

**Minutes of Trust Board meeting held in Public
Thursday 30th January 2014 from 10:30 to 13:00
Room 7/8, PGEC East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer
(PB) Paul Bostock	Chief Operating Officer
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(DH) Des Holden	Medical Director
(FA) Fiona Allsop	Chief Nurse
(YR) Yvette Robbins	Deputy Chair
(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

(SB) Sacha Beeby	Note taking
(IM) Ian Mackenzie	Director of Information & Facilities
(YP) Yvonne Parker	Director of Human Resources

1.	<u>General Business</u>	
	1.1	Welcome and Apologies for absence The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public.
	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 – 19th December 2013 The minutes of the meeting held on 19 th December 2013 were approved as a true record.
	1.3.1	Action Tracker All actions from the meeting held on 19 th December have been 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 some the key national and local developments affecting the Trust and the wider health system.

		<p>The Trust Development Authority published Securing Sustainability Planning Guidance which sets out what NHS Boards should focus on to be able to continue to deliver high quality whilst taking the necessary action to ensure they will continue to do so in the future. The planning guidance aims to support NHS Trusts to deliver one integrated quality, delivery and workforce plan which will help drive absolute clarity on what is expected to be delivered as well as helping NHS Trust Boards to look in a more structured way at what is affordable as well as what development needs they will have throughout the next year.</p> <p>In the New Year's honors list, our urology consultant Professor Abhay Rane become an OBE in recognition for his pioneering work at East Surrey Hospital in developing laparoscopic (keyhole) surgery. On behalf of the Trust Board MW congratulated Abhay who is respected among his peers both in the UK and across the world, and this very well deserved recognition will further strengthen his and our trust's reputation.</p> <p>On 9th January Paul Bate, Director of Strategy and Intelligence at the Care Quality Commission came to talk to the Trust about how their organisation has changed and how their inspections are now conducted. It was pleasing to see so many staff in attendance and the feedback was very positive.</p> <p>The Department of Health are using a picture of our new Birthing Unit on twitter as an example of what can be achieved with the funding they are offering trusts. This is testament to the exemplary facility the maternity team has developed. We are hoping we will be successful in our application for additional funding this year to further invest in our maternity unit as more and more women are choosing to have their babies with us.</p> <p>The board received and noted the Chief Executive's report.</p>
2.		<u>Safety, Quality and Patient Experience</u>
	2.1	<p>Clinical Presentation – A new approach to PROMS</p> <p>Presentations by Kofi Nimako, Consultant Chest Physician and Thayalan Kandiah, Consultant Paediatric Dentist</p> <p>Patient Reported Outcome Measures (PROMs) can be thought of as an assessment made by patients on whether the treatment they have received has improved their health, or their functional ability. Whilst colleagues are familiar with targets around assessment and admission for treatment, patient assessment of the value added by treatment has received less emphasis and the information we were required to record in the 2013 Trust Quality Account was difficult to find, very historic and related to very few care episodes delivered across the Trust.</p> <p>This presentation builds on the interests of two newly appointed consultants within SaSH, both of whom have higher research degrees featuring PROMs in their specialist areas, and describes how we would like to develop the theme of PROMs more widely across all clinical services.</p> <p>The board were pleased to receive an update on the trusts new approach to PROMS.</p>
	2.2	Joint Chief Nurse & Medical Director's Report

FA summarised some of the key developments affecting the Trust in terms of nursing and quality of care. The board had a healthy discussion around the recent recommendations in relation to staffing ratios and some of the actions identified by the Chief Nurse to ensure the nursing workforce is appropriate and safely managed across the organisation.

'How to ensure the right people, with the right skills are in the right place at the right time' is a guidance document developed by the CNO, in conjunction with the National Quality Board and published in November 2013. It seeks to support organisations in making the right decisions and creating a supportive environment where staff are able to provide high quality compassionate care with the best possible outcomes for their patients.

From April 2014, the Trust Board will;

1. Take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability
2. Receive monthly updates on workforce information, and to discuss staffing capacity and capability at a public board meeting at least every six months on the basis of a full nursing and midwifery establishment review

The guidance does not define staffing ratios and emphasis the importance of using evidence, evidence based tools, professional judgment and a multi-professional approach in reaching agreed staffing numbers.

The board noted that soft intelligence indicates that levels should be no more than one registered nurse to eight patients (1:8) with an aim of one to seven (1:7) in general ward areas. In addition it is anticipated that the split of registered to unregistered staff will be at 65% to 35% respectively.

This is in line with published evidence that indicates that patient safety is compromised as the number of patients being cared for by nursing staff increases.

The recommended uplift incorporated into a budget to fund leave and training is believed to be in a range from 22 to 25%.

A validation process has been undertaken to determine current nursing staffing levels and ratios on the wards. The Trust is compliant with the recommended staffing levels during the day however, additional registered nurses are required for the night shift. Finance are currently costing the transition to achieving the required standard and this information will be presented at the March Board.

DH provided an update following a report to the Trust board in December, on the actions taken in view of being above annual trajectory for CDiff cases was presented. In relation to this a commitment was given to audit whether the number of samples processed through the laboratory changed and whether there were any inadvertent consequences of the focus placed on CDiff identification and 'targets'.

In December the laboratory received 20% fewer stool samples than in the previous month. There were fewer inappropriately firm samples sent and there was a 20% increase in samples sent from our admission areas. The laboratory has run fewer CDiff assays, partly because the number of samples was smaller, partly because more samples than usual have not asked for CDiff to be investigated, and partly because some samples were not accompanied with the correct paperwork.

There is evidence that changes introduced to the taking and processing of samples

		<p>is leading to a reduction in inappropriate sampling, and where paperwork is inadequate there is evidence that appropriate review of patients is occurring. There is no evidence that staff are not requesting stool samples from patients in whom they are necessary.</p> <p>The board received and noted the joint CN and MD report.</p>
<p>2.3</p>		<p>Quality Strategy – for approval</p> <p>The Board were required to approve the Quality Account as representative of the approach to quality of care at Surrey & Sussex Healthcare NHS Trust. This document will provide a framework so that staff understand their role in the delivery of safe, high quality services and are able to describe how quality issues are discussed at service level, right through to Trust Board.</p> <p>The Quality Account describes quality applicable to the clinical services we provide and should be read in conjunction with the clinical strategy. It takes account of recommendations from reports from Robert Francis and Sir Bruce Keogh, and underlines the responsibility and opportunity that all staff have in contributing to patient care. It also describes the quality governance and the relationship between the clinical divisions, the operational management of quality and the assurance mechanisms delivered by the safety & quality committee and the Trust Board.</p> <p>The board resolved to approve the Quality Account.</p>
<p>2.4</p>		<p>Safety & Quality Committee - Verbal Update from Committee Chair</p> <p>RS summarised some of the key discussions from the committee meeting held on 20th January.</p> <p>The committee received minutes from the Executive Committee for Quality & Risk for assurance purposes.</p> <p>The CCG forum for clinical quality performance management had not escalated any concerns and continue to meet on a monthly basis with the CFO, COO and Chief Nurse of the Trust.</p> <p>The committee received a summary of the key areas explored as part of the Clinical Haematology deep dive review, the main areas of good practice and the elements that require improvement. It concluded that the process was a worthwhile exercise and a key observation was that departments need to be more vigorous in collecting and monitoring data.</p> <p>An overarching action plan is being developed for Trust-wide themes that emerge from all the deep dives that will be reviewed at the Executive Committee for Quality and Risk and the Committee confirmed that it was assured by the conduct of this deep dive and the overall approach.</p> <p>The December data report was not available as it has not been seen and scrutinised by the EC-QRCC due to the new Clinical Governance Committee Structure and timetable. Therefore the Quality Report contained the November data. Members of the committee expressed concern at not being able to scrutinise the most up to date information and future SQC meeting dates will be reviewed to ensure future alignment with the availability of performance data.</p>

	<p>It was noted that overall the Trust was performing well against national quality standards.</p> <p>The pressure on bed occupancy was discussed and a number of factors identified such as nursing homes closing in Sussex, growth in patient numbers, issues with social care and the opening of the community beds. The Committee noted the efforts being made to address pressures and was assured by the performance overall.</p> <p>The committee received an in-depth review of patient falls designed to identify causes and potential improvements. The report triangulated information from incident, complaints, PALS and Your Care Matters data and focused on eight wards with the highest incidence of falls. It was noted that overall the trust is performing very well; below the National average regarding falls. RS requested that the committee receives assurances about what the organisation has done as a result of patient feedback and experience.</p> <p>The committee reviewed highlights of the Francis report and talked through the actions/responses that are complete. A 'CQC Mock Inspection' is planned with two possible dates in March and May. The Executives will reconsider what needs to be kept open in the action plan and what can be closed based on conclusions from the Mock Review.</p> <p>The committee received the audit review report and highlights of the Medical division clinical audits. It was confirmed that 50% of the audits were completed, with recommendations and action plans identified. It was noted that the audit programme contained only a small number of local priorities and the division agreed that this proportion should be increased in future programmes.</p> <p>The committee were assured that any issues discussed in media headlines or reported by the press which are of direct relevance to SASH are reported to the Board by the CEO and his colleagues.</p>
3.	<p><u>Operational Performance</u></p>
3.1	<p>Integrated Performance Report (Month 9)</p> <p>The trusts performance against the 4 hour Emergency Department access target was maintained in December 2013 for the eighth month in a row. The board noted an increase in the number of ambulance handover delays over 30 minutes and there were 5 delays over one hour. As activity and acuity levels change in the winter, the system plans for additional community capacity are being implemented alongside Trust actions, most notably changes to consultant presence at weekends, that are supporting the Trusts delivery of ED performance.</p> <p>In December, all RTT targets were achieved at aggregate level, with non-compliance for the admitted target within T&O. Treatment plans have been put in place to provide treatment at the earliest time convenient to that patient.</p> <p>Diagnostics performance saw an improvement in month as MRI capacity was increased.</p> <p>All cancer indicators, with the exception of Breast Symptomatic, were achieved. The Breast Symptomatic pathway saw eight patients breach the 14-day NHS constitution target. Contributing factors include patients choosing not to accept</p>

	<p>appointments which were offered to them and the cancellation of a clinic due to staff illness - both patients affected by this were offered alternative appointments within the 14-day target but chose to wait and reschedule.</p> <p>The TDA standard for 92% of harm-free care was narrowly missed, the key driver remaining as in previous months; patients being admitted with existing pressure damage. The trust continues to monitor where such patients have been admitted from in order to facilitate quality governance across the local health community.</p> <p>The latest HSMR and SHMI data show overall trust mortality is lower than expected and 30 day readmission rates remain below trigger levels.</p> <p>There was one case of MRSA in December. There were no further C-Diff incidences during December, taking the YTD total to twenty two. The trust has implemented a revision to the antibiotic prescribing policy and reviewed processes around stool sampling, which appear to have had a positive effect.</p> <p>Staff turnover increased in December and a review will be undertaken to ensure any learning from a recruitment and retention basis is being taken on board. Sickness absence increased in December to 3.6%; the top three reasons for absence include, surgery; gastrointestinal problems; and anxiety/stress/psychiatric illnesses.</p> <p>The overall trust position at month 9 is a £0.3m surplus with a slight improvement on the position from previous months. The forecast remains a £0.3m surplus, while savings are above plan with £7.5m achieved to date.</p> <p>The divisional positions are a mixed bag with improvements in some areas and worsening overspends in others, but reasons for overspending are generally understood and overall the position is in line with the control totals agreed. As in previous months, the position remains on plan through the use of reserved and central underspends.</p> <p>Month 5 & 6 over performance invoices have now been raised to the CCGs, however, the contractual process remains difficult and payment for over performance activity is very slow to be received.</p> <p>Noting receipt of temporary borrowing, the cash balance is at a relatively healthy £2.9m and is above plan however, 'true' cash flow is disrupted with the issues regarding delays to CCG payments and finalisation of capital funding. This has now been resolved and confirmation of both the approval of the second phase theatres scheme and allocation of public dividend capital of £11.0m has now been received.</p> <p>The board received and noted the Integrated Performance report</p>
<p>3.2</p>	<p>Finance & Workforce Committee – Verbal Update from Committee Chair</p> <p>RD summarised some of the key discussions of the committee meeting held on 28th January 2014.</p> <p>The CFO presented the M09 Finance Report to the committee, highlighting that the risk of CQUIN is reduced as the Quality team have agreed the achievement of CQUINs with the CCGs and the CEO was currently meeting with CCGs regarding the readmission audit dispute.</p> <p>The CFO further reported that the CCGs have not been paying their over</p>

	<p>performance invoices which impacts the Trusts cash position.</p> <p>The Divisions are maintaining their control totals and overall the Trust is performing to plan. Savings are on target but there are still risks from spend related to emergency admissions and consequent elective outsourcing. Overall the main risk was around income.</p> <p>The Workforce Performance report was presented and accepted by the Committee. The CFO presented the Managed Print Services (MPS) Outline Business Case highlighting that the OBC is requesting a mini procurement to look at the potential savings. The OBC was approved and provides permission to tender and develop the Full Business Case.</p> <p>B Kilvington presented the McMillan Centre Outline Business Case, proposing that, in partnership with McMillan Cancer, a Cancer Information Centre is built opposite the East Entrance of East Surrey Hospital. The total building cost of the project is £1.65m with McMillan providing £1.2m and initial financial support for the centre manager. The Committee approved the OBC and gives permission to tender and develop the Full Business Case.</p>
	<p>Audit & Assurance Committee – Update from Committee Chair</p> <p>RC highlighted key discussions from the AAC meeting held on 7th January 2014. The committee were assured that it was covering the core business described in the Audit Committee Handbook with any issues related to the assessment of the internal control system being addressed through the internal controls map and assessment.</p> <p>The committee discussed the current risk management system and agreed the process for reviewing its effectiveness and gaining assurance.</p> <p>The committee reviewed the Trust’s internal controls assessment agreeing that it was both a useful working document and provided strong assurance that the Trust had reviewed its systems of internal control. Whilst recognising that this was primarily a management tool, the Committee will use it in its ongoing review of the Trust’s internal control systems.</p> <p>External audit formally commenced the annual review of the Trusts accounts, provided good assurance regarding the management of charitable funds and shared its review of the NHS financial resilience which is of long term use to the Trusts financial risk management.</p> <p>Internal audit provided an opinion on the audits it had carried out and the committee commenced the review of Internal Audit effectiveness.</p> <p>The Trust’ Counter Fraud representative tabled their regular review of its activities within the Trust for information and assurance.</p> <p>The board received and noted the AAC Chair’s Update</p>
	<p>Audit & Assurance Committee - Update & Progress Report from the Committee Chair</p> <p>RC presented a report to the board to provide an update on the development of the Audit and Assurance Committee (AAC) from September 2012 onwards. It identified the planned changes to the AAC’s mode of operation and the reasons for those</p>

		<p>changes, along with the current position and future progress.</p> <p>Whilst ensuring substantial continuity, AAC has made a number of changes to enable better delivery of its terms of reference. This includes reviews of its own performance and of IA, EA and LCFS. It is also completing a review of its relationship with FWC and SQC to clarify where and why it can rely on their work without duplicating it. Finally, triangulation of evidence in respect of internal controls through use the internal controls assessment tool will begin no later than March 2014.</p> <p>The board received and noted the AAC Update and Progress Report from the Committee Chair</p>
		<p>Charitable Funds Committee - Verbal Update from Committee Chair</p> <p>YR confirmed that the last scheduled Charitable Funds committee meeting was canceled and therefore, there was no further business to be discussed or reported</p>
4.	<u>Risk, Regulatory and Strategy Items</u>	
	4.1	<p>FT Update</p> <p>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</p> <p>The FT Project Board met on 16th January 2014 and reviewed the Trusts progress against the FT Project plan milestones during stage 1 and plans for entering stage 2. The main decisions taken by the project board were in relation to the electoral process for governors and the role of the Lead Governor. The project board recommends that at this stage the lead governor role should remain as currently required by Monitor with the option for review once the Council of Governors has been constituted.</p> <p>The overall attendance and interest from the wider community at the public meetings continues to be variable. However, combined with the voluntary and community sector meetings we are reaching a wider range of people. Two further public consultation events are due to take in place in February; one at East Surrey Hospital and one in south Croydon.</p> <p>Staff consultation is on-going throughout the period of consultation with discussion and presentations at all staff and senior leaders meetings, team and volunteer meetings and road shows.</p> <p>Recruitment of FT members is in progress with face to face postal and online recruitment also taking place. To date the Trust has recruited just under 500 patient and public members. We are also in the process of tendering for membership services support through the NHS procurement framework.</p> <p>The development of the IBP is continuous and is currently being updated to include response to TDA feedback on the previous version as well as changes and developments within the Trust. The second draft of the IBP will be reviewed by the Board prior to submission to the TDA.</p>

	<p>The Trust Development Authority (TDA) Readiness Review meeting will take place in March 2014 for which TDA requires all documents to have been signed off by the Trust Board and submitted to TDA at least one month prior to the meeting.</p> <p>The independent reviews of the Board and Quality Governance Assurance Frameworks were undertaken by Deloitte LLP during December and the early part of January. Their draft has now been received by the Trust and will inform any updates or additional actions required to either or both of the Board and Quality Governance Assurance action plans. The Deloitte's report and the trust action plans form part of the submission to TDA for the Readiness Review</p> <p>The board received and noted the FT Update.</p>
4.2	<p>Draft Governance Rationale & Draft Constitution</p> <p>NHS Foundation Trusts are required to have a Constitution setting out the governance arrangements for the foundation trust.</p> <p>As part of the FT application process, the Trust is also required to submit a Governance Rationale explaining the rationale for each element of the proposed governance arrangements.</p> <p>Both documents remain in draft until after the end of public consultation but are required as draft for the TDA Readiness Review in March. The TDA process requires that prior to submission they have been reviewed and approved by the Trust Board.</p> <p>The board resolved to approve the Draft documents as presented, for submission to the TDA.</p>
5.	<u>Other Items</u>
5.1	<p>Minutes from Board Committees – for information</p> <p>The following approved minutes were received by the board for information -</p> <ul style="list-style-type: none"> ▪ Audit & Assurance committee held on 5th November 2013 ▪ Safety & Quality committee held on 10th December 13 ▪ Finance & Workforce committee held on 17th December 13
5.2	<p>Any Other Business</p> <p>DH presented a paper for board approval of the Trust participating in a large, National study which looks at whether a care bundle of seniority of input to sick patients receiving ITU and laparotomy outside of normal working hours improves mortality.</p> <p>Individual patient consent is not required for this study, it is organisation data that's required and the Medical Director confirmed his support and approval, as Caldecott Guardian to accept the invitation to participate. The study will require some support from R&D and Anne Shears has given her consent, despite current pressures on the team.</p>

		The board resolved to approve participation in the study. No further business was discussed by the board.
	5.4	Questions from the Public There were no questions raised by members of the public.
	5.5	Date of the next meeting Thursday 27th February 2014 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.

<p>These minutes were approved as a true and accurate record.</p> <p>Alan McCarthy</p> <p>Chairman: Date:</p>
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