Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 28th August 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
(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

Colin Pink	Corporate Governance Manager (Notes)
Adam Stacey-Clare	Responsible Officer for Revalidation

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 were noted from Paul Bostock and Gillian Francis-Musanu.
	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 – 7th August 2014** The minutes of the meeting held on the 7th August 2014 were reviewed and the following changes noted: **Section 1.5 p3** to state that the IC 24 service will be in effect from the 1st October **Section 2.2 p5** to state that "a plan is in place to address availability of midwives" rather than "staffing levels" **Section 2.2 p5** should read "were false alarms" rather than "resulted as false alarms" and processes are in place "to deal with suspected cases" **Section 2.2 p5** to delete PS comment on assurance regarding viral events **Section 3.1 p8** should state ED attendances during the "year to date" rather than "winter period"

		Section 3.1 p8 should state that "the Trust is unable to close a ward" rather than "the Trust has decided not to close a ward" **Section 3.1 p8** to state PS "19 Trusts were being referred to the Secretary of State for Health in respect of the "breakeven Duty". This Trust was one of the 19 referred to the SoS and this was due to deficits prior to 2007. PS noted that SASH had reported a breakeven position for all but one year since 2007 and referral to the SoS was purely a technical issue" With the changes above noted the minutes were agreed as a true and accurate record.
	1.4	**Action Tracker** TBPU-13 The board requested further discussion and update of the IT strategic risk PS and RD confirmed that this action was underway and would be considered by the Finance and Workforce Committee. TBPU-14 Provide a further update to the potential impact on DOLS FA confirmed that this update was included in the Chief Nurse and Medical Directors report to Board.
	1.5	**Chairman's Report for Assurance** The Chairman provided his verbal report which focussed on three significant events for the Trust that had occurred since the last meeting. Firstly, Michael Wilson had been asked to chair a CQC Chief Inspector of Hospitals inspection at University Hospitals Bristol Foundation Trust. The Chairman also congratulated Michael Wilson for the invitation to chair the national review of the plans for the "Better Care Fund". This is a significant recognition of Michael's leadership and influence of the shape of the national agenda. Finally the Chairman congratulated Fiona Allsop for her request to support upcoming CQC inspections.
	1.6	**Chief Executives report for Assurance** The board received and noted the Chief Executive's report in advance of the meeting. MW presented his report asking the Board to note the national issues recorded and indicating that the NHS England's annual report was a useful and informative read. MW then moved onto highlight the formal opening of the new St Luke's Radiotherapy Centre's which is a joint partnership initiative with Royal Surrey County Hospital which represents a significant improvement for local patients and a testament to the Trusts drive to improve quality of care and patient experience. Finally MW highlighted the opening of extra car parking spaces which represents a big step towards improving historic issues with the East Surrey Hospital Site. PL asked whether there would be any effect on car park charges for patients. MW stated that the Trust follows the national guidance. MW went on to highlight the series of schemes, such as free parking for cancer patients and token systems that ensure that those patients and relatives that need to use the car parks are not adversely affected. RS thanked MW for his report and welcomed the news of the new decant ward development. RS asked how confident MW was that the ward would not be used solely for escalation during times of peak pressure. MW reminded the Board that the

		decant ward was not the only initiative that the Trusts was putting in place to manage winter pressures, highlighting the joint working with Marie Currie to support patient discharge for end of life care, the community geriatrician service that is being implemented and the ongoing work with social and community care. AH stated that the new radiotherapy services was very good news for local patients and asked when it will be up and running for all patients. MW replied that all new cases were being seen at the centre and that the Trust's specialist nurses were reviewing transfer of care, for existing patients, on a case by case basis. The Trust is keen not to disrupt existing patient care pathways and anticipates that the service will be running at full capacity within 6 months. PBi asked whether the centre would be taking referrals for private patients. MW stated that the focus would be NHS patients but there is already anticipation for referrals from outside the normal catchment area as there is recognition that the site provides cutting edge equipment and services. The Chairman stated the scale and pace of the radiotherapy project, from conception to delivery, had been phenomenal and that all those involved should be very proud of what they had achieved. The report was duly noted by the board.
	1.7	**Board Assurance Framework and Significant Risk Register for Approval and Assurance** PS introduced the BAF and SRR and highlighted key points from the cover paper. This highlighted the financial risks and the Finance and Workforce Committees plan to review the strategic IT risk that the Trust was managing. PS highlighted how the BAF could be read in synergy with the Integrated Performance Report indicating that risk was being well managed across the Trust. He went on to highlight that the clinical risks were being managed appropriately but this commitment and focus was affecting operational and financial risks. AH asked what it would take to increase the assessment of likelihood of the divisional overspend risks to increase to a 4 or a 5. PS replied that at present the level of risk of divisional overspend was reducing stating that divisional plans are being amended and the programme management offices were impacting and reducing the risks. AH asked for further clarification to which PS confirmed that the reasons for current overspend where justifiable and not due to lack of control. AH accepted the point but requested that the assurance detail on the BAF risk was updated to reflect PS comments. **Action** PS to update BAF risk to reflect assurance levels linked to the management of divisional overspend. YR asked how the Trust balanced the unusual seasonal activity levels whilst maintaining the expected levels of patient safety. DH replied by explaining that other issues are manifesting such as effects on ensuring the patient gets to the right bed first time, visible reduction in complaints and sustained good friends and family scores. He went on to explain that the rise in serious incidents was not all linked to current issues and that some of the cases had been reviewed after the event and declared appropriately when all the issues where transparent. FA echoed DH comments and went on to state that with the exception of falls there was little correlation or trends in the Trust's serious

		incidents. FA went on to highlight that as the Trust improves its data capture systems it will be able to provide more triangulation of available data. RS asked for an update on the Trusts plans to improve recruitment and retention. FA stated that it was too early to know whether the Trusts recent initiatives had had the desired effect and that a better picture would be available in October. FA stated that the Trust was currently trialing enhanced bank rates, implementing a rapid response bank system in surgery and carrying out recruitment drives. RD agreed to look at the staffing issues at the October Finance and Workforce Committee. PS highlighted that the significant risk register reflected the BAF and was regularly reviewed by the Executive Committee. The board duly noted and took assurance from the report.
2.	**Safety, Quality and Patient Experience**	
	2.1	**Clinical Presentation – Revalidation for approval** DH introduced the presentation by Mr Adam Stacey Clear (AS) highlighting the requirement for the Board to sign off the Trust's statement of compliance. AS stated that the presentation was broken down into the 10 sections of the compliance statement to facilitate a decision on compliance and went on to explain the purpose of medical revalidation. He went on to present his review of compliance. The Board discussed the process in detail. AS confirmed that appraisers all had suitable training and that appraisals where being carried out appropriately. He went on to confirm that the Trust was strengthening links between appraisal and performance against objectives. AS stated that to date 102 staff had been through the revalidation process and that only 2 staff had not been revalidated at the first attempt. DH explained the conversations that happened between the Trusts and the GMC and highlighted that revalidation was making the process of concern checking easier for new and existing staff. He went on to highlight that the position of responsible officer for revalidation had been a significant improvement and had significant knock on effects. Finally stating that a review carried out by the CQC and GMC of the Trusts system had been very positive. The Chairman thanked AS for the report. RS stated that the presentation and conversation had provided a great deal of new assurance and asked what effect it had on quality of services. AS highlighted the impact on ensuring appraisal and therefore driving continuous professional development. DH stated that with the commitment to ensure that all staff had a quality improvement objective the appraisal and revalidation system would embed a culture of continuous improvement. PS asked how the Trusts system was viewed nationally. AS stated that the Trusts system was very positively perceived and that the Trust was influencing the national review scheme.

		The Board resolved to approve and sign the statement of compliance for medical revalidation. The Chairman thanked AS for his presentation and encouraged him to continue his valuable work.
	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 new safeguards that were being implemented following changes in guidance regarding deprivation of liberties and the outcome of the "Savile" review. FA went on to state that necessary actions had short time scales to ensure all mitigating systems where in place as soon as possible. AH asked that final confirmation of the action plan was presented to the Board once completed. **ACTION: FA to present to the Board the final Savile Review Action plan.** FA agreed and highlighted issues that were being resolved regarding the interface between acute and social care. The key issue was the delay in resolving acute referrals which was being monitored by the local Adult Safeguarding board. AH asked for assurance regarding the increase of DOLs referrals. FA stated that this was due to the new guidelines and an increase in awareness. AH asked whether there had been any unintentional consequences of the new guidance. FA stated that she was not aware of any unintentional adverse events but stressed the need to increase awareness of the new guidelines. FA went on to discuss the Trust's staffing compliance highlighting that the Trust was overall compliant with the guidance but that there are particular areas of difficulty in pediatrics and gynecology. However initial data suggested that August ward staffing levels are closer to expected levels. FA stated that the Trust should be assured of its position and the systems and controls where working effectively. DH detailed his report highlighting the Trust's performance for the 2013/14 CQUIN and the ongoing management of related objectives through the Effectiveness committee. PBi asked how the Trust's effort to deliver 2014/15 CQUIN was progressing. DH stated that there were no concerns at present and that the Trust had been particularly careful to select CQUINs where there were strong strategic needs requiring further development. PS stated that there would be less funding for CQUINs in the financial year due to changes in guidance. YR asked for an update on the effect of the Ebola outbreak in Africa. DH stated that 5 suspected cases had been seen by the Trust but none were confirmed as Ebola. MW highlighted the Public Health England table top walkthrough of the Trust's systems to deal with suspected cases of Ebola and viral infections (VHF) which had provided strong reassurance of the Trust's mechanisms.

		The Board duly noted and took assurance from the report.
	2.3	**Safety & Quality Committee Chair's Update** The Board received and noted the report in advance of the meeting. RS presented his report highlighting the presentations form wards which had provided assurance and demonstrated the continuous improvements that were being made in relation to patient safety and patient experience. RS highlighted the Trusts continuing position on the CQC intelligence monitoring risk profile which was providing strong assurance as to the Trust's safety standards. RS went on to highlight the re-implementation of regular reports from the legal services department which is a welcome development, but the committee has requested greater triangulation and evidence of lessons learnt in future reports. The Chairman asked for an update on the 4 risks that were recorded on the CQC risk profile. DH indicated that these where linked to data quality, waiting time targets for cancer and historic management of safety alerts. All of which the Trust was confident of its position and was making every effort to resolve issues and maintain expected performance. The Chairman asked what the implications for the Trust would result from a drop in risk level. MW the initial drop from 6 to 5 would have reputational effects and that he would expect a CQC led review if the Trust dropped into band 4 as this would represent a significant swing. The Board duly noted 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. PS presented the report and explained the format changes that allowed for ease of benchmarking trend monitoring. PS highlighted the never event and the breach of the 62 day target for cancer referral which effected 1 patient and the increased bed occupancy and activity over the last 12 months. RD asked how the vacancy and agency indicators had been presented in the report. PS stated that these where percentages. AH asked how the Trust is managing to maintain its levels of performance when under increased levels of operational pressure. MW stated that this was down to close management of the system and that at a micro level there is evidence of peaks and troughs in activity which provide time to resolve issues that occur during peak activity. He went on to explain that the trusts activity varies regularly throughout the week which is planned for and reviewed daily. YR asked whether there were other indicators that could be included in the scorecard such as escalation to which MW stated that the scorecard was not an

		operational tool and did not provide the whole operational picture. PS stated that as discussed previously the Trust's financial position was the indicator for how operational need and performance was being balanced, highlighting the extra contingency and staffing costs. PL concurred and asked the board to consider the small gaps in performance and safety and these all represented individual cases. DH concurred stating that these are the gaps that we needed to reduce in order to become an excellent organisation. DH recommended that the NEDs take the opportunity to spend time in the site management office to get a better understanding of how the Trust's experiences and manages operational pressures. The Chairman noted specific backlogs in delivery of speciality performance and asked what mitigating actions were in place. MW stated that this was an agreed mitigation with the TDA to build capacity in the system before winter pressures. PS confirmed that there is a two month suspension of 18 week targets to allow Trust's to clear backlogs. DH went on to clarify that was not just a national performance issue but is what the clinical community believes is the best way to manage the current national situation. PS provided the financial narrative to the report, highlighting the changes to the cost improvement plans, the forecast risk of 5.8 million pounds and the savings plan which had been met in month. PS went on to reiterate the level of financial risk, the management of the liquidity position and the ongoing divisional management of their budgets. PS discussed the position of the Trust's cost improvement plans in particular changes in the outpatient plans to reflect the outcome of the CQC report, the options and effects of developments associated with consultant to consultant referrals and maternity pathways. PS highlighted issues with activity recording that had an adverse effect on income. The Chairman asked whether the TDA were aware of the risk to create surpluses and break even. PS confirmed they were. RD asked whether the Trust was having the desired effect on the elective non-elective activity ratios. PS confirmed that elective activity levels were improving but there was still work to do. PS stated that copies of guidance of how the Better Care Fund (BCF) would be implemented had been received by the Trust. There is an expectation that the CCGs and Councils will have signed off plans by the 19th September of which the Trust have been involved in negotiations. PS stated 3 key issues, the owning control of who maintains commissioning decisions and budgetary control, the development of plans that reflect activity and budgets for providers and finally contractual issues and transfer of money. The Chairman acknowledged how dynamic the situation was and asked whether coordination between commissioners and providers was improving. PS confirmed that conversations where maturing as a better understanding of the national picture developed.

		MW indicating that the biggest risk sits with the CCGs and how they will manage increase in patient need versus the need to make savings. MW stated that the cost savings indicated in the BCF could not just be found in acute trusts, highlighting the 94 patients currently in the hospital who did not require an acute bed. DH discussed the funding that the Trust had allocated to improve community services such as diabetes services and community geriatricians. He went on to point out that the concept of the BCF was sound but that the clinical community was concerned about how effectively it would be implemented. The Board duly noted and took assurance from the report.
	3.2	**Finance & Workforce Committee Update** The Board received and noted the update in advance of the meeting RD presented the update noting the earlier Board conversations on performance and finance and highlighting the EPR system implementation and procurement. This is a critical system that will provide greater functionality with planned software updates, the FWC are assured that this is a low risk project as it is being well managed and represents a like for like switch scheduled for next May. RD explained how negotiations had affected procurement costs to circa three million pounds. AH reflected on the fact that the de-centralisation of a central function was costing the Trust three million pounds. The Board duly noted the report.
4.	**<u>Risk, Regulatory and Strategy Items</u>**	
	4.1	**FT Update** The Board received and noted the report in advance of the meeting. MW represented the report which forms a routine update of position. AH asked whether finance and the financial due diligence test were now the key risks to the Trust aspiration to become a foundation trust. PS agreed that it was the key risk and this was reflected in the BAF and conversations at Board level. PB stated that the financial due diligence would be a significant hurdle for the Trust. PS reflected that the FT project board focussed on the mechanics of the application and systems that needed to be in place and did not discuss the financial elements of the process. The Board duly noted and took assurance from 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	**Safety and Quality** 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** Janet Miller presented a series of question to the Board that been raised by a member of the public. These had arisen following concerns identified in a Trust's recruitment advert and supporting job description/person specification. The Chairman asked the board to read the questions and draft responses that had been prepared. Q1. Why did the criteria for the Head of Communications post have to be amended to include experience when the people inside SASH are supposed to have had diversity training? A1. We are grateful to Mr Kakar for drawing to our attention an error in person specification for the job of Head of Communications which is currently being advertised on NHS Jobs. The person specification for this post contained two bullet points that should have been removed on final drafting prior to issue. The correct statement was contained in the third bullet point and this demonstrated that the recruiting manager was aware of the requirement for relevant experience in the essential criteria but made a mistake in the drafting of the document. Having had this drawn to our attention we immediately corrected the error. We also checked the other 51 jobs currently being advertised on NHS jobs. None of the other jobs contained the same error and we are reassured that this was an oversight on behalf of the recruiting manager for the post in question. All staff undertake mandatory Equality and Diversity training and training for recruiting managers is also available. We thank Mr Kakar for drawing this to our attention and we want to assure him that this was a genuine human error and not an indication of a wider issue of indirect discrimination. Q2 Why did the criteria for Head of Communications job state it was essential to have Senior Communications management experience in the NHS -this would exclude anyone who was Head of Communications in the Home Office, the police, the Department of Education, or the Fire Service? A2. The post requires the individual to be able to work at a senior level immediately upon starting in the post. The NHS is a complex organisation which requires skills and expertise that are specific to the NHS and whilst similar experience in an unrelated Communications role may be beneficial it was considered that the best candidate would have the relevant experience as described in the job advert. This requirement would not be the same for more junior communications roles which would be able to attract applicants from other institutional backgrounds.

		Q3. Why is SASH excluding people outside the NHS when the reports below say that the NHS is racist? A3. We are not deliberately excluding people from applying outside of the NHS we are being clear about the requirements for the post so the best applicant can be considered. We note the reports provided by Mr Kakar (one dating back to 2012 the other 2004) and whilst we do not intend to comment on the views expressed we have noted the contents. The Trust is proud of the diversity of the workforce. The BME population of the Trust for 2013 was 26% which is significantly higher than in the local population (approx. 12%). Of senior medical staff 46.6% are from BME backgrounds. One of our 7 Executive directors is BME (14.3 %). We have participated in BME development programmes and have supported the development of a BME network in the Trust. We have seen an increase in BME staff in all senior staff groups since 2009. A recent applicant from a minority group commented that they had been particularly attracted to work for the Trust because of our diverse workforce DH commented that the response should include the Equality and Diversity training that had been provided for all staff including the Board. Q4. The NHS Academy Framework says a Board should challenge discrimination. When Malaysia Airlines had a plane crash it was a crisis for their Communications team. So was the oil spill for BP which was watched around the world. But if anyone from these organisations applied for the Head of Communications post at SASH they would not meet the essential criteria of Senior Communications experience in the NHS. A4. The post requires the individual to be able to work at a senior level immediately upon starting in the post, the NHS is a complex organisation which requires skills and expertise that are specific to the NHS and whilst similar experience in an unrelated Communications role may be beneficial it was considered that the best candidate would have the relevant experience as described in the job advert. This requirement would not be the same for more junior communications roles which would be able to attract applicants from other institutional backgrounds. We are not excluding people from applying outside of the NHS we are being clear about the requirements for the post so the best applicant can be considered. Q5. Does the Board recognise the need for more diversity training for staff and does it recognise that the current training is not working? A5. The board recognises the importance training for all staff in Equality & Diversity and has made such training mandatory as part of our matrix for Statutory and Mandatory Training. Our training follows the guidance provided by the National Passport Scheme for NHS which describes the training outcomes and framework for training. This face to face training is supported by the NHS core learning units for equality and diversity which have again been developed nationally by experts in the subject. Following this issue being brought to our attention however, we will ensure that our training for managers involved in recruitment and selection draws on this

		experience, again this will follow good practice and the requirements of the Equality Act 2010 when designing and delivering the training. The Trust is in the top 20% of acute trusts for training staff in Equality & Diversity and so we want to reassure Mr Kakar that we are confident in both quality and quantity of training we provide for staff in this area. The Board thanked Mr Kakar again for bringing this to the Trusts attention. AH asked why the advert in question had stipulated NHS experience. Janet Miller explained that this had been a considered choice. This would not normally be so specific but because of the current FT application and changes in both local and national healthcare, relevant NHS experience was considered necessary. The Chairman stated that the Board had noted the questions and concerns raised and where happy with the responses. There were no other questions from members of the public.
	5.4	**Date of the next meeting** **Thursday 25th September 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:**