Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 26th September 2013 from 10:30 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
(PB) Paul Bostock	Chief Operating Officer
(IM) Ian Mackenzie	Director of Information & Facilities
(YP) Yvonne Parker	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

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 the new Chief Operating Officer, Paul Bostock to his first Trust Board Meeting in Public, since his appointment on 1st August 2013.
	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 – 29th August 2013** MW provided an updated on the recent PACS and Cerner I.T issues which continue to present a number of challenges for the Trust. High level discussions are being had on a daily basis and the senior management team remain fully committed to identifying solutions in collaboration with BT and Cerner. The Medical Director confirmed that he was satisfied with the actions being taken by the Trust and that key concerns related to reputation and frustration amongst clinicians, not patient safety. The minutes of the meeting held on 29th August 2013 were then approved as a true

		record.	
		1.3.1	**Action Tracker** <u>Action 1 – carry forward</u> 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. <u>Action 3</u> DH agreed to share with the board some of the key messages and learnings from participation in the Frimley Park CQC Mock Inspection. All other actions were 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 recommendations of the Caldicott report which were accepted by Government and which highlight that while information sharing is essential to provide good care for everyone, there are rules that must be followed. The Health & Social Care Information Centre has published rules for staff to follow when sharing information and colleagues are encouraged to familiarise themselves with the revised guidance which can be accessed online. MW further highlighted the Health Secretary's recent proposals to fundamentally tackle increasing pressures on NHS A&E services in the long term, starting with care for vulnerable, older patients with complex health problems. Fundamental changes mean joined-up care – spanning GPs, social care and A&E departments – overseen by a named GP. Many vulnerable older people end up in A&E simply because they cannot get the care and support they need anywhere else. To support the NHS in the short term, the Government has made an extra £500 million funding available over the next two years. On 10th September, the Health Secretary set out how £250 million would be used by 53 NHS Trusts this winter. The Trust applied for a proportion of this funding however we were unsuccessful due to the sustained performance of our A&E waiting times. The Chairman and CEO recently met with MP Crispin Blunt and representatives from Reigate & Banstead Council to discuss how we might improve transport links. We were pleased to hear about their plans to survey the road layout and improve cycle lanes and lighting at our local train stations. MW announced the unveiling of a Virtual Nurse; a hologram which greets visitors as they come into the hospital both at the East and Main Entrances. She is playing an important role in reminding visitors about hand hygiene and encouraging them to use the hand gel. Feedback so far has been very positive and the board praised the Infection Control team for their efforts and innovations. The Trust held its Annual General Meeting on 17th September. An overview and highlights from 2012/13 Annual Report, adoption of Annual Accounts for 2012/13,	

		clinical service presentations on getting admissions and discharges right, the patient's journey through stroke and non-emergency services as well as looking to the future, 2013/14 and beyond were presented. The interaction with external delegates was well received and provided a balanced view. The Chairman impressed the importance of staff wellbeing and pledged for all staff to attend an occupational health clinic for their seasonal flu vaccination. The Trust has been set a target to ensure at least 75% of staff receive the flu vaccination. If this target is not achieved, it will have a detrimental affect not only on staff and patient wellbeing, but also on finances and available funding to the Trust the following year in this respect. As an incentive, a £5 gift voucher is being rewarded to all staff who receive their vaccination at the Trust. DH agreed that it would be insightful, albeit very challenging to track those members of staff who receive their vaccination outside of the Trust. The report was duly noted by the board.
2.	**<u>Safety, Quality and Patient Experience</u>**	
	2.1	**Clinical Presentation** The board received a presentation from Bill Kilvington, Associate Director for the Woman & Children's Health division in respect of a surgical Never Event in March 2013, where the incorrect procedure was performed on a patient and immediately declared a Serious Incident upon recognition. It is important to note that there have been no long-term physical impairments as a result but clearly this has had damaging psychological and financial effects on the patient. The patient involved in this particular incident has articulated his experience for the Board and allowed the division to demonstrate some of the key learnings and actions as a result of the incident. Contributing factors to the wrong procedure being performed on this patient include; • The operating list was running late due to the new procedures performed earlier in the day, and the surgeon did not get sufficient time between the morning and afternoon sessions to take a break; • The scrub practitioner was directing a junior member of staff to perform a task and was not watching as the surgeon commenced the procedure; • An anaesthetist from another theatre had introduced a degree of stress into the team by giving them the 'hurry up' message due to concern about a potential late finish. The division have shared some of the key learnings identified from the investigation with other departments and demonstrated improvements in practice to avoid such incidents reoccurring. Recommendations made to prevent this happening again include; • Consideration should be given to reducing the number of patients on a list where a procedure new to the team is to be performed. • Members of the clinical team need to have sufficient time for a break during the course of an all-day operating session. • Separate briefing sessions should be conducted for the morning and afternoon sessions of an all-day list. This would also allow staff joining the team to be formally inducted into the team. • The Time Out should be conducted just prior to commencing the procedure

		and after the surgeon has scrubbed. Where there is a delay the procedure should be confirmed immediately prior to commencing the procedure. • The Scrub Practitioner should focus upon the commencement of the procedure to help ensure the correct procedure is being performed. Likewise, they are required to be particularly focused at the end of the procedure when performing the safety counts. • Unnecessary pressure for the team to work faster should be avoided One of the most valuable lessons learnt from this incident is to ensure that the very first step following declaration of a Serious Incident is to establish who will take responsibility for communicating with the patient/relatives and ensuring that their immediate needs are being met and questions answered openly and honestly. The board requested that its apologies were conveyed to the patient on behalf of the Trust, along with their appreciation for sharing the story and enabling the organisation to learn from and improve clinical practices for the greater benefit of its patients. The board were informed that long operating hours, with minimal breaks were common amongst Trusts and that the surgeon had otherwise followed good practice. The report was duly noted by the Board.
	2.2	**Safety & Quality Committee Chair 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 20th August 2013. An analysis by the Trust's external consultant in governance and risk into complaints received by the Trust and key themes during 2012 and 2013 was presented to the Committee. There was evidence that the total number of complaints received had reduced and that common themes around courtesy and communication between clinical staff and patients had reduced this year. The new Customer Care Manager will take up post in September 2013 and will help integrate action plans in relation to complaints onto the Datix system, allowing tracking of actions as per the Serious Incident. The committee was assured on the handling of complaints by divisions and the reduced backlog. The committee heard that the Trust was ranked 7th lowest of English acute trusts on the initial publication of the Friends & Family Test, despite 89% of patients recommending it as a place to be treated. There were two significant differences between the SaSH system for administering the survey and practice at other trusts; the question is asked after patients have left the hospital, rather than at the end of their treatment episode and it is one of a large number of questions asked. It has since been agreed that the method SaSH will adopt will be in line with other trusts in this respect and the comparative results will be shared with the board once analysed.

		The committee received a presentation from the Lead for enhanced recovery which explained that pre- peri and post-operative interventions applied in particular to elective surgery had been shown to reduce length of stay and accelerate return to full activity. Challenges to delivering high numbers of patients through this pathway included data capture, out-sourcing of patients to other providers, a perceived lack of visibility to the Trust Executive and a lack of therapists. The committee were assured that progress was being made and more patients were benefitting from the pathway. The committee felt that the surgical division had made significant progress despite the Chief of division focussing on problems with overall delivery. The committee asked for further work through management board to tighten guidelines for setting and conducting programmes of audit. A comprehensive review of how patients who die in the care of the medical division was presented by Natalie Powell, consultant physician and divisional lead for safety. This reviewed changes in IT capture of details of death and certification, and categories of death requiring further investigation. The committee commended the work and asked for a similar presentation in relation to surgery to be made at a future meeting. A review of recommendations made in the Francis report, and a gap analysis between these and the sash action plan was made by Andrew Clough, interim chief nurse. This paper confirmed the action plan was relevant. 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 gave a summary of the first KSS Clinical Senate meeting on 24th September, a cross sector mandated forum which can advise on commissioning, service design and standards and has representatives from acute, mental health and primary care providers, CCGs, social care and public health, HEKSS and AHSN. The Medical Director and Director of Corporate Affairs met with Helen Windsor and Bob Gardner, the lead councillors for healthcare to discuss the trusts Quality Account and priorities for the coming year. In that meeting, they agreed to work together as effectively as possible to allow councillors to be informed of barriers and opportunities for care delivery. DH confirmed that he had intentions to continue dialogue with councillors on a continued 6-monthly basis. Since the last Trust Board meeting, the AHSN has received its license to operate from NHS England. SASH is now taking part in an AHSN promoted project on chronic obstructive pulmonary disease (COPD) and is also receiving support in the enhancing recovery project. SASH has now hosted two meetings bringing together representatives across the health and social care system to look at more effective partnership working in preparation for Norovirus season, using last year's experience as a starting point and in particular looked at information sharing, protocols for keeping patients

		hydrated within nursing homes and for transfer from hospital to community beds post infection, patient and relative information, and communication when wards need to be closed to visitors AC summarised the outputs of the SASH Nursing & Midwifery conference held on 23rd September, which celebrated the hard work and contributions of nursing and midwifery staff, healthcare assistants and students across the hospital. The conference was very well attended and received internally and externally. The report was duly noted by the Board.
3.	**Operational Performance**	
	3.1	**Integrated Performance Report (Month 3)** The board received the Integrated Performance report in advance of the meeting and in its new format. PS presented the revised integrated performance report, in line with the NHS TDA quality measures and standards. This is reflective of the Monitor risk assessment framework which assesses FTs in relation to the continuity of services and governance conditions of provider licenses. PS further summarised that the Trust ED performance against the 4 hour target was maintained during August 2013 for the fourth month in a row, despite challenging levels of activity. 18 weeks delivery remains in excess of expected standards with full speciality compliance for the second consecutive month and the lowest level of incomplete pathways over 18 weeks since RTT was implemented. Cancer access targets continued to show under-performance in both the Breast Symptomatic pathway and the 62 Day Referral from Screening pathway. Breast symptomatic under-performance was primarily driven by patient deferrals. However, the Trust has implemented a revised scheduling process which offers patients the choice of more than one appointment date. The results of this should be visible from October 2013. Patient safety indicators continued to show expected levels of performance and the latest HSMR data and SHMI data both show overall trust mortality is lower than expected. DH agreed to review the metrics within the report to better highlight the comparative performance in relation to SHMI, FNOF and Stroke in previous reports and alert the board to any significant changes in performance. The Trust had one MRSA bloodstream infection in August which was deemed un-avoidable. C-Diff is equal to the YTD trajectory of 12 cases. Maternity indicators continue to show positive performance although emergency C-Section rates are being reviewed The board discussed at length the revised format of the report and debated the level of assurance for which it provided to Non-Executive Directors and external stakeholders. The Executive Team agreed to make reasonable adjustments in the articulation of some metrics, in order to provide greater context and clarity. The board were reminded that a detailed report which analysed the Trusts internal controls and

		stretched targets was available to all board members monthly and was discussed in several forums consisting of clinicians and senior management. It was noted that the challenges experienced during the month of August were a result of multi-factors, including high level of activity for both Outpatients and Emergency Admissions, changes in acuity and case mix, and continuing challenges around discharge processes. However, plans are in place to address some of the difficulties and obstacles within these pathways and results should be visible from October 2013. Lisa Cheek, Divisional Chief Nurse and member of the audience, added that seasonal peaks were no longer recognised as a trend and that a small number of patients were often enough to tip the balance during high levels of acuity. PS summarised that the financial performance of the Trust, which was a similar position to the previous month, remained favourable to plan with a £0.2m surplus. The Trust is forecasting a £0.3m surplus. Savings continue to be above the TDA plan. The Trust is still in discussions with the TDA regarding resolution of non-recurrent income/cash support and this remains a significant risk to the financial position. The latest correspondence from the TDA gives a deadline of 30th September for further information from the Trust and the Board is considering the Trust's response. The financial position remains stable at month 5 (recovering early overspending). However, contract income is slightly adverse to the Trust plan. The CFO was expressed some confidence in the direction of travel to reduce agency and bank staff spend, with a renewed focus by the Executive team and Trust management committees. The board recognises an improvement in retention since the strategy introduction, despite inevitable high turnover levels and the extensive recruitment of junior-level staff. The Trust's current income and activity position, and indeed year end forecast, shows significant over performance against CCG plans. While the Trust is reconciling activity and income with CCGs and agreeing over performance payments, this is having a significant impact on the cash position, requiring cash advance from Sussex CCGs. With the discussions over the non-recurrent funding still going on, the Trust will be securing temporary borrowing while these issues are worked through. The cash balance has dropped again from last month (now £2.8m), but remains on plan. Some members of the board again expressed concerns that the board were not sighted on the level of detailed financials previously available from the report. It was noted that the metrics determined by the TDA were similar to the metrics which are currently used by the Trust to monitor performance and standards. PS agreed to consider incorporation of the TDA financial monitoring metrics within the board report going forward. The CFO echoed concerns that the Trust continues to operate from an interim budget and asked the Board to confirm their tolerance in this respect within the private part of the meeting.

		The report was duly noted by the board.
4.	**Risk, Regulatory and Strategy Items**	
	4.1	**Board Assurance Framework (BAF) &** **Strategic Risk Register (SRR)** The board received and noted the revised BAF format and SRR in advance of the meeting. The BAF highlights potential risks to the trusts strategic objectives and mitigating actions. The board was asked to consider agreement with the existing controls and assurances and whether the mitigating actions were acceptable for the target risk score. GFM highlighted that the report in its current, revised format had been considered and reviewed extensively by the Executive Team and clear linkages have now been established between the BAF and SRR. The revised format was well received by the board, with expressions of interest to articulate a rapid appreciation of the overall risks profile of the organisation in summary and highlight significant red risks from the SRR into the BAF. The board confirmed delegation to the Finance & Workforce committee to review and discuss all corporate risks related to workforce, agreeing and monitoring target scores and mitigating actions for the board's approval and ratification. The board agreed that the BAF and SRR should be presented and discussed earlier in the agenda for future board meetings, allowing more time and facilitation of discussions later in the agenda. The report was duly noted by the board.
	4.2	**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 fourth meeting of the FT Project Board was held on 12th September 2013. The meeting reviewed the detail of the draft FT timeline and key milestones. This included the three TDA application and approval stages and the Monitor assessment phase; 1. Diagnosis and Due Diligence 2. Development and Application 3. Assurance and Approval The TDA have indicated that they will convene an Executive to Executive meeting with the Trust at the end of October 2013 at which time the detailed project plan will be signed-off.

		The project board approved the terms of the reference for the internal FT Task and Finish Group which is being established to take responsibility for delivery of the FT Project Plan agreed by the FT Project Board and specifically to develop and deliver the application requirements prescribed by the TDA and Monitor. A draft of the IBP was submitted to the TDA on 16 September for their initial review as part of their assessment of the level of trust preparedness. An update was also given on the recent refresh of the Long Term Financial Model which was submitted to the Trust Development Authority at the end of August. Online recruitment of FT members has now begun with a view to face to face and postal recruitment taking place from October onwards. The board resolved to approve the membership strategy.
	4.3	**Revised Rules of Procedure** The board received an annual update on the Trusts Board of Directors Integrated Governance Systems. Updates include the revised Terms of Reference for Finance and Workforce, Quality and Safety Committees, revised annual wok plans for all Board sub-committees and general updates to roles and responsibilities. Committee Chairs were encouraged to send any further comments directly to the Director of Corporate Affairs. The board resolved to approve the revised Rules of Procedure, on the provision that it may be revisited and amended at any time, where and when appropriate.
	4.4	**Auditors Annual Report** The board received the Auditors Annual Report in advance of the meeting. The Audit & Assurance Committee (AAC) has accepted the draft Annual Audit letter for 2012/13 which was presented to the Board for acceptance and publication. The Trust's auditor is Grant Thornton UK LLP. The board commended the report and resolved to accept the Annual Audit letter.
	4.5	**Safeguarding Annual Report** The annual report for safeguarding children was presented and the board were asked to note the activity across the Trust in relation to the organisations statutory compliance with section 11 of the Children's Act (2004). The key challenges noted from the report relate to increasing numbers of emergency attendances which, potentially increases demands on the safeguarding team and also the increased demand for training of key staff in areas such as maternity. An action plan has been developed and is being managed to address these issues. The Chairman asked what evidence we had to confirm that our safeguarding practices were delivering the standard of care expected. The safeguarding team are taking positive steps to mitigate risks but gaps within the report made it difficult to identify whether the policies and procedures as well as training in place were sufficient in mitigating those risks.

		The Safety & Quality Committee Chair raised her concerns in relation to assurance and asked the Medical Director to confirm whether there were any audits which would provide the assurances needed to identify the gaps. It is apparent that there needs to be a more efficient system to ensure emergency medical notes are being scanned into children's notes. It is reasonable to expect this to be possible and entirely within the Trust's gift to facilitate. It was noted that red risks identified by the Management Board for Quality & Risk were not visible in the Significant Risk Register. The Chief Nurse was asked to return to the Board to report what actions were being taken against the risks identified and demonstrate a plan for compliance.
	4.6	**Major Incident Plan** The board received the Major Incident Plan in advance of the meeting for approval. The major incident plan was tested in June 2012 by participation in an Emergo Exercise facilitated by the Health Protection Agency. It was then reviewed in February 2013 in accordance with the recommendations of the Emergo Report and also incorporating internal SASH changes. The plan was ratified at Management Board in February 2013 and was presented to the Trust Board as part of the governance cycle for the plan. It was noted that there were no concerns identified from the exercise and training would continue to be incorporated within the staff induction programme. The board resolved to approve the Major Incident Plan.
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 September 2013. The committee chair presented a paper which looked to define the Work Plan for the committee and its interrelationships with the Board and other sub committees. Respective roles of the AAC and the Board in respect of risk management were further discussed and the committee agreed to propose to the Board that its role would be to scrutinize the accuracy and completeness of Board Assurance Framework and Risk Register. The Annual External Audit Letter was presented to the committee for information and discussion. The internal Audit annual plan was agreed in principal, and that a framework would be developed in order to facilitate the audit process. The Trusts counter fraud representative detailed a report which focused on 3 recently identified cases. The committee congratulated the LCFS team on their achievement of a successful prosecution and conviction in the fraud case presented.

			The report was duly noted by the board.
		5.1.2	**Finance & Workforce Committee Chair's Update** The board received and noted the FWC Chairs update in advance of the meeting. RD summarised the key discussions of the FWC meeting which was held on 28th August 2013. With the new responsibilities reviewing the detailed Finance report, the committee reviewed and agreed revised draft Terms of Reference, which are presented to the Board for information. The Finance Performance report raised no additional concerns for discussion by the committee and the summary of that report is presented to the board within the Integrated Performance Report. The committee reviewed the Month 4 Capital report which gave assurance that the programme was on plan. However, tenders for Phase 2 of the theatres project will be a month later than originally intended but this is not expected to impact on the overall timetable for the build. The committee noted and agreed the timetable for the 2014/15 Business Planning and the Trusts draft Corporate Business Cycle. 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 2nd July 2013 - Safety & Quality committee held on 11th June 2013 - Finance & Workforce committee held on 3rd July 2013	
	5.3	**Any Other Business** YR requested confirmation and circulation of 2014 board and committee meeting dates for the diary, which are currently being reviewed with committee chairs. The board thanked Andrew Clough for his contribution to the Executive Team and the board as Interim Chief Nurse and wished him well in his future endeavors. Andrew leaves the Trust in September 2013. No further business was discussed by the board.	
	5.4	**Questions from the Public** There were no questions raised by members of the public or audience.	
	5.5	**Date of the next meeting** **Thursday 31st October 2013** at 10.30am in Room 7/8, Post Graduate Education Centre, East Surrey Hospital	