Brighton and Sussex University Hospitals NHS Trust

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

24 NOVEMBER 2014

Board

Julian Lee	Chair
Lewis Doyle	Non-Executive Director
Stephen Woodford	Non-Executive Director
Antony Kildare	Non-Executive Director
Craig Jones	Non-Executive Director
Michael Farthing	Non-Executive Director
Matthew Kershaw	Chief Executive
Amanda Fadero	Director of Strategy and Change
Steve Holmberg	Medical Director
Sherree Fagge	Chief Nurse
Spencer Prosser	Chief Financial Officer

In Attendance

Dominic Ford	Director of Corporate Affairs
Rachel Clinton	Director of Communications
Louise Mason	Consultant in Palliative Medicine (item 11.2)
Andreas Hiersche	Consultant in Palliative Medicine (item 11.2)
Steve Barr	Clinical Nurse Specialist (item 11.2)
Scott Harfield	Head of Research and Development (item 11.8)
Dr Kolitha Basnayake	Clinical Director of CIRU (item 11.8)
Rick Strang	Director of Operations (Unscheduled Care) (items 11.12 and 11.16)
Sally Howard	Director of Service Transformation and Scheduled Care (item 11.12)

11.1 CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

Apologies had been received from Christine Farnish, Non-Executive Director.

11.2 CLINICAL TEAM PRESENTATION – PALLIATIVE CARE

Dr Hiersche, Lead Clinician, Palliative Medicine, introduced the work of the service, advising the Board that the team included 5 Clinical Nurse Specialists (4.6 WTE) and 4 Consultants, working across both hospital sites. The team provided a 5 day service, working alongside and advising other clinical teams. The team received around 1,200 referrals per annum, the majority, in-patient work. Of those referrals, 26% related to non-cancer work, and the remainder, referrals relating to cancer; and generally involving highly dependent patients. The team also reviewed treatment guidelines, provided education and training sessions, and was increasingly engaged in research activity.

Dr Mason then illustrated the work of the team, through the story of Lisa, a cancer patient, and described, through her admissions to hospital, the care provided, including: the control of her symptoms and side-effects, psychological support and financial advice, and the discussions with Lisa and her family to ensure her wishes and

preferences were reflected in her end of life care. Lisa was enabled to die at home, as she wished, with the team putting in place a rapid discharge pathway, which provided the support Lisa and her family required. Dr Mason concluded by talking about the complex needs of the patients cared for by the team, and the expertise and support provided, including the non-physical care.

The Chairman thanked the team for their presentation and the Board discussed the relationship of the Palliative Medicine team with other clinical services in the hospital, with the team noting that end of life care was everyone's responsibility. Dr Hiersche and Dr Mason added that there was a need for a whole system review of end of life care, including commissioners, community services, and hospices in addition to the hospital team, to ensure end of life care was fully integrated. In this context, Dr Hiersche advised that services were sometimes disconnected, and the value of end of life care could be difficult to define in terms of its outcomes and cost. The Board also discussed the number of patients who die at hospital and at home and Dr Mason noted that the rapid discharge pathway was effective in enabling more patients to die at home, in accordance with their wishes and preferences. The Chief Nurse also advised that the Quality Review Meeting, held with commissioners, would shortly be discussing End Of Life Care, and noted the positive findings from the CQC inspection regarding the service provided.

The Medical Director concluded by congratulating Dr Mason, who had been the winner of the Doctor of the Year prize, in the Trust Star Awards.

11.3 DECLARATIONS OF INTEREST

There were no declarations of interest,

11.4 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 27th October 2014 were approved as a correct record.

11.5 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

11.6 REPORT FROM THE CHIEF EXECUTIVE

The Chief Executive noted, aligned to the *Five Year Forward View,* the expectations on the NHS to deliver key performance standards in relation to emergency and unscheduled care, scheduled care and finance, all of which would be discussed later in the Board agenda.

Following submission of the 3Ts Full Business Case (FBC), a number of questions of clarity had been received from the NHS Trust Development Authority (TDA), to which the Trust was responding. A Gateway Review had been undertaken by the Department of Health, as part of the assurance process around the FBC, which had concluded an amber/green rating, meaning the programme was on track.

Capital works were underway on both hospital sites, supporting the site reconfiguration programme, and a number of consultant appointments had been made in neurosurgery.

Following the withdrawal of the successful bidder for the dermatology service tendered by Brighton and Hove CCG, the Trust is working with the CCG to develop a plan to deliver an integrated dermatology service, with the Trust potentially as the prime provider. The Trust is also working closely with the MSK Partnership to agree a sub-contract for the clinical services provided by the Trust in 2014/15, as part of broader work to define the service and activity which will be sub-contracted to the Trust over the life of the contract. The Trust is also working in partnership with Sussex Community NHS Trust (SCT) to develop an integrated sexual health service in Brighton. The Trust is expected to be the prime contractor, sub-contracting parts of the service to SCT.

The Board discussed the timeline for discussions regarding the dermatology service, which the Chief Executive advised were proceeding rapidly. The Board also questioned the due diligence undertaken in awarding the contract, and the Chief Executive advised that lessons learned would be discussed with the CCG. The Board further discussed the integrated sexual health services programme, which the Chief Executive advised was proceeding via contractual discussions with commissioners, rather than a tendering exercise.

The leadership development component of the Values and Behaviours Programme had commenced, and the Chief Executive had attended the programme the previous week, as part of the second cohort of leaders. Feedback to date had been very positive. Other key activities included the redesign and relaunch of Team Brief, improving appraisal rates and dedicated Change Coach support to teams. The Director of Strategy and Change added that dissemination routes for Trust communications were also being reviewed, including the possibility of identifying ‘champions’ in wards and teams, and this would be further developed as part of the broader communications and engagement strategy.

The Board noted the report.

SAFETY AND QUALITY

11.6 CQC INSPECTION AND ACTION PLAN

The Chief Nurse introduced a report on progress with the action plan following the CQC inspection in May 2014, noting: progress against the plan and evidence of progress was reviewed by the Improving Quality and Patient Experience Group monthly, which reported progress to the Clinical Management Board. A monthly assurance briefing is also sent to the TDA, CCG and CQC. The report also highlighted risks identified in the CQC Intelligent Monitoring report, which most recently included the Patient Reported Outcome Measures (PROMs) hips and knees indicators. Actions were being undertaken to address all of the ‘risk’ and ‘high risk’ indicators.

The Chief Nurse advised the Board that a re-inspection by CQC was expected around July 2015, if not before.

The Board discussed progress and the trajectory for compliance and agreed that a further report would be received in January which would focus on the key risks

to delivery of the action plan.

Action: Chief Nurse

11.7 RESEARCH AND DEVELOPMENT

The Head of Research and Development reported on performance against the Trust's Research and Development objectives, noting: the Trust was on course to meet its recruitment target for research studies in 2014/15, and at 6 months, had surpassed the target by 21%; 9 research clinical fellowship had been established through mixed sources of funding; the Trust was achieving a 50% success rate in recruitment to National Institute for Health Research (NIHR) studies within the required timescales, an improvement from 22% in the previous year, but short of the 80% target, due to R&D approval times, study set up times, and inaccurate assessment of the patient population; £200k had also been set aside for protected research time for clinicians; and overall the Trust continued to perform well in meeting global recruitment targets and in progressing the strategic research and development plan, however an ongoing focus was required, with, for example, pharmacy services, to improving study set up time and expedite first patient recruitment.

The Board discussed the use of charitable funds to support research activity and the Chief Financial Officer advised that a dedicated innovation fund had been established, which would be discussed at the next Charitable Funds Committee. The Board further discussed the impediments to timely patient recruitment, with the Head of Research and Development, advising on work with pharmacy services to improve this, through a dedicated research post.

The Chair of the Quality and Risk Committee welcomed the progress the report identified, highlighting the opportunities to improve research capacity and advising on the importance of research integrity, through quality assurance and monitoring. The Medical Director asked whether research activity was embedded or separate from core clinical activity and the Head of Research and Development responded that it was not yet embedded. The Board then discussed the incorporation of research activity within job plans and noted that it was critical that research was generally supported, if not undertaken by all clinicians. The Chair of the Quality and Risk Committee further recommended that the Trust explore how it might improve research capacity, and it was agreed that this would be incorporated in a further report in six months' time.

The Board noted the report and progress against the Trust Research and Development objectives

11.8 INFECTION PREVENTION AND CONTROL

The Chief Nurse introduced the infection prevention and control report, noting: there had been 26 cases of *Clostridium difficile,* year to date, better than the agreed trajectory; and one MRSA blood infection which was considered to be unavoidable, as no lapses of care had been identified. The infection prevention team continued to progress the overarching action plans for both *Clostridium difficile* and MRSA.

Preparations continued in the event of a patient presenting with Ebola, with weekly planning meetings chaired by the Director of Operations (Emergency Care). The

infection prevention team continued to work with the capital development team to ensure infection prevention and control issues were fully considered in the on-going building works; and with the soft Facilities Management (FM) provider to enable sustained improvements to address the on-going concerns regarding consistency of cleaning standards, in some areas.

The Board discussed preparations for Ebola, and the Medical Director advised that flights from West Africa were now being routed to Heathrow, which reduced the likelihood of a patient presenting to the Trust. However, the possibility of a walk-in patient remained. The Board further discussed progress regarding cleaning standards and the Chief Executive advised that discussions continued with the Managing Director of Sodexo. The Chief Nurse further advised that the number of bed days lost due to Norovirus was low, compared to other Trusts.

The Board noted the report, the incidence of infections, and the on-going priorities of the IPC team.

11.9 MEDICAL REVALIDATION AND APPRAISAL

The Medical Director reported on progress with medical appraisal and revalidation, noting that the projected appraisal rate at 31st December 2014, was 88%, with work continuing to maintain the high number of medical appraisers required.

The Board discussed the appraisal rate for doctors, which was significantly higher than for other Trust staff, and noted the contractual requirement for appraisal, as part of revalidation, which underpinned this rate. The Chief Nurse added that revalidation for nurses would be introduced in 2015, which would further support improved appraisal rates.

The Board noted the report.

11.10 SAFEGUARDING CHILDREN ANNUAL REPORT

The Chief Nurse introduced the safeguarding children annual report, noting: the Trust continued to meet its statutory requirements under the Children Act, with good internal governance of safeguarding children, on-going participation in the Local Safeguarding Children Boards, active learning from local and national serious case reviews, and a dedicated team of safeguarding practitioners. The key challenges concerned the rising number of complex cases, dealt with by the Trust, changes to the provision of social care and community liaison services, and compliance with mandatory training requirements.

The Board discussed training rates, and the Chief Nurse noted that compliance was better in high risk areas, such as paediatric nursing and maternity and work continues to improve compliance through improved supply of training and better data capture.

The Board further discussed the level and complexity of demand associated with the different catchment areas, noting the higher number of children subject to a child protection plan in Brighton and Hove.

The Board noted the report, the issues and risks identified, and the actions being taken.

11.11 NURSE STAFFING (MONTHLY REPORT)

The Chief Nurse reported on nurse staffing levels in October, noting: the fill rates for trained staff continued to improve, while fill rates for untrained staff had decreased. The number of 'red' shifts, where fill rates were 80% or less, had increased from 6 in September to 13 October, but was lower than previous months. Sickness absence and maternity leave were challenges in some wards and the ward teams were working with HR to resolve sickness absence issues.

The Board noted the nurse to patient ratios in October.

FINANCIAL AND OPERATIONAL PERFORMANCE

11.12 BOARD PERFORMANCE DASHBOARD

The Chief Executive introduced the Board performance dashboard, noting: performance against the 4 hour Accident & Emergency standard had improved to 91.9% during the previous week. The Director of Operations (Emergency Care) advised that additional capacity, in for example, Overton Ward, and improved engagement, were responsible for this improvement in performance. However, significant sustained progress was still required. The Director of Strategy and Change added that, in addition, improvements in the local health economy system in relation to reduced numbers of patients who remained in the hospital, while Medically Fit for Discharge (MFFD) and close working with SECAMB, at the front door, had also contributed. The Chief Executive further advised that the additional capacity, would provide the space, for the further work internally and with partners to be undertaken.

The Director of Service Transformation and Scheduled Care added that improving performance against the Referral to Treatment (RTT) standards was focused on four key work streams: maximising the use of existing outpatient and inpatient capacity; running additional sessions internally, and providing additional capacity in the independent sector; improving data quality; and capacity and demand modelling to enable sustained performance. The Trust has re-engaged with the Intensive Support Team (IST) to provide advice and support. The Director of Service Transformation and Scheduled Care further advised that the alignment of capacity and demand was also critical to the performance of the Hub.

The Board discussed the planned trajectory and the Director of Scheduled Care and Service Transformation advised that the Trust had planned to deliver aggregate performance compliance from 1st December but this was known and understood to be extremely high risk. One of the four independent sector (IS) providers had been unable to deliver the full volume of work promised. The Trust was working towards compliance in all specialties in March 2015 but there were four specialties with the most to do as referenced in the report and of these, Spinal and Digestive Diseases Surgical remained extremely high risk

The Director of Strategy and Change added that the Finance and Workforce Committee had received a report on plans to improve the appraisal rate, and additional support was

being provided to under-performing areas. This included reviewing the scope of control, where staff had been identified as having too many direct reports.

The Board noted the Month 7 report, and the actions identified to address adverse variances

11.13 FINANCE REPORT

The Chief Financial Officer advised that the Trust was reporting a £1.9m deficit year to date, £1.45m behind the plan agreed with TDA. Activity levels are £1.8m behind plan. Operating costs are overspent by £4.9m, with pay overspent by £4.8m. This concerned costs associated with the booking hub, and medical, nursing and midwifery staffing costs. Capital spend was lower than expected. Work on the decant schemes was proceeding, but operational capital spend was low. The forecast surplus remained achievable but with risks around: income from elective activity; slippage in the CIPs programme, which required recovery; and control of the spend on temporary staffing.

The Board discussed the funding of winter activity, with the Chief Financial Officer advising on the complexity and myriad sources of funding. The Board further discussed the CIPs programme, and whether savings were real or reflected delayed spend, and the Chief Financial Officer responded that the efficiencies represented material savings. The Medical Director advised that the medical locum spend concerned primarily the challenged specialties, where investment had been required to ensure safety and quality and the Chief Nurse advised that the Chief Financial Officer had requested a trajectory for reduced spend on agency nursing, which was in preparation.

The Chief Executive concluded that there was a strong connection between the discussions and challenges concerning finance, scheduled care, and emergency and unscheduled care and the consequent risks to performance.

The Board noted the Month 7 position

11.14 TDA SELF-CERTIFICATION

The Board reviewed the monthly self-certification to TDA which included a declaration of non-compliance with 3 statements: 2 of those areas of non-compliance deriving from the outcome of CQC inspections, and 1 concerning ED performance.

The Board approved the declaration.

11.15 BOARD ASSURANCE FRAMEWORK

The Head of Risk Management reported that in discussion with Executive Directors, the grading of two risks concerning performance against financial targets, and performance against unscheduled and scheduled care standards, had increased from the Quarter 1 report. The Head of Risk Management further advised that consideration had been given to the incorporation of risks yet to be identified in the report, but this was mitigated by the internal risk assurance processes, including the new risk review meeting.

The Board noted that the components of the BAF had been considered previously at the Quality and Risk and Finance and Workforce Committees, and noted the report.

11.16 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

The Director of Operations (Emergency Care) introduced an assurance report on emergency preparedness, noting that the Trust was substantially compliant with the EPRR core standards, with an action plan in place to address those areas where additional work was required.

The Director of Operations (Emergency Care) further advised that the mandatory 3 yearly live exercise would be held on 18th March 2015.

The Board noted the EPRR core standards and action plan and confirmed that the Trust had completed the EPRR self-assessment and had developed an implementation plan to eliminate or reduce as low as reasonably practicable the significant risks identified

11.16 REPORTS FROM BOARD COMMITTEES

Finance and Workforce Committee

The Board noted the report from the Finance and Workforce Committee, with the Chairs advising that the on-going focus of the Committee would be the delivery of, and engagement with, the CIPs programme and improvements in appraisal rates.

EPR Programme Board

The Medical Director advised that the roll-out of the programme in the ED at PRH had highlighted the tension between clinical benefits and operational challenges which would need to be resolved prior to roll-out at RSCH. This would include upgrades to the product, which would provide additional benefits.

11.17 OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ASK QUESTIONS

A member of the public advised on delays to his planned appointment, which, it was agreed, would be discussed following the meeting.

11.18 ANY OTHER BUSINESS

There was no other business

11.19 DATE OF NEXT MEETING

The next meeting will be held on 26th January 2015 at 9.00 a.m. in the Boardroom, St. Mary's Hall, Royal Sussex County Hospital.

11.20 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.