g. the *Evergreen* work.

The Board noted the month 5 report and the actions in place to address adverse variances.

9.9 FINANCE REPORT

The Chief Financial Officer introduced the Month 5 report, which had been discussed in detail at the Finance and Performance Committee and would also be discussed as part of the Turnaround Plan, advising the Board that the Trust was reporting a £17.6m year to date deficit, £6.0m being the plan submitted to the NHS Trust Development Authority (TDA). Income was ahead of plan by £7.0m, however operating costs were overspent by £13.4, of which pay comprised £4.1m and non-pay £9.3m.

A financial recovery plan was in place and a range of additional financial controls had been introduced, with a particular focus on controls for temporary staffing, including the cap on agency spend. As a consequence of the year to date deficit, the cash position was also under pressure.

The Board discussed the CIPs programme and the Chief Financial Officer noted that the programme was £4.1m behind plan year to date, with a particular focus on reducing the spend on temporary staffing to address the programme slippage.

The Board noted the Month 5 position and the actions planned to improve financial performance.

SAFETY AND QUALITY

9.10 INFECTION PREVENTION AND CONTROL

The Chief Nurse updated the Board on infection prevention and control, advising the Board that there had been one MRSA blood stream infection, year to date, which was not considered to be preventable, and where no lapses in care had been identified. Concerns had been identified around the quality of documentation in relation to peripheral vascular cannulas (PVC), and practice had been audited and reported to the IPAG meeting, and would be shared with nursing staff and ward managers.

There had been 27 *C. difficile* infections at the time of the Board meeting, slightly above the reduction target.

The infection prevention and control team was focused on: ensuring infection prevention and control issues were incorporated in the 3Ts, decant and other capital works and the team was attending the decant meetings to enable this; working with the Facilities team to ensure sustainable improvements in cleaning standards, including routine ward inspections; and developing practice around hand hygiene and anti-microbial prescribing.

The Board discussed how assurance would be gained regarding cleaning standards and the Chief Nurse advised that weekly quality control audits were undertaken and reported to the IPAG meeting, where the facilities team were also represented.

The Board noted the incidence of infections and the work underway to ensure consistency and sustainability in cleaning standards.

9.11 PATIENT EXPERIENCE AND COMPLAINTS

The Chief Nurse introduced the annual Patient Experience, PALS and Complaints report, advising the Board that each response to a complaint was reviewed and signed by the Chief Executive, and the Chairman reviewed each clinical complaint. Good progress had been made in improving the timeliness of complaints responses, with additional capacity allocated to the complaints team. A more innovative use of the PALS team had also improved the early resolution of informal concerns/

The Chief Nurse advised that each complaint was categorised, with the highest category of complaints concerning communication, of which 75% of complaints were upheld. By contrast 15% of complaints regarding clinical treatment were upheld.

The Board welcomed the progress in responsiveness reported and also discussed complaints about communication and agreed that it would be helpful to have a more detailed report on this theme to the Quality and Risk Committee in November.

Action: Chief Nurse

The Chief Nurse further advised the Board on the number of complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), which in 2014/15 represented 1% of the complaints made to the Trust.

The report also highlighted action taken by the Trust following comments made by patients in the *Patient Voice* survey, which is shared with all ward managers and matrons, including the noise at night project.

The Trust had also participated in the national in-patient, cancer, A&E and children's surveys and the Chief Nurse noted that the Trust scores in the latter survey had been significantly better than the national average.

The Board further discussed complaints around the Booking Hub and noted that there were a significant number of complaints around administrative errors and communication and the Chief Operating Officer advised that there was a strong link with issues within directorates, for example, the late cancellation of clinics, in addition to challenges in the Hub.

The Board further noted the importance of training around communication to reduce the volume of complaints in this area; and of learning lessons from complaints and the Chief Executive advised that the Trust responses to people who had complained highlighted the lessons the Trust had learned and actions taken in response to complaints.

The Board noted the report and approved it for publication on the Trust website.

9.12 SAFER NURSE STAFFING

The Chief Nurse advised the Board on the August position regarding safer nursing and midwifery staffing, noting that the Board had received its detailed six-monthly report at the last meeting, and the Quality and Risk Committee had also discussed the safety and quality impact of the controls on nursing spend.

The Chief Nurse noted that 7 wards had fill rates of 80% or less in August and advised the Board on the reasons for those shortfalls and the mitigating actions taken. The Chief Nurse also advised the Board that fill rates were triangulated with key nursing indicators, such as pressure damage and falls, to monitor the relationship between staffing levels and safety and quality.

The Chief Nurse further advised the Board on the cap on agency spend for the Trust of 4% in Quarter 4, as part of the spending ceiling set nationally by TDA and Monitor. The Trust had implemented a new agency authorisation process in September to enable compliance with this ceiling.

The Chief Nurse also advised on progress with national and international recruitment, noting the delays in international recruits starting due to the NMC registration process.

The Chair of the Audit Committee asked if there was anything further the Trust could do to address this problem and expressed concerns about the lack of progress nationally, and the Chief Executive and Chief Nurse reported that the Trust had raised their concerns with local representatives and were also working closely with other Trusts.

The Board further discussed sickness absence rates and staff morale and the Chief Nurse advised that long-term sickness was well managed in the Trust, and further work was being undertaken to manage short-term sickness effectively, through, for example, return to work interviews.

The Deputy Chief Executive also emphasised the importance of the band 7 roles in leading change and improving quality and efficiency and noted the development work undertaken recently with this group of staff.

The Board noted the nurse to patient ratios in August and the actions taken to mitigate shortfalls in staffing levels, and the on-going plans for nurse recruitment.

GOVERNANCE

9.13 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

9.14 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.

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 plan for the further roll-out of the EPR programme had been discussed at the Clinical Management Board and further discussion was now taking place with Clinical Directors. The Board discussed the roll-out plan and its key deliverables and the Medical Director advised that a detailed report would be made to the Board at the end of November.

Action: Medical Director

9.15 OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ASK QUESTIONS

A member of the public reported positively on the recent experience of a family member who had undergone day surgery at the Princess Royal Hospital.

A member of the public also noted that the term 'soft facilities management' was not clearly understood by patients and asked the Trust to consider an alternative name.

Action: Chief Financial Officer

9.16 ANY OTHER BUSINESS

There was no other business.

9.17 DATE OF NEXT MEETING

The next meeting will be held on Wednesday 4 November 2015 at 10am in the Boardroom, St. Mary's Hall, Royal Sussex County Hospital.

9.18 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.