Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 25th July 2013 from 10:00 to 12:30
Room 7/8, PGEC East Surrey Hospital

Present

(AM) Alan McCarthy	Chairman
(YR) Yvette Robbins	Deputy Chair and Non-Executive Director
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(DH) Des Holden	Medical Director
((AC) Andrew Clough	Interim Chief Nurse
(JT) Jon Tomlinson	Interim Chief Operating Officer
(IM) Ian Mackenzie	Director of Information & Facilities
(YP) Janet Miller	Deputy Director of Human Resources
(AH) Alan Hall	Non-Executive Director
(JP) John Power	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(RC) Richard Congdon	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

In Attendance

Sacha Beeby	Note taking

Apologies

(YP) Yvonne Parker	Director of Human Resources

1.	**General Business**	
	1.1	**Welcome and Apologies for absence** The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public. Apologies for absence were noted as above. The Chairman welcomed Alan Kennedy to the audience, as Lay Chair for Crawley, Mid Sussex and Horsham CCG.
	1.2	**Declarations of Interest** The Trust Board members confirmed that they had no additional interests to declare.
	1.3	**Minutes of the last meeting – 27th June 2013** The board agreed amendments to the minutes of the meeting held on 27th June 2013 in relation to Items 2.2; 2.4; 3.1 and 4.1. The minutes of the meeting held on 27th June 2013 were then approved as a true record.

		1.3.1	**Action Tracker** 1. Expectations from the National Framework MW agreed to share with the board the Secretary of States letter confirming expectations around the National Framework. MW to make sure that this has been sent out. **Action completed and closed.** 2. Clinical Governance Review The new arrangements to be confirmed at the next board meeting. DH confirmed that a review of the clinical governance structure had been undertaken and it was necessary to make a number of changes in order for it to become more effective. Such changes include embedding the complaints team within the divisions and the appointment of a Clinical Governance Lead to oversee the department. In relation to outstanding/open Serious Incidents (SI's), the team are working hard to meet a maximum target of 10 open incidents at any time. **Action completed and closed.**
	1.4	**Chief Executive's Report** The board received and noted the Chief Executive's report in advance of the meeting. MW highlighted the new proposals to improve care for vulnerable older people in primary and emergency care, for which the Secretary of State is seeking views from NHS, social care and public health staff, carers and patients. MW further highlighted the government's plans to replace the Liverpool Care Pathway (LCP) following an independent review into concerns raised by patients, families, carers and clinicians that the system for providing care in the last days and hours of people's lives was flawed. The Trust has since undertaken its own clinical review into the pathway and care provision to dying patients in order to provide assurances to the board that the system is not failing its patients. MW added that the Trust had invested in a small number of electronic whiteboards which would be piloted in a number of wards and which will clearly articulate patient name, attributed carer / consultant, multi-disciplinary needs and estimated discharge date. MW recommended the board to take the time to read the Sir Bruce Keogh reports into the 14 hospital Trusts which were reviewed for their consistently high mortality rates. Each of the reports identify key learnings and trends which the organisation should be aware of. The CQC have launched consultations on changes to the way in which it will inspect, regulate and monitor care services. The Trust will be responding to the consultation which closes on 12th August 2013 on behalf of the board. The Trust has agreed with its local CCGs and Community Partners to open 100 additional community beds for those patients that need care but don't require an acute hospital admission. This will help to reduce bed occupancy at East Surrey Hospital, allow us to better prepare for winter and improve the patient experience.	

		An audit of those patients currently in the hospital who do not require an acute setting will be carried out from 1st October 2013. This innovative, collaborative approach has been commended by the NHS TDA and NHS England and is well received by the Board to prepare for the challenges of winter. The Healthcare Service Journal (HSJ) Care Integration Awards ceremony was held on 10th July and the Trust's breast cancer service achieved runner-up for its partnership with MediHome. Together the two healthcare teams provide help to patients who have undergone breast surgery as part of their treatment for cancer. The Trust launched its Clinical Leadership programme with GE Healthcare in July, which is expected to run for a period of approximately 8 months and will help the Trust to become a more management-enabled and clinically-lead organisation. A two day workshop was well attended by senior management and clinical leads and feedback and engagement since the event has been very positive. The programme covered a review of best practice clinical leadership, Trust culture and values, feedback from the GEHC survey and the next steps in the development programme. Key messages trending from the GEHC survey show that the workforce are confident that the organisation is on the right journey, with patient focus and quality care being the forefront of its priorities. Concerns relating to resource pressures and bullying amongst staff are being lead separately. **DH agreed to approach a number of clinicians who attended the workshop to share their views and experience of the programme with the board at a future Trust Board meeting.** Since the new PACS and RADNET systems went live on 22nd June, there have been a number of serious technical issues which have required senior management and Executive Team intervention. The Trust is in high-level discussions with both BT and Cerner to try to resolve these issues and the board will be kept informed of progress and developments. The Trust has agreed that SECAmb will undertake a one-week audit of patients arriving at SaSH by Ambulance. The primary aim is to ensure that ambulance crews are aware of and have considered the services available as an alternative to A&E. The results will be shared with the Trust Board in September. The report was duly noted by the board.
2.	**<u>Safety, Quality and Patient Experience</u>**	
	2.1	**Liverpool Care Pathway – Guidance for Doctors & Nurses** The board received and noted the statement from the National Clinical Lead for End of Life Care which provides guidance for doctors and nurses caring for people in the last days of life. The Liverpool Care Pathway is a widely used care plan for those patients receiving palliative care, which was designed to limit interventions to reduce discomfort and mandate adequate analgesia. Its use has attracted significant criticism from patients, carers, relatives, the Government and the Media. In response to this, the National Clinical Lead for End of Life care has produced guidance for clinicians and medical staff who have been asked to review their own patients on the pathway.

		The Medical Director expressed concerns for removing the pathway in its entirety, without evidence of failings or reduced quality of care within the Trust's pathway. An internal audit of the pathway has not identified any significant concerns and those patients currently on the LCP will continue their care plans but will be frequently reviewed and evaluated to ensure highest standard of care and patient experience. A revised pathway is currently under consultation with senior clinicians and this will determine the Trusts forward approach, with full endorsement by the medical teams. In the meantime, the Trust will continue to review on a daily basis the most appropriate care plan for its patients and will monitor improvements in communication with relatives and carers for those patients receiving palliative care. It was noted that those patients who were placed onto the pathway spent considerably less time on the LCP than the national average. NHS England are working with CCGs to remove financial incentives to promote end of life pathways. A member of the audience representing nursing colleagues from the Trust impressed that any financial benefits were not on the nurse's agenda when considering the most appropriate care plan for patients. **GFM to consider the best approach for external communications, articulating the Trusts response to the Liverpool Care Pathway reviews**. The report was duly noted by the Board.
	2.2	**Safety & Quality Committee Chair's Update** The board received and noted the Safety & Quality Committee Chair's Update in advance of the meeting. YR summarised the key discussions from the Safety & Quality Committee meeting which took place on 11th June 2013. Presentations included a summary of the Woman & Children's Health (WACH) division clinical audit programme, which suitably assured the committee of progress against national and local priorities drawn from the Royal College and CNST requirements but recommendations were made for the division to align future presentations with the Board Assurance Framework and the Corporate Risk Register. RC paid recognition that the clinical audit for WaCH was representative of both clinical and corporate issues. YR agreed but added that there was room for even greater representation of both. The Terms of Reference should identify the role of the Clinical Audit Programme in terms of providing greater assurance to the Trust. Developments within the Trust's discharge processes were presented and the committee noted that further discussions in relation to mitigation of delayed discharges would be discussed at the Board Seminar meeting in August 2013. The Interim Chief Nurse was instructed to review the recommendations from the Francis Review to ensure early implementation of those recommendations where possible and ahead of further national guidance. It was noted that the Trust's corporate and clinical strategies would need to be

		more evident following the Sir Bruce Keogh and Sir Robert Francis reviews. Key learnings and recommendations from all independent reviews and quality reports should be embedded within our strategies. AM highlighted the Trusts recent presentation to the Health and Scrutiny Committee (HASC) which provided assurances around the Trust's response and approach to the Sir Robert Francis report and its recommendations. It was apparent that approaches adopted by other Trusts was varied but consistent with the report itself, was the need for change in organisational culture and behaviour. The report was duly noted by the board.
	2.3	**Joint Chief Nurse & Medical Director's Report** The board received and noted the joint Chief Nurse and Medical Directors report in advance of the meeting DH highlighted the Sir Bruce Keogh reports which investigated 14 Trusts on the basis of concern for mortality. Members of staff and the board are encouraged to read the reports and note the consistent trends, identifying areas where the Trust could learn from the reviews and recognising where the Trust succeeds. The reports highlighted the complexity of governance structures across the health system and the variances between Trusts in the execution of safety & quality. SASH has an HSMR and SHMI mortality rating of 90 and 94 respectively; nonetheless the reviews provide a useful framework for taking through specific pieces of work on aligning clinical and safety strategies, using patient experience and incidents to drive learning. **DH agreed to share with the board the structure which articulates the key messages from the recent Quality Reviews undertaken by the Health System, including Patient Safety, Patient Experience, Quality of Care and Clinical Outcomes**. AM questioned the Non-Executives readiness to accept assurances with little challenge and evidence of assurances given. This is an area of personal development which will be identified by the Board Development Programme. MW used an example of misinterpretation of data from a recent Freedom of Information (FOI) request; whereby the number of deaths recorded on a Monday appeared considerably higher than any other day of the week. This was a result of administration delays where the ward clerk has recorded the weekend deaths onto the hospital computer system when they return to the office on a Monday. Frustratingly, the date of the death is recorded as the date it was input onto the system. The board also recognised that the Trusts mortuary was widely used by community organisations and neighbouring Trusts due to its capacity. The board were encouraged by the introduction of increased senior consultant cover out-of-hours and during the weekend. This will contribute to improvements in mortality and patient flows in and out of the hospital. DH was pleased to report that the clinical leadership programme with GEHC had been well evaluated by clinicians, who continue to work collaboratively to keep up

		the momentum to develop a healthier, clinically-lead organisation. There were no performance concerns in relation to consultant treatment outcomes data. Early consensus by clinicians was that this was not an inappropriate method for releasing such performance data. MW confirmed that the Symbiotix and Your Care Matters patient feedback data was able to provide the Trust with a detailed analysis of those wards and areas of the hospital performing well, and those not so well. The level of detail it provides enables the management team to promptly address and respond to specific issues and allows the board to understand exactly where it should focus its efforts in terms of improving patient experience. The report was duly noted by the Board.
3.	**<u>Operational Performance</u>**	
	3.1	**Integrated Performance Report (Month 3)** The board received the Integrated Performance report in advance of the meeting and in its new format. For June 2013, the Trust is expecting to be rated as 'performing' for the quality of services based on the DH framework and the Trust's core objectives. 18 weeks and cancer targets continue to exceed the expected standards and ED performance was delivered in month and for quarter 1 as a whole. Stroke and Fractured Neck of Femur (#NOF) performance remain challenging, partly driven by the high levels of bed occupancy which is reflected in the increase in delayed transfers of care to 6%. The Trust continues to work with the local health system to significantly reduce the number of patients in the hospital who no longer require acute care. There is significant progress in increasing community capacity by winter 2013. The Trust is recording a £0.1m surplus favourable to the financial plan and a breakeven forecast. Focus remains on recruiting to nursing vacancies and the most cost effective use of contingent workforce to ensure that the highest quality standards are maintained and deliver financial savings. MW congratulated the clinical teams for their efforts and achievement in helping the Trusts recovery from a very difficult winter period. There were no incidences of MRSA and one incidence of C-Diff during June and the Trust remains on plan for both indicators. Failure against the breast symptomatic standard in May was due to a breakdown of the digital mammography equipment which was not escalated appropriately. This has now been resolved and a process put in place to ensure that in future, equipment failure that will impact upon performance is escalated appropriately. All other cancer standards were met during May and for June 2013. Delayed Transfers of Care measures continue to underperform in month. This is due to the challenges of discharging an increasing number of patients who do not

require acute care into the community. However, the Trust is working with its community partners to resolve this issue.

JT was confident that the Trust would manage its health system well during winter, with the introduction of community beds however, it should be noted that the community bed provision was not for exclusive use by the Trust and would come with admission criteria. The Trust has progressed with early winter planning which has assured the Health Scrutiny Committee following concerns they raised for sustainability of A&E services in the absence of a winter plan.

It was further noted that data capture within the Trust had improved significantly but there were still developments to be made in articulating the data and making it more visible to the board.

MW confirmed that the Trust would not compromise the right bed for its patients, to meet performance targets, particularly within A&E. The Trust will use metrics and data to monitor its performance and will use these metrics to guide and measure clinical standards, not targets.

Performance in admission to ASU within 4 hours has deteriorated by 5%. Ring fencing of stroke beds is having a positive impact on stroke admissions via ED and access to ASU within 4 hours.
Stroke mortality data for May has shown an unexpected rise. Following investigations, there were no immediate clinical concerns but coding issues were apparent. Corrections made to the identified coding issues will take some time to reflect in the HSMR due to the process of SUS submission and Dr Foster processing.

An internal review of audit findings will be undertaken by a newly appointed consultant neurologist who has joined the Trust from St Georges stroke team. An external Peer Review is also being considered in collaboration with the Clinical Senate in order to provide further assurances of standards.

Fractured Neck of Femur (#NOF) performance is closed linked to operational bed and theatre capacity pressures. Orthopaedic beds have been ring fenced since May 2013 which has positively impacted on the patient's experience and resulting in an average 2 hour reduction in the time it takes for patients to get to a specialist ward.
The ability to get patients operated within 48 hours is often prevented due to medical fitness and demand in trauma admissions. The Trust has seen a significant growth in #NOF admissions during 2012/13 as well as the designation of the hospital as a Trauma Unit which has now prompted a review of the service capacity to ensure maintenance of the clinical standards.

Another key focus for the Trust remains the recruitment to nursing vacancies and finding the most cost effective use of contingent workforce to ensure the highest quality standards are maintained and deliver financial savings.

The trust is pursuing the recruitment of quality Portuguese nurses and an update on progress will be provided to the board at a later stage. Meetings are taking place with various bands of nursing staff in order to engage their views and ideas as to how the Trust might improve its retention of nurses.

Sickness levels continue to decline against the same period last year and this will need to be sustained in order to meet the 3.5% target throughout winter. The most common trends in reasons for sickness remain surgery, psychiatric illnesses and

		Gastrointestinal problems. The board were in agreement that further, detailed discussions in relation to staff retention and a robust induction programme would be productive and helpful in understanding the actions which are needed and the work which has already been undertaken to improve these areas. **SMB to ensure the Recruitment & Retention Steering Group meetings are confirmed in MW's diary for attendance**. Targets relating to the number of staff who completed their Information Governance training have been missed but a more direct and effective drive to target staff should see a significant improvement in this result, with input from divisional management to encourage their teams to complete the training online or in person. The Trust continues to engage with its patients and the public through NHS Choices and Patient Opinion which helps the Trust to monitor patient experience. A focus group is being established to better understand why patients are selecting *'Likely to recommend the hospital'* rather than *'Highly Likely to recommend the hospital'* within the Friends & Family Test (FFT). The differences will determine the outcome of the Trust's score. It was noted that the method for calculating the score worked against the Trust due to the small number of responses. However, detailed analysis and understanding of issues and concerns raised by patients and relatives was able to be captured through the Your Care Matters survey which allows the Trust to recognize and commend staff who have been praised for going beyond the call of duty. The national FFT results will be published next week and shared with the board. SASH has been praised for its unique approach to the FFT which is accompanied by further questions to help the Trust understand the responses. The board noted that the detailed finance report was now received by the Finance, Investment & Workforce Committee and a summary of the Trusts financial position would continue to be presented at the Trust Board meeting. The interim budget remains in place in the absence of a resolution over the allocation of the £5.5m of non-recurrent funding. AM agreed to write to the NHS TDA on behalf of the Board in order to encourage a resolution. There was discomfort from RC and AM in the delegation of responsibility to the Finance, Investment & Workforce committee to provide all assurances around the Trusts finances to the board, without considering how the whole board is sighted on the information it needs. Further discussions and agreement will be made in the private part of this meeting. The report was duly noted by the board.
4.	**<u>Risk, Regulatory and Strategy Items</u>**	
	4.1	**FT Update** The board received and noted the FT Progress Update in advance of the meeting.

		MW summarised the progress of the organisations journey to becoming a Foundation Trust and the next steps due to take place over the coming weeks. The appointment of an interim FT Programme Manager was welcomed by the board and Val Thompson will take up this post at the end of July 2013 to support the development of the IBP and FT process. The meeting of the FT Project Board, held on 11th July received an update on the Integrated Business Plan (IBP) and consideration of the SWOT and PESTLE analysis. Draft proposals for the Council of Governor's Code of Conduct were presented and the Department of Health's model election rules for election to the Governor's Council reviewed for consideration. Both the Long Term Financial Model (LTFM) and draft IBP are due to be submitted to the Trust Development Authority (TDA) during August and in advance of an Executive-to-Executive meeting during September at which time it is envisaged the TDA will agree the SASH applications and approval milestones. The report was duly noted by the board.
	4.2	**FT Membership Strategy** The board received the FT Membership Strategy in advance of the meeting and were asked to approve the Trust's plans to undertake membership recruitment as part of the governance arrangements for developing a representative membership community as outlined. GFM was in agreement to review the decision to develop an independent charity which would be potentially more beneficial to the Trust as an FT. The public membership constituency will be open to all residents over the age of 14 in the Trusts catchment population. However, members will not be eligible to stand as governors until the age of 16. The public constituency will be split into a number of defined geographical areas and each will have designated seats on the Council of Governors. A total of 15 public elected governors will be appointed to the constituency, 4 staff elected governors and 9 nominated partner governors. The Trust will target particular recruitment campaigns in these areas as necessary so that its membership represents the whole community proportionately. GFM clarified that the roles and responsibilities of the governors and of the board would already be prescribed in the guidelines. The board resolved to approve the membership strategy.
	4.3	**SFI's and SO's** The board received the amendments to the Corporate Governance Manual, Standing Orders and the Standing Financial Instructions and Scheme of

		Reservation and Delegation of Powers in advance of the meeting and was asked to approve the current amendments as outlined. All amendments have been approved by the Audit & Assurance Committee, with the exception of the Anti-Fraud and Corruption Policy & Response Plan and the updated Terms of Reference for Trust Board sub-Committees. PS confirmed that the document was available via the Intranet and reference is made to the Standards of Business Conduct within the staff induction programme. The board resolved to approve the amendments to the Corporate Governance Manual, the Standing Orders and the Standing Financial Instructions and Scheme of Reservation and Delegation of Powers as outlined.	
5.	**Other Items**		
	5.1	**Update from Board Committee Chairs**	
		5.1.1	**Audit & Assurance Committee (AAC) Chair's Update** The board received and noted the AAC Chairs update in advance of the meeting. RC summarised key discussions from the AAC meeting which was held on 2nd July 2013. External Audit and the committee agreed that sufficient work had been completed in relation to the quality of medical records, addressing concerns around storage and temporary notes. Executive ownership and indicators which have been developed to monitor performance will help the Safety and Quality committee to continue to review progress in this area on behalf of the AAC. The committee received the Internal Audit report which focused on payroll, Quality Account, risk maturity and revalidation. It reported that the Trusts revalidation process for medical staff was in a significantly advanced stage when compared to other Trusts. In his Annual Report, the Head of Internal Audit focused on incident reporting and clinical audit and improvements that had been demonstrated. The committee agreed that despite significant improvements in the quality of the Strategic Risk Register (SRR) and the Board Assurance Framework (BAF), there was still a need to better align the two in order to understand the issues and risks of the organisation. RC proposed that the red-rated risks identified in the SRR should have greater recognition in the BAF. The report was duly noted by the board.
		5.1.2	**Investment & Workforce Committee Chair's Update** The board received and noted the IWC Chairs update in advance of the meeting. RD summarised the key discussions of the IWC meeting which was held

			on 2nd July 2013. The revised structure of the committee means that it is better able to look ahead and plan for future investments and capital programmes 3 years in advance. The committee discussed the workforce strategy in its draft version and agreed metrics to further embellish. The Strategy along with the Annual Plan will be presented again in September following input from the Executive Directors Workforce Planning Steering Group. The committee received the draft IT Strategy which would need further iterations to better articulate the risks, data integrity, how the strategy drove greater productivity and identify the Trusts IT functions as a leader in IT. The board recognised that the Trust was embarking on significant IT projects without increasing its capacity and resource. This is something which would need to be considered if the organisation intends to continue developing its IT infrastructures. The report was duly noted by the board.
		5.1.3	**Charitable Funds Committee Chair's Update** The board received and noted the Charitable Funds Committee Chairs update in advance of the meeting. YR summarised the key discussions of the Charitable Funds Committee meeting which was held on 3rd July 2013. The committee continues to explore ideas around raising awareness of the Charity and fundraising opportunities, prompted by interest from external organisations wanting to make donations to the Trust. The committee approved funding support for the Your Care Matters patient research initiative and a consultant nurse specialist for dementia / elderly care. The committee is keen to pursue a partnership with fund holders after the introduction to an active fund holder who attended the meeting to present their approach to fund raising and expenditure. The report was duly noted by the board.
	5.2	**Minutes from Board Committees – for information** The following approved minutes were received by the board for information - - Audit & Assurance committee held on - Safety & Quality committee held on - Investment & Workforce committee held on - Charitable Funds committee held on	
	5.3	**Any Other Business** No further business was discussed by the board.	

	5.4	**Questions from the Public** Alan Kennedy, Lay Chair for the Crawley, Mid Sussex and Horsham CCG. AK joined today's board meeting for assurance purposes and to better understand how the Trust was engaging with its patients to shape the services for which it provides. MW added that the Trust will continue regular dialogue with patient representatives from the newly formed Healthwatch. The Trust also meets with patient representatives in forums such as the Patient's Council which meet monthly and Focus groups in specialties such as Stroke. AK further acknowledged the much improved relationship between the Trust and CCGs and noted the workforce challenges which the Trust was facing and the difficulties in recruiting to certain posts.
	5.5	**Date of the next meeting** **Thursday 27th September 2013** at 10.30am in Room 7/8, Post Graduate Education Centre, East Surrey Hospital

Note: This is a public document and therefore will be placed into the public domain via the Trust's website in the interests of openness and transparency under Freedom of Information Act 2000 legislation.

	ACTION LOG	**Person responsible**
ACTION 1	**CLINICIANS' EXPERIENCE OF LEADERSHIP PROGRAMME – ADDRESS TO THE BOARD** DH agreed to approach a number of clinicians who attended the GE Healthcare clinical leadership workshop to share their views and experience of the programme with the board at a future Trust Board meeting.	**D Holden**
ACTION 2	**EXTERNAL COMMUNICATION OF TRUST'S RESPONSE TO LCP REVIEWS** GFM to consider the best approach for external communications, articulating the Trusts response to the Liverpool Care Pathway reviews.	**G Francis-Musanu**
	KEY MESSAGES FROM INDEPENDENT REVIEWS – SHARE WITH THE BOARD	**D Holden**

	DH agreed to share with the board the structure which articulates the key messages from the recent Quality Reviews undertaken by the Health System, including Patient Safety, Patient Experience, Quality of Care and Clinical Outcomes	
	RECRUITMENT & RETENTION STEERING GROUP – DATES IN THE DIARY SMB to ensure the Recruitment & Retention Steering Group meetings are confirmed in MW's diary for attendance.	**SMB/MW**

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman: **Date:**