Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 29th May 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
(FA) Fiona Allsop	Chief Nurse
(AH) Alan Hall	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

In Attendance

Colin Pink	Note taking
(AS) Angela Stevenson	Deputy Chief Operating Officer
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(BB) Dr Barbara Bray	Consultant Anaesthetist and Clinical Chief of Surgery
(EB) Elizabeth Berry	Operational Manager for Cellular Pathology
(SR) Dr Sarah Rafferty	Consultant Anaesthetist and Director of Medical Education

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 from, Des Holden (Medical Director), Paul Bostock (Chief Operating Officer), John Power (NED) and Richard Congdon (NED).	
	1.2	**Declarations of Interest** The Chairman asked if the Board members had any declarations of interest. YR stated that she had registered a new declaration of interest. This constitutes a business involvement in her capacity as a management consultant with NHS providers outside of the Trust locality which should have no impact on Trust business. The Trust Board members confirmed that they had no additional interests to declare.	
	1.3	**Minutes of the last meeting – 24th April 2014** The minutes of the meeting held on 24th April 2014 were noted. However, these would be approved at the June meeting.	
		1.3.1	**Action Tracker** TBPU-05 GFM confirmed that this action had been completed.

			TBPU-06 GFM confirmed that the record of attendance at the September 2013 Board and remuneration committee meeting had been amended. TBPU-07 FA stated that methodology for demonstrating that the Board had listened and responded to patient experience was still under consideration. Highlighting that management and front line functions had already developed clear methodologies for this element of interaction with Trust patients. TBPU-08 FA confirmed that this action had been completed. TBPU-09 GFM confirmed that this action was completed. TBPU-01 carried forward FA confirmed that the maternity survey findings would be presented to the next Safety and Quality committee.
	1.4	**Chairman's Report for Assurance**	The Chairman introduced this new standing agenda item which would come in the form of a verbal report and provide a vehicle for providing an update and highlighting the main issues and themes. The Chairman thanked MW, the Executive team and all Trust staff for their hard work and passion for the efforts to support the recent CQC Chief Inspector of Hospitals inspection. The inspection had gone very well and the initial feedback had been very positive, highlighting that the moral, enthusiasm and energy that the inspection team had observed was outstanding. The Executive team had reviewed the initial feedback and was taking appropriate actions to resolve any issues raised. The Chairman confirmed that RC would be leaving the Trust Board after the final Audit and Assurance Committee. Thanking him for his input at the Board and diligence in chairing the AAC and developing the Trust's assurance and internal controls framework. The Chairman congratulated MW for his recent appointments as a visiting professor at Surrey University, as Honorary President of the NHS Retirement Fellowship – East Surrey Branch and as the CEO representative on the Programme Board for Health Education England for Surrey Acute Providers. The Board noted the report.
	1.5	**Chief Executives report for Assurance**	The board received and noted the Chief Executive's report in advance of the meeting. MW highlighted the proposals for a "Fit and proper persons" test which will look to ensure that Directors of organisations registered with the CQC are competent and of good character. The CQC will have the power to remove directors who do not meet this expectation and will maintain a central register of those who do not meet the high standard.

		Monitor had completed its review of the joint venture with BSUH and with formal acceptance by the competition panel and TDA the project could proceed. This will be a big step in achieving the expectation that the organisation will become a centre of clinical and academic excellence. The CQC visit had been very positive for the Trust and in their initial verbal feedback confirmed that they had seen outstanding examples of excellent clinical practice and staff engagement. Highlighting that the inspection had not raised any significant or new concerns. As part of its commitment to delivering excellence The Trust would need to act swiftly to resolve issues in Out-patients appointment booking systems, the implementation of IT Dictate and medical records. MW congratulated BSUH for the completion of its successful bid for £420 million pound fund for redevelopment as this would provide great benefits for its patients and could have a positive effect on the Trusts emergency admissions. **Action** The Chairman resolved to write to the BSUHs Chairman to congratulate them on this event and the hard work and dedication that would have supported the process. **GFM** There had been significant collaboration on improving patient pathways with primary care. Highlighting the focus on primary care abilities to provide end of life care and the need to improve primary care stroke rehabilitation capacity. RS thanked the Chief Executive for his report highlighting that the Trusts direction of travel was very encouraging and asked for greater detail on the work supporting these improvements. In his response MW confirmed that across the local health economy the Chief Executives were meeting weekly to discuss stroke pathways and necessary improvements and resource implications. The work with Marie Curie to increase critical mass and response times to discharge patients is also ongoing so that they transition services which could be put in place for patients who have chosen to die at home. This would constitute a significant improvement in patient choice. Early modelling suggested that this could save the Trust 600 bed days a year which would have a significant effective on other Trust services. YR welcomed the good news on the Pathology service developments and went on to highlight the work of NHS England (NHSE) in digital innovations within the sector, specifically highlighting the possibility for review of business plans in light of improvements in technology. MW welcomed the plans by NHSE but tempered this desire highlighting the gap between aspiration and actual delivery of technological advances and that the Executive Team and senior managers continuously horizon scan for possible improvements in technology. YR asked whether the proposed merger between Ashford and St Peters NHS Foundation Trust and The Royal Surrey County Hospitals would impact the Trust, focusing on the Linear Accelerators. MW stated that it was too early to know as this may in the future affect cancer services and emergency pathways. It was possible that the emergency department at Guildford could be effected and that NHS England had started to change its stance on larger acute hospitals in terms of mergers and acquisitions

		The report was duly noted by the board.
2.	**Safety, Quality and Patient Experience**	
	2.1	**Clinical Presentation – Bereavement Services** The board received a presentation in advance of the meeting, describing lessons learnt from a serious incident investigation which highlighted inefficiencies and issues with quality of service. BB introduced the presentation highlighting the journey that been undertaken which had led to significant improvements in the quality of the service for patients and management of all processes linked to mortality. Elizabeth Berry presented the story giving details of the service and the background of the incident which had triggered the review and overhaul of the Trust's bereavement service. The key drivers for changes where issues in management of the service, its interaction with both the Junior Doctors and Coroner's office and interaction with the public which was service focused rather than user focused. The service has been completely redesigned to strengthen line management, layout and access to service. Relatives now have greater choice in how they access services and the layout and functionality of the offices have been made more accessible. There has been significant improvements in inter linkages with the Trusts End of Life Care team and processes that support death certification. This has effected linkages with GP's and the Coroner's office in a positive way. Sarah Rafferty then described her recent experience as an ICU Consultant using the service. Sarah highlighted the professional approach taken by the team which had worked to both support her time constraints and had rapidly worked with the ICU team to gather information and arrange an opportunity for the relatives of the deceased to meet with representatives of the team and discuss any unresolved questions. RS stated that this was an encouraging example of practical improvements that can be made and asked for assurance that all the actions of the initial investigation and need for change had been resolved. EB confirmed that all the actions had been implemented along with subsequent noticeable reduction in PALS cases regarding the service since the improvements. MW stated that this had been a significant improvement in quality but there was more to do indicating that the current location of the offices where not best suited for the need of the service user. YR stated that there was a clear need to improve the environment of the office space. EB agreed that the improvements in layout and function of the office had been effected by the office location and size, stating however that the office was now in a much clearer layout and far more welcoming than previously. EB went on to explain the improvement in service relating to the option for relatives to pick up death certification without the need to park and find the office. SR provided additional assurance of the quality of service indicating improvements in systems at ward level to support the family through the process. AH stated that this was a clear demonstration of the difference the right people in a job with the desire to make positive improvements can and has made.

		The chairman thanked the team for their presentation.
	2.2	**Chief Nurse & Medical Director's Update** The board received and noted the joint Chief Nurse and Medical Directors report in advance of the meeting FA presented the nursing led elements of the paper paper and highlighted two key items to the Board. The first was the PLACE team inspection that had focused on cleanliness, hand hygiene and nutrition. This had been a positive inspection but had highlighted concerns over food. The second key issue was the national directive to publish staffing data which will be presented as a monthly summary using the UNIFY system. FA stated that the Trust was overall compliant but had days where standards were not met. However FA highlighted that there were robust escalation systems in place and that any staffing issues were discussed and managed appropriately by the site management team throughout the day. YR asked for clarification on the staffing data. FA stated that the data was aggregated but could be broken down to a more granular actual level internally. AH asked how the ratio was calculated. FA stated that the ratio was planned staff vs actual staff. This was noted as a possible cause for concern as there was general agreement that the system could be manipulated to demonstrate high compliance. FA agreed with this concern and went on to assure the Board that the Trust was using the system appropriately and was not manipulating the planned element of the ratio to improve compliance. The system would be subject to audit in the future as a further evidence of appropriate compliance. BB presented the Medical Directors updated focusing on the issues of home care medicines raised in a patient safety alert. This had been predominately a supply issues and review had not identified any concerns for the Trust, however it had highlighted interpreting factors which are being shared as a learning opportunity. The Chairman asked for greater clarity on the issue highlighted and explanation of how assured we were that the issue did not affect us. BB explained the communication systems that are in place to ensure that people have access to the right drugs at home and went on to highlight the fails safes. RS asked whether the TDA infection control inspection had been promoted by the incidence of Clostridium *difficille* infection. BB stated that the inspection was routine and not related to any intelligence or concerns. The report was duly noted by the Board.
	2.3	**Safety & Quality Committee Chair's Update** RS presented his report highlighting on going monitoring of outpatients improvement drives, positive initial feedback from the deep dive process and review of future plans for service review. The Chairman thanked RS for his report and highlighted the positive assurance gained that the committee had previously highlighted and was acting on issues identified by the CQC. In light of the changes to the quality reporting structure the

		Chairman also asked RS whether the committee was now working well. RS stated that he was pleased with recent improvements in information flow from the Executive Committee for Quality & Risk and the sub-committee structure and the improvements in assurance these were driving. Making particular note of the improvements in data flow. The report was duly noted by the Board.
3.	**<u>Operational Performance (Month 1)</u>**	
	3.1.1	**Operational and Quality Key Performance Indicators** The board received the Integrated Performance report in advance of the meeting. AS presented the report on behalf of PB. The report confirmed that the Trust is performing well and has met the ED, referral to treatment and cancer standards. The Trust's mortality is lower than expected which is a significant assurance of the safety of services. There is an ongoing concern over handover delays between the ambulance service and the Trust. During April, 9 handovers took longer than an hour to complete and there remains an unresolved capacity issue when ambulance attendance is exceptionally higher than expected. The Chairman asked what controls where built into the system to manage this. AS detailed the communication and monitoring systems in place, which provides the Trust with approximately an hour's advanced warning of increased pressure in the system. However, ambulance crews still have to go to nearest point of safety. MW highlighted the effect of independent health care provider's usage and the increased knock on effect of ambulance attendances. Going on to highlight the effects on ambulance service that had been caused by the downgrading of the emergency department services at Eastbourne. This has had an effect on BSUH which has had a knock on effect on ambulance attendances to the Trust. YR stated that recently she had observed the handover process which she had found reassuring and asked whether there could be a second areas available to manage the function. AS highlighted that there was an extra area available to manage ambulatory handovers but this was hampered by the Ambulance service usage of trolleys for patients who could not use seated areas. RD asked for assurance regarding the impact of theatre capacity issues. AS stated that this was not linked to emergency care growth and was being looked into. Explaining that there is a skill-mix imbalance issue for theatre nurses in which nurses from other areas cannot be used as appropriate cover and that therefore the nursing vacancies in trauma and orthopaedic where key vacancies for the Trust. However recruitment plans were being put in place. BB expanded on this point to highlight that there is a national shortage of qualified theatre nurses which is linked to high turnover. The Trust was looking to other areas of the UK to recruit skilled nurses for theatres.

		The report was duly noted by the Board.
	3.1.2	**Workforce Key Performance Indicators** FA presented this section of the report noting that the turnover rate for the trust was static and that there had been a drop in appraisal performance. However the Board should note the positive assurance that staff sickness absence continued to be lower than expected and be reassured that the planned work on appraisals following the work on clinical leadership with GE should start to affect the quality of appraisals. YR asked for assurance regarding the maternity friends and family scores. FA stated that this was a relatively new process and that key issues where still being resolved. Improvements had already been made in terms of increased communication and liaison with community teams and the ability for partners to stay on the postnatal ward if needed. The report was duly noted by the Board.
	3.1.3	**Finance Key Performance Indicators** PS spoke to the finance report at month 1. The Trust was meeting its plan and forecasts delivering its planned surplus. There is a significant element of risk associated to this position in respect of income, potential for overspend and delivery of savings. Cash flow is being well managed and the Trust's cash position is as planned. The TDA have not confirmed the carry forward of £0.9 million for theatres and the Trust has yet to submit its 14/15 loan applications. The Trust has signed contracts with the CCGs and NHS England for specialist services. However there will be ongoing negotiations regarding specialist commissioning QIPP which we expect to receive details of in July. PS requested that the board delegate authority to the Audit and Assurance Committee (AAC) to adopt the annual accounts for 13/14. The Chairman asked the members of the AAC who agreed that they would be able to affect the delegated responsibility. The Board resolved to agree the delegated authority to the AAC. The board duly noted the report.
	3.2	**Finance & Workforce Committee** The board received and noted the update in advance of the meeting RD presented the update highlighting business planning and its links to the IBP and LTFM and the need to discuss downside and mitigation issues. The committee had approved the business case for EPR and was in discussion to pilot EPMA on Bletchingly ward. RD also highlighted the positive improvements in the presentation of Workforce

		data. The Chairman highlighted the need for the IBP and LTFM to be aligned with commissioners and stated that every effort was being made to resolve this. MW highlighted that contracts had been signed with a known 8.5 million pound risk buts as the Better Care Fund and long term plans are still developing it is proving difficult to align with the CCGs at this current time. RD stated that the Trust should be taking the opportunity to share our plans and shape the Better Care Fund (BCF) outcome. PS reassured the Board that the LTB was working with NHS IQ to look at local health system alignment and that all plans were regularly shared across organistaions. The Trust is being as transparent as possible. MW highlighted the ongoing need to have a forum for winter planning and to ensure that in the long term the BCF needs to translate to real activity. The Chairman asked if the Trust needed to organise a board to board with CCGs. To which MW replied that it may not yet be appropriate highlighting nationally unresolved issues that we would not locally be able to predict or influence such as lack of alignment between national plans and funding's in particular staffing levels vs the mandated 5% saving. The Chairman asked if we can further explore how we currently align with our CCGs. PS stated that the first best opportunity would have to follow the submission of the IBP and LTFM to the TDA on the 20th June. He went on to state that of the known areas of dis-alignment and risk this did not affect the Trust and it would be very difficult to predict the national outcomes. The Chairman stated that a board to board would be arranged following the submission of the 20th June. **Action** to arrange a board to board to explore alignment of local plans. **GFM/AMc**.
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 presented the report which detailed an increase in membership of patients and members of the public and next key action was submission of the long term financial model and IBP on the 20th June. The Trust is also waiting for the quality summit to receive the final opinion of the Chief Inspector of Hospitals inspection of the Trust's quality of care and services. Following feedback from our partners representing the CCGs at the last FT project board the Trust was considering reverting to its initial position of having 4 CCG governor positions but this would need to be balanced by patient representative on

		the governing body. AH asked for reassurance as to how the Trust was driving the increase in membership. GFM discussed the plans detailed in the membership strategy and the links to the Trust communications team. Going on to highlight the recent engagement activities linked to the hot topic events which had been well received. The report was duly noted by the board.
5.	**Other Items**	
	5.1	**Minutes of Board Committees to receive and note**
	5.1.1	**Finance and workforce** The minutes of the committee where noted with no questions raised
	5.1.2	**Safety and Quality** The minutes of the committee where 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 by members of the public.
	5.4	**Date of the next meeting** **Thursday 26h June 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:**