Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 25th September 2014 from 10:30 to 13:00
Room 7/8, PGEC East Surrey Hospital

Present

(AM) Alan McCarthy	Chairman
(MW) Michael Wilson	Chief Executive
(YR) Yvette Robbins	Deputy Chair
(PS) Paul Simpson	Chief Finance Officer
(PBo) Paul Bostock	Chief Operating Officer
(DH) Des Holden	Medical Director
(FA) Fiona Allsop	Chief Nurse
(PBi) Paul Biddle	Non-Executive Director
(PL) Pauline Lambert	Non-Executive Director
(AH) Alan Hall	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

In Attendance

(CP) Colin Pink	Note Taking
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs

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. The Chairman further welcomed representatives from Deloittes, who have been invited to observe the board in preparation of the Trust's FT application.
	1.2	**Declarations of Interest** The Chairman asked if the Board members had any declarations of interest, none were recorded.
	1.3	**Minutes of the last meeting – 28th August 2014** The minutes of the meeting held on the 28th August 2014 were reviewed and the following changes noted: **Item 7.1, pg 3 – para 5:** DH corrected: DH replied by explaining that other issues manifest in more patients not getting to the right bed first time, and could also manifest with related metrics such as an increase in late or short notice moves between wards and changes in complaints or PALS contacts, or changes in the Friends & Family test scores. All of these metrics could be looked at in relation to occupancy or 4-hour ED performance. The peak in serious incidents was not due to an increase in the number of new incidents but in the small number of incidents declared that month, which were very historic and had come to light through complain or through conversation of an

		amber incident to an SI. Given our openness and transparency in relation to SI's and to commissioners, as a board we have to be prepared that there will be some historical declarations of this nature. **Item 3.1, pg 8:** DH added: funding had been allocated to improve community services such as diabetes services and community geriatricians **to move activity into the community where it is clinically appropriate.** **Item 3.1, pg 7-8:** PS corrected that the forecast risk (in relation to the cost improvement plans) was **£8.5m**. PS added 'PS discussed how the previous risk had been managed'. With the changes above noted the minutes were agreed as a true and accurate record.
	1.4	**Action Tracker** <u>TBPU-16</u> FA confirmed that the final Savile Review Action Plan will be presented to the Board in October 2014. <u>TBPU-15 & TBPU-13</u> Both the IT strategic risk and management of divisional overspend risks had been updated in the BAF for Board discussion at today's meeting.
	1.5	**Chairman's Report for Assurance** On behalf of the board, the Chairman gave thanks to Eloise Clarke as she prepares to leave the Trust as Head of Communications and welcomed Katrina Swanston as Interim Head of Communications. The Chairman summarised the highlights from a recent FTN meeting held in London for provider Chairs and Chief Executives; the level of financial challenge faced by the whole health system was a key discussion point and was echoed by representatives in attendance. The FT sector anticipates a £400-500m deficit, with a further anticipated £770m deficit for non-FT's. There are growing calls for additional funding, despite resistance. It is accepted that additional funding is needed in order to transform the current system configuration however, there remains challenge of acceptance for re-configuration and the provision of additional funding in its current format. Formal guidance and advice around the Better Care Fund provision will be made available imminently, as advised by John Rouse – Director General with responsibility for the Health & Wellbeing Board and BCF.
	1.6	**Chief Executives report for Assurance** The board received and noted the Chief Executive's report in advance of the meeting. MW highlighted to the board some of the national issues affecting the Trust at the current time and going forwards.

		The launch of 'MyNHS' identifies quality standards, by linking existing date for patient safety, efficiency, quality, public health, social care commissioning and hospital food standards from across the health care system and sharing these results online. The data will used to highlight best performing areas and improve standards through competition and transparency and shared learning. **RS suggested adopting the same quality standards used for 'MyNHS' within the Trust's Integrated Performance Report. MW agreed to review and consider this.** MW recognised that the Trust's overall score against NHS Choices needed improvement, however this is not representative of the Trust's recent PLACE score and the various methods for measuring success and quality performance were inconsistent. The NHS will soon implement mandatory food standards and hospitals will be ranked on food quality as part of a wide-ranging drive to raise standards of hospital food across the country. The mandatory requirements identify 50 food quality standards and the Trust is looking at what impact this will have on the organisation and will report back to the Board with its findings. AM questioned whether the new standards would present new challenges for the organisation and MW acknowledged that there were some areas where rapid improvement was needed and other areas where the new catering system worked well. Currently, the Trust uses an in-house catering service. **RS added that an update on progress against the new standards would be welcomed by the Board in October, acknowledging the amount of work which will need to be done to achieve expectations.** Locally, the Pharmacy department was the first local hospital to be inspected by the General Pharmaceutical Council under its new inspection scheme and has credited the Pharmacy Services at East Surrey Hospital with an overall rating of 'Good'. The Trust, alongside East Surrey CCG and First Community Health & Care has submitted a bid to this year's Department of Health Technology Fund to support implementation of a shared Electronic Patient Record system which will link patient data provided by GPs and community providers. MW confirmed that the Technology Fund application was not dependant on the Trusts EPR application in terms of timing. The integration will apply to existing systems in place and the Trust recognises that it would need to invest in tele-medicine in order to best connect patients to other specialty provider sites. During September, the HSJ announced that the Trust was one of the top 100 best NHS employers. This was determined by an employee engagement and satisfaction survey, as conducted by all healthcare organisations. RS challenged the driver of staff turnover, recognising this achievement. MW confirmed that the organisation now has a better understanding of key drivers and trends for turnover, following scrutiny and increased focus on staff engagement. The greatest challenge for the Trust was its geography. Medicine specialties and in particular, Frail & Elderly have the highest level of vacancies. However, the trending reasons for leaving have not raised any concerns and lend themselves to opportunities for newly qualified and trained nurses in London.

		FA added that the upper target for turnover was 12% and the Trust continues to look at ways of making SASH a more attractive organisation to work for. It recognises that the nursing pool was unlikely to increase in the near future. Being able to offer in-house training programmes and incentives for unregistered nurses in order to deliver nursing care would be a positive way forward. FA added that the Trust currently collects information from leavers, and the key trends relate to development and opportunity. The HR team are currently looking at stability ratios. The Secretary of State for Health, Jeremy Hunt tweeted his congratulations to the Housekeeping team at East Surrey Hospital for its latest PLACE score of 100% for cleanliness in the its recent assessment of the whole hospital environment including cleanliness, food and hydration, privacy and dignity and the condition, appearance and maintenance of patient areas. MW further added that the Trusts exclusive entry into the Parliamentary Review had been published and hard copies would be circulated to the Board on arrival. The edition will be distributed to stakeholders. MW added that the Trust had received formal notification of industrial action on 13th November. Contingency plans will be put into place to reduce impact on patient care and usual business will resume. The Trust will be informed of specialties and staff numbers affected by this action 7 days in advance. The report was duly noted by the board.
	1.7	**Board Assurance Framework and Significant Risk Register for Approval and Assurance** GFM introduced the BAF and SRR for discussion and approval by the Board. GFM highlighted that the BAF now presents 4 red risks, 13 amber risks and 2 green risks for consideration. The red risks relate to finance and IT. This differs from the report circulated to the board in advance, following review of risk 5.83 by the Finance and Workforce Committee and resulting in the risk being reduced due to change in controls and revised scoring. The Executive Committee continues to review the BAF in detail, on a regular basis. Risk 5A3 - PBi noted from the Audit & Assurance Committee discussion that delivery of the financial plan was not determined by producing a long-term plan but by reflecting the influence of delivering the plan. The detailed explanation and resulting score should be reconsidered to reflect the ability to deliver the financial plan. The risk has been reduced because the Trust is able to deliver the plan; this better presents a realistic risk. Risk 5A2 – PS clarified that the level of risk has been reduced but the level of overspending remains high. The team does not want to over emphasis divisional spending and mitigating actions and management remains a key focus. AH challenged how the Trust operated likelihood and severity in an appropriate way. PL acknowledged the increased score relating to Objective 3 and the report due to be presented by the Chief Nurse in response to Falls; noting the correlation of the Trusts key strategic and operational risks identified on the BAF and SRR with the

		Boards current discussions. DH challenged the formatting of the BAF, noting that the highest rated risk was presented later in the report – should this be visible earlier in the paper? GFM clarified that the highest risks are identified within the SRR, which is not incorporated into the BAF. Risk 4E – noting the increased challenges and trends around staff turnover, YR asked the Board whether the current risk rating was appropriate. However, this score was reflective of trust-wide recruitment and retention, not just nursing turnover – where turnover challenge was given. Risk 5A1-4 – noting the top 4 risks of the organisation are financial risks, expressed as financial implications to failure of delivery of quality and safety, PS questioned what this meant in terms of the clinical risks and the implications to failure of delivering financial expectations and how the BAF describes everything we want to say. MW explained that the objective was to describe the mitigating risk and to provide assurance that there are no plans to allow clinical risks affecting quality and safety of patient care to become real risks. RD added that the FWC considered and discussed the IT risk in detail. The risk reflected development, scope and implementation of IT as an enabler and describes the steps taken to achieve this. The board approved the report.
2.	**Safety, Quality and Patient Experience**	
	2.1	**Clinical Presentation – Ward Rounds for Assurance** Dr Bruce and Dr Powell presented the Quality Ward Round Programme to the Board and some of the key achievements from the programme so far. A pre-project survey demonstrated a gap in training for ward-rounds; the ability to lead a ward-round is not currently part of either undergraduate or postgraduate curriculum. In an attempt to standardise this practice at SASH, Dr Powell and Dr Bruce developed a simulated ward round training session for final year medical students from Brighton and Sussex Medical School and junior doctors working at the Trust to introduce structure and format to ward-rounds. The Trust was successful in its application for collaborative Technology Enhanced Learning Initiative monies to further develop the Quality Ward Round Programme and deliver training sessions across the region. The project has been well received and recommended nationally and internationally. The aim is to see ward-round training become part of national foundation programme competencies for all foundation doctors and incorporate such training into national undergraduate curricula. YR acknowledged a great initiative and encouraging work by the team and questioned whether the sequencing of patients was considered at ward-rounds. Dr Powell confirmed that it was becoming more apparent and appropriate to attend to the acute patients. PBo challenged what support the senior team could provide in managing the transition and change in culture and behaviour. Dr Powell agreed that senior direction and instruction would help to achieve a smooth transition.

		DH challenged the team to focus on how doctors should interact with patients during ward-round, rather than how they conduct a ward-round. Patient feedback from ward-rounds will provide the team with learning from which to develop from. MW challenged greater involvement of senior nurses within the new ward-round structure and support and development for existing consultants. DH added that this could be mandated as a corporate objective for all consultants to undertake simulation training. Dr Powell added that the involvement of multi-disciplinary teams including pharmacy and nursing staff has evidenced a significant reduction in length of stay and mortality. Dr Powell will soon visit the US to understand such findings and share principles. The board thanked Dr Bruce and Dr Powell for sharing this development and congratulated them on the achievements of this project so far.
	2.2	**Chief Nurse and Medical Director's Report for Assurance** The board received and noted the report in advance of the meeting. FA presented the first half of the report focusing on safer staffing compliance, the new CQC regulations on Fundamentals of Care - Duty of Candour and Falls. The Safer Staffing Compliance data has been published externally since July and has generated a lot of discussion across the health care system. The Trusts new Duty of Candour, as dictated by regulations, will come into effect from 1st October 2014. The Trust will need to inform patients of any issues where severe or moderate harm may have been caused. Currently, the Trust informs patients of Serious Incidents and a formal method of notification is adhered to. There are mechanisms in place to evidence that formal conversations have taken place to this effect. In relation to the staffing compliance report, FA and PBo highlighted that Outwood ward and the CDU had worked using a flexible summer template to watch demand and this had eased staffing pressures in Paediatrics. This situation has now been resolved and the ward is fully recruited. FA acknowledged that this was not a new issue, but demonstrated increased focus and robustness of managing the issue on a daily basis. PL added that it would be helpful to understand the impact on patients by recording numbers affected. PS was positively assured by how the data allowed the Trust to look at resourcing in a proactive way and to understand whether a ward is safe in terms of staffing, and how it can aid comparison of budgets. PBo added that the Operations Centre for the hospital had clear sight of live staffing levels for all wards and were able to promptly identify hotspots and mitigate any concerns with immediate action. This level of transparency was not previously available.

		YR challenged the circumstances when an extreme incident may not be declared as a Serious Incident. In the absence of guidance, what is the interim measure? FA confirmed that the criteria for determining an SI was a matter of wording. All extreme incidents will be communicated to patients and documented. There is an expectation that if the patient comes to harm, then this is communicated to the patient. There is a plan in place for interim management of severe and major harm, however greater training is needed to respond to lesser harm. DH detailed his report highlighting a recent visit by community providers to deliver Research and Development studies. DH noted that the opportunity for income was greater from commercial studies. For the first time in 15 years, the Pharmacy department has no locums employed in any staff group, following successful recruitment across a number of posts. However, this is unlikely to be sustained. There have been no further reports on incidents or complaints relating to homecare deliveries of medicines. The National Joint Registry has published its annual audit of hip fracture performance for all hospitals in England and Wales. The Trust is not considered an outlier. DH noted that the data relating to this does not include mortality. The full report will be presented to Clinical Effectiveness Committee and Safety & Quality Committee. The annual Norovirus preparedness meeting attracted good attendance from commissioners, infection control leads, ambulance trusts and nursing homes across the region. The Trust has agreed to provide training for nursing homes who have relevant insurances to manage hydration of patients to prevent hospital admission. The Board duly noted and took assurance from the report.
	2.3	**Falls Annual Report for Assurance and Approval** The Board received and noted the report in advance of the meeting. FA highlighted the summary of activity relating to patient falls during 2013/14 and the reduced numbers resulting in harm. However, this reduction has not reached expectation target. FA further highlighted that patient falls are graded as a 16 risk on the Trust's Strategic Risk Register. The risk has reduced since target solutions are embedded into practice and falls resulting in harm continue to reduce. It was noted that the majority of falls were occurring bedside. Incentives put in place to mitigate bedside falls has now resulted in fewer cases and falls now tend to occur away from the bedside. FA confirmed that the reduced risk for falls with harm has been sustained and the Trust is on track to further reduce this, with the introduction of a Nurse Consultant for Falls. The Falls Team will continue to review the risk and address issues around data capture and staff training. YR challenged what support was needed in order to further improve performance in relation to Falls, whilst resisting the urge to change policies and buy new equipment.

		PS responded that there was greater governance and structure supporting improvement plans and there is clear evidence of processes getting stronger. RS agreed that this would be translated into sustained improvement and welcomed visibility of this. FA summarised that the team had identified high risk areas and will continue to support those areas until the impact of the Consultant Nurse Specialist is recognised and before significant changes are made. The Board duly noted and approved the report.
3.	**<u>Operational Performance</u>**	
	3.1.	**Operational and Quality Key Performance Indicators** The board received the Integrated Performance report in advance of the meeting. PBo presented the report and explained that the new report format was structured around the 5 sub committees of the Executive Committee, including Patient Safety, Clinical Effectiveness, Access & Responsiveness, Patient Experience and Workforce & Finance. PBo highlighted that the reduced performance against the ED standard, as well as the increased Ambulance Turnover delays, is driven by adult bed occupancy which continues to be higher than planned. This is driven by increased activity partly off-set by length of stay improvements. FA summarised the overall position for Serious Incidents, following discussion around the SI backlog at Audit & Assurance Committee. 26 SI's remain open, 13 of which are overdue for closure. This is primarily a result of CCG delays. Governance continues to improve, with greater focus on divisions managing and reporting outstanding incidents locally. The Patient Safety Committee was able to assure the Executive Team of progress and action to continue to reduce the SI backlog. PBo reported that activity for the month of August was higher than anticipated and the number of elective patient cancellations due to bed shortages was extraordinary. However, the team have identified a number of actions to continue performance throughout quarters 3 and 4. Escalation use was higher than expected but plans are in place to increase capacity during quarter 3. PBo recognised that activity levels during quarter 2 have been challenging for the health system nationally. MW added that staff absence due to annual leave during the summer season has added to the challenge and an analysis of staff shortages within social care services would be beneficial in identifying and understanding the areas which were most affected and impacted by activity levels and staff shortage. **AM welcomed further discussions around emergency verses elective activity and the clinical priority at a later date.** AH challenged the scorecard's positive assurances noting the risk discussion earlier in the meeting and whether the dashboard was informative enough and appropriately demonstrating activity and challenges within the Trust. DH responded that together with FA and PBo, he is currently bringing together a

		newly formatted dashboard for the Safety & Quality Committee. This report will present a weekly position, with narrative around patient stories and measured standards. PBo summarised the challenges around delayed discharges of patients and described some of the actions which have taken place to better understand the issues. Workshops have been hosted with discharge nurses and a weekly meeting chaired by PBo now takes place to review the top 20 patients for discharge. The team are also now recording delayed transfers of care. **PBo agreed to provide further update to the Board in October to better describe some of the work that has been done to address the challenge.** MW added that the organisation would be rolling out the Discharge-to-Assess model of care to support patient flow out of the hospital. This initiative discharges patients back to the care of their GP and assessments are undertaken at the patient's home. The impact of this should evidence reduced length of stay. GPs across Surrey are supportive of this initiative however, Sussex continue negotiations despite clinical assessments as medically fit for discharge. **Finance** PS advised that the Trust remained on plan with a £1.5m deficit year to date. The position was supported by non recurrent action and risks remained significant. The underlying issue continued to be the sustained level of emergency activity, driving costs and reducing elective activity and income. PS added that the month of August had seen an unseasonable peak in the use of bank staff spending, despite no obvious peaks in reduced nursing workforce. Divisional overspends remain challenging, and although some of this is justified, regular reviews (in some cases weekly) continues. RD added that the financial risks identified by the Trust totalling £8.5m were looked at in detail by Finance & Workforce Committee. The 2015-16 Cost Improvement Plan was also discussed in detail for the first time and the committee identified programmes which could be brought forward to support mitigating actions. PS updated the board on the accrual of income in respect of the Better Care Fund and marginal tariff, totalling £288,000. The Board agreed to discuss this in detail during the second-part of the meeting. The Trust has advised CCGs that is is not in agreement of the plans for the Better Care Fund (BCF) due to expected activity levels and that it needed to better understand some of the schemes proposed within the care fund. The Trust will declare its position in month 6. The Board duly noted and took assurance from the report.
	3.2	**Finance & Workforce Committee Update for Assurance** The Board received and noted the update in advance of the meeting RD highlighted some of the key points of discussion from the FWC meeting held on 23rd September 2014. The committee approved the Radiology Managed Equipment Service Strategic Outline Case which has now been submitted to the TDA for approval along with the addendum to the Decant Ward Business Case for a second ward to be built.

		The proposal for the Radiology MES SOC is that the Trust will enter a 12 year contract with an approximate value of £23m. The committee requested further exploration for the OBC in relation to length of contract; changes in technology; potential changes in location of diagnostic imaging; buy-in from Radiology users and user preference vs standard equipment. The expected timetable for implementation is November 2014, this is driven by equipment becoming out of date. The committee challenged the use of the Decant ward to protect and drive elective activity. AH challenged what had changed so quickly to support the development of the Decant ward so quickly. RD responded that this was a capital opportunity and will enable the trust to manage increased non elective activity and better utilise the building opportunity. The Board duly noted the report.
	3.3	**Audit & Assurance Committee Update for Assurance** PBi summarized some of the key discussions from the AAC meeting held on 16th September 2014. The committee reviewed the BAF in detail, focusing on the description and supporting text of the financial risks in section 5. The committee requested a review of the assurance sections of individual risks to reflect current position. The board duly noted the report.
4.	**Risk, Regulatory and Strategy Items**	
	4.1	**CQC Chief Inspector of Hospitals Improvement Plan – Progress Update For Assurance** The Board received and noted the report in advance of the meeting. MW represented the report, highlighting the outcome and action plan in response to the summary of findings from the CQC Chief Inspector of Hospital's visit to the Trust in May 2014. Areas which were identified as requiring further improvement relate to Outpatients services and an action plan has been developed to address this. RD acknowledged that a fundamental review of demand and capacity was needed for future use. The Trust recognises this and is looking at trends and demands relating to Outpatients services. **The board agreed that a monthly update on demand and capacity would be helpful.** A range of KPI's and metrics have been developed and the emphasis on leadership rather than management is well received. Further, a patient reference group is being considered for greater patient engagement in both environmental and service developments.

		The Board duly noted and took assurance from the report.
	4.2	**Foundation Trust Update For Assurance** The Board received and noted the report in advance of the meeting. MW presented a routine update of progress against the Stage 2 milestones of the Foundation Trust application and other key activities. AM challenged the state of readiness for FT, noting the financial challenges across the health system. MW confirmed that financial issues within the system would be separated from the FT application process as much as possible however, overall state of readiness was not yet known. PBi added that the Trust's financial controls exceeded the standard of what is expected of FT's and it should expect to achieve a positive audit outcome on due diligence of financial controls. AM suggested that the report should be titles 'FT Governance Update' to reflect progress and current position against the FT timeline. MW agreed that the governance discussion should remain separate, due to detail. The board duly noted the report.
	4.3	**Annual Plan Quarterly Review For Assurance** The Board received and noted the report in advance of the meeting. SJ presented an update on the annual operating plan which was approved by the Board in August 2014. The report provided an update on progress against each of the 116 actions for quarter 1 2014. AM questioned whether the implementation of Dictate IT had settled and SJ confirmed that daily monitoring continued with Jim Davey project leading. Medical Secretaries and Junior Doctors have been fully engaged and involved in the project and there is a plan to further reduce the number of electronic templates. Progress against delivery of the annual operating plan will be reported to the Board quarterly. The board duly noted the report.
5.	**<u>Other Items</u>**	
	5.1	**Minutes of Board Committees to receive and note**
	5.1.1	**Finance and Workforce** The minutes of the committee were noted with no questions raised.
	5.1.2	**Audit and Assurance** The minutes of the committee were noted with no questions raised.
	5.2	**Any Other Business** No further business was discussed by the Board.

	5.3	**Questions from the Public** There were no questions raised from members of the public.
	5.4	**Date of the next meeting** **Thursday 28th October 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.

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman: **Date:**