

**Minutes of Trust Board meeting held in Public
Thursday 17th December 2015 from 11:00 to 13:30
Room AD77, Trust Headquarters, East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer / Deputy Chief Executive
(DH) Des Holden	Medical Director
(FA) Fiona Allsop	Chief Nurse
(AS) Angela Stevenson	Chief Operating Officer
(PB) Paul Biddle	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(PL) Pauline Lambert	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

In Attendance

(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(SJ) Sue Jenkins	Director of Strategy
(LB) Liz Butterfield	Patient Story
(CP) Colin Pink	Head of Corporate Governance (Notes)

1.	<u>General Business</u>	
	1.1	<p>Welcome and Apologies for absence</p> <p>The Chairman opened the meeting by welcoming Trust Board members, members of the public, shadow governors and staff.</p> <p>Apologies for absence were noted from Alan Hall.</p>
	1.2	<p>Declarations of Interest</p> <p>The Chairman asked whether any of the Board members had any new or additional declarations of interest. Pauline Lambert stated that she had started her new role as safeguarding named nurse at Queen Victoria Hospital NHS Foundation Trust.</p> <p>There were no other declarations.</p>
	1.3	<p>Minutes of the last meeting – 26th November 2015</p> <p>The minutes of the meeting held on 26th November were discussed.</p> <p>RD asked that for item 3.2 the minutes be amended to reflect the ‘extra benefits and opportunities made possible by the extra capital spend’ to explain the increased cost.</p> <p>PS highlighted the miss spelling of Filipino in section 2.2.</p> <p>With these amendments the minutes were approved as a true and accurate record.</p>

1.4	<p>Action Tracker</p> <p>1.4.1 GFM updated the Board on the following actions:</p> <p><i>TBU-01 – is not due until 31.03.16</i> <i>TBU-02 is not due until 31.01.16</i> <i>TBU-03 is not due until 31.01.16</i> <i>TBU-04 Board to received and review the Right Place, Right Time, Better Transfers of Care report is complete and the action closed.</i></p> <p>There were no other matters arising.</p>
1.5	<p>Chairman’s Report for Assurance</p> <p>The Chairman stated that there was nothing of interest to report since the last Board meeting which was not already covered within the body of the Chief Executives report.</p>
1.6	<p>Chief Executives report for Assurance</p> <p>The Board received and noted the Chief Executive’s report in advance of the meeting.</p> <p>MW introduced the report highlighting the plans to develop a national whistleblowing policy as part of the “Freedom to Speak Up, open consultation from Monitor</p> <p>MW was also pleased to announce that the shared funding of the new Integrated Re-enablement Unit (IRU) was approved at Surrey County Council’s cabinet. The new unit will be an excellent addition to the growing health campus at SASH and will significantly improve pathways for patients who need assistance with the transfer from acute to primary care.</p> <p>The planned junior doctor strike had been cancelled at short notice which had impacted on circa 750 patients through canceled elective procedures and appointments.</p> <p>The Chairman reiterated the good news of development of the IRU, highlighting the benefits for patients and innovative development of joint working with the County Council.</p> <p>The Board duly noted and took assurance from the report.</p>
1.7	<p>Board Assurance Framework (BAF) and Significant Risk Register (SRR) for Approval and Assurance</p> <p>GFM introduced the board assurance framework and significant risk register.</p> <p>The BAF detailed 13 risks to the trusts strategic objectives which had been updated by the Executive team through December. The SRR has 11 operational significant risks following the downgrading of the cancer performance risk and merging of two financial risks.</p> <p>The Board discussed how the BAF financial risks did not reflect all of the detail of the finance papers. PS highlighted that due to the early December meeting that</p>

		<p>the BAF had been updated before the finance papers had been prepared. This would be better reflected in the January 2016 updates. Action 1: PS</p> <p>RS asked for assurance as to why the cancer performance risk had been downgraded. AS stated that the associated pathways had been reviewed and improved to allow better management of individual patient pathways, which also increased accuracy of prediction of performance. There is also greater engagement with tertiary centres and the Trust was focusing on specific pathways.</p> <p>PB indicated that the BAF risk relating to delivery of income plan (5.1) could be amended to indicate the likelihood of delivery based on the Trust's forecast. PS agreed stating that the risk was reviewed each month but that at present there was still opportunity to achieve the planned income.</p> <p>The Board duly approved and took assurance from the report.</p>
2.		<p><u>Safety, Quality and Patient Experience</u></p>
	2.1	<p>Patient Story for Assurance</p> <p>DH introduced Liz Butterfield, a pharmacist by profession, who had been a recent emergency admission. DH reflected that Liz's story was valuable as it describes how she perceived her care and re-assuring, as this was largely positive.</p> <p>LB thanked the Board for the opportunity to share her experience praising the efficiency of staff and the care she received. Liz explained that she had presented at the emergency department on a Saturday with breathing pain, triage and testing was quick and a working diagnosis of pneumonia was made. At this point she was told that she was being moved to 'majors' and despite knowing what this meant the terminology was still a cause of anxiety. In majors the multi-disciplinary team (MDT) worked well together and staff both cared and explained what was happening well.</p> <p>The decision was made to admit and the staff stated that she was being moved to the 'Acute Medical Unit' (AMU), and again the terminology caused anxiety. She had been reviewed quickly by a consultant on AMU and received good care and an explanation of the use of antibiotics. However, she noted that she received an anti-thrombosis drug in the middle of the night with no prior warning or explanation that it would be given or what it was for.</p> <p>On Monday she was transferred to Tillgate Ward where once again she received good care and stated that the nursing team was impressive. On the Wednesday her blood test indicated that the antibiotic treatment had been successful, which was followed by a sudden decision that she was fit for discharge. This had come as a surprise and LB went on to reflect that although this was not a problem for her, she imagined that it might be difficult for people with different circumstances.</p> <p>MW asked whether she had been given an estimated discharge date. LB confirmed that although she had been told that it would be a short admission she did not know an expected discharge date.</p> <p>RD asked if personal and case information had been passed between the various effectively. LB stated that she was asked background questions regularly but this was not annoying and was actually more reassuring.</p>

		<p>FA asked what kind of discharge information had been given. LB stated that she could not recall but noted that she was given the discharge summary but was not concerned about details of the medication she was given on discharge.</p> <p>DH asked LB whether anything about the admission had left her feeling angry or upset. LB stated that nothing had caused her to feel angry or upset, reflecting that the staff had been caring pleasant and that she had been generally well informed. LB went on to state that during her admission she observed that all the patient's around her appeared to be treated well and with compassion.</p> <p>The Chairman thanked Liz for sharing her story and welcomed her feedback and insight. PL agreed reflecting that LB's reflection on our use of language, such as 'Majors' was an important reminder to all our staff.</p> <p>The Board noted and took assurance from the report.</p>
	<p>2.2</p>	<p>Chief Nurse and Medical Director's Report <i>for Assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA presented the Chief Nurse's report stating that the drive to increase the number of midwives had been successful and that all had now commenced bringing the ratio up to 1 to 32. FA went on to assure the Board that mitigation is in place to ensure safe provision in service for safer staffing metrics in the birthing centre.</p> <p>The Chairman asked for an update on recent international nursing recruitment drives in Europe. FA stated that the majority of the appointed nurses had arrived and work was underway to make them familiar with the hospital and differences in expected essentials of care.</p> <p>DH presented the Medical Directors report commenting on the recent engagement with the Trust's Foundation Trust members to seek people willing to be involved in a survey of carers who support someone with dementia.</p> <p>The Board discussed diagnostic SIs, and associated capacity and staffing issues. PL commented on the SQC conversation and the Trust aim to achieve a zero error rate. DH reflected that issues in labs tend to relate to the misinterpretation of the sample where as in radiology incidents issues tend towards review of actions. DH went on to confirm that there was a capacity issue within radiology and that people were working extra hours to support the system. Extra Consultants are being recruited and there is an expectation that staffing will improve in Q4.</p> <p>The Board duly noted and took assurance from the report.</p>
	<p>2.3</p>	<p>Safety & Quality Committee (SQC) Update <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RS introduced the report highlighting the Trust's work to review ratios of female consultants and gender imbalance in surgical consultants. A focus group is meeting to consider ways of making the role more attractive for female consultants.</p>

		<p>The SQC had received an overview of the implementation of the dementia strategy which was well received. There was agreement that there was work to do to ensure that the strategy reached all staff as it is not just a care of elderly responsibility and acknowledgment that some 1300 staff had received awareness training since the start of the strategy.</p> <p>RS went on to highlight ongoing issues with response rates to 'Friends and Family' tests and that the Executive Team would be considering the approach and use of 'Your Care Matters' systems.</p> <p>The Chairman asked for an update on CCG chaired 'Single Performance Conversation' which has been cancelled recently due to the lack of issues to discuss. MW confirmed that conversations had taken place and that it is expected that this important meeting would recommence.</p> <p>The Board noted the full report and gained assurance.</p>
2.4		<p>15 Steps Challenge – Update for Assurance & Approval</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA introduced the report, giving a brief background of the scheme and some of the improvements that had been following direct observations such as the admission lounge refurbishment. FA went on to highlight plans to consider amending the scheme to include elements of transformational programme linked to the SASH + VMI work such as waste walks. The Board discussed this plan considering potential quality improvements, the cultural change and need to maximise impact. PL stated that she would like to see the 15 step programme remain in place. RD suggested that it would be more appropriate if teams requested a "15 Step" visit, perhaps after some VMI enabled change, rather than external teams independently looking at areas such as waste which risks the perception of inspection.</p> <p>Action: 2 FA The Board agreed that the guiding team would discuss and report back on the specifics of the proposal.</p> <p>The Board duly took assurance and approved the report.</p>
3.	<p><u>Operational Performance</u></p>	
3.1		<p>2016/17 Cost Improvement Programme for Approval</p> <p>The Board received and noted the report in advance of the meeting which had been reviewed previously by the FWC.</p> <p>PS introduced the Trust's indicative cost improvement plans for 2016/17 which will form the basis of the final plan to be agreed in March 2016. The plan explicitly does not include any SASH+ activity. PS stated that actions generated from the Carter report are not identified within this CIP noting that the methodology needs refinement. The Board discussed the potential make up of the CIP and the balance between pure cost reduction and greater contribution from increased income resulting from better productivity.</p> <p>The Board noted that the current financial years CIP was not going to plan and forecast was well below target. However plans such as the clinical supply reductions had been successful and there is expectation of further success in</p>

	<p>2016/17. The Board noted how pressures from emergency activity and workforce issues had adversely affected delivery, notably against agency targets.</p> <p>The Board welcomed the early site of plans and noted the progress made to date. RD confirmed that the FWC would continue to review the CIP as it developed and start to review key projects. PS stated these included reduction in nurse agency costs. The Board asked FA for a report on nurse recruitment and agency use including the recruitment vs saving calculation went to the FWC. Action:3 FA</p> <p>The Chairman noted that delivery of CIPs had been a particular challenge for the Trust in 2015/16 and stated that we should be mindful of the implications of the Lord Carter report on efficiencies delivery of CIPs would require close monitoring in the future.</p> <p>The Board duly approved the indicative plan which would be signed off as final as part of the budget in March 2016.</p>
3.2	<p>Finance & Workforce Committee Chair Update – for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RD reported that the FWC had met on the 15th December. The Committee had received the business case for refurbishment of ED’s resuscitation area and purchase of a CT scanner for ED which had been approved. It had also received updates on the radiology equipment replacement programme. It had agreed that the Managed Print Service full business case would now be approved by the Executive Committee as the contract value was below £1 million.</p> <p>The Committee had discussed the Trust’s 15/16 CIP and noted that £2.8 million pounds had been achieved to date with a forecast of £4.6 million, 56% of the target. The committee noticed that there had been some slippage since the month 7 position.</p> <p>The FWC had received the month 8 finance report.</p> <p>PS stated that the year to date deficit was £4.2m which is £2.2m adverse to the revised Trust plan submitted to the TDA. This position is also £0.6m adverse to the Q2 forecast. This continues to be driven by non-elective and emergency activity and the impact on ability to deliver elective activity. The Trust had kept the TDA appraised over its financial position and forecast end of year position.</p> <p>MW highlighted that a recent local decision to suspend elements of external end of life care until January would impact on these issues.</p> <p>PS went on to state that cash advances from CCG’s had been secured and cash flow in the short term was manageable. The backlog of creditors had been extended. Capital spend continues to remain on track and that capital to revenue transfer conversations have commenced.</p> <p>The Board discussed this position and noted that formal dispute processes had commenced with East Surrey CCG in relation to payment of income.</p> <p>The Private Board had reviewed the Trust full year forecast, noting continued adverse performance against the forecast at quarter 2. It had agreed that the Trust should revise its forecast to a deficit and inform the TDA. The deficit would</p>

		<p>be approved through a delegated process, to the Chair and Chief Executive, next week.</p> <p>The Board duly noted and took assurance from the report.</p>
	3.3	<p>Breaking the Cycle Update – for Assurance and Approval</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>AS introduced the report which provided a review of the November and December breaking the cycle weeks. The aim of each cycle is to improve patient care, patient flow and reduce the number of patients who are ready for discharge. The paper listed the key actions taken. One of the key elements was to manage the balance between admissions and discharges which impacts on getting patients into the right bed.</p> <p>The December cycle week had a challenged start with breaches and surges in ED activity. AS reminded the Board of issues relating to the ED targets, ambulance attendances and batching of GP patient attendances. However, the Trust had learned from the November cycle and achieved a good bed balance going into the weekend with high numbers of medically ready for discharge patients identified and prepared and significant drop in medical outliers.</p> <p>AS went to reflect that the focus must remain on clinical buy-- in, partnership working with the community, reducing escalation, reducing outliers and improving weekend care.</p> <p>The Board discussed how effective the cycle had been and asked when this would become the norm rather than an initiative. AS stated that there was a great deal to learn and adopt as business as usual but there remained a need to have the ability to do something different.</p> <p>PB asked whether there was any level of effect on line management in particular disempowerment caused by the level of management engagement. AS stated that the general commentary indicated that it was a constructive process and was not aware of any feelings of disempowerment.</p> <p>MW commented on the assurances and management of risk highlighting issues relating to ambulance attendance, awareness of pathways and poor predictive information relating to private ambulance arrivals. The Board noted this and agreed that there was strength in the real-time understanding of the situation that is developed during each cycle.</p> <p>The Chairman thanked AS for the report and all staff for their efforts during the period.</p> <p>The Board duly took assurance and approved the report.</p>
4.	<u>Risk, Regulatory and Strategy Items</u>	
	4.1	<p>Serious Incidents Report - for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA introduced the paper highlighting the key information relating to the two new declared incidents a fall with harm and an MRSA blood stream infection. FA went</p>

		<p>on to state that there are no overdue reports and similarly no related backlog.</p> <p>The Board duly took assurance from the report.</p>
4.2		<p>SaSH + (VMI Update) – for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>SJ introduced the paper which gave an overview of the 5 year programme and progress so far such as development of governance identification of the Trust's 3 initial value streams and development of compacts between Trust's and the TDA.</p> <p>SJ stated that the supporting team (Kaizen Promotion Office) had been established with taster sessions and management training sessions planned.</p> <p>The Board discussed both the benefits of the programme for the Trust and the NHS. Key to this conversation was the recognition that the Virginia Mason Hospital was 13 years into its journey and the NHS needed to learn quickly from the vast experience of the teams involved to identify issues and innovate rapidly to continue to meet the needs of patients and also the broader challenges facing the NHS.</p> <p>The Board went on to reflect that as a whole the Board needed to become more familiar with the programme, start to use the language and challenge key issues such as 'passing on defects' within a system. SJ confirmed that this would be included in future Board development seminars.</p> <p>DH reminded the Board that in this early stage of the journey the emphasis must remain on going and seeing the care provided at the front line in order to get a richer understanding of the reality of day to day practice.</p> <p>The Board agreed that they would like to have early sight of the Trust's Clinical Compact with its staff. Action:4 SJ</p> <p>The Board duly took assurance from the report.</p>
<u>Other Items</u>		
5.1		Minutes of Board Committees to receive and note
5.1.1		<p>Finance and Workforce to receive and note</p> <p>The minutes of the Committee were noted with no questions raised.</p>
5.1.2		<p>Safety and Quality</p> <p>The minutes of the Committee were noted with no questions raised.</p>
5.2		<p>Any Other Business</p> <p>AS stated that the Trust had received a request to provide assurance of preparedness for involvement in the management of an emergency incident. Following the recent Paris terrorist attack the national threat level had been assessed as high. The NHS England return asks for assurance over issues relating to emergency preparedness such as management of telecoms and ability to receive casualties. AS confirmed that the response would be prepared and included in the January 2016 agenda item relating to the annual Emergency</p>

		Planning, Resilience and Response return.
	5.3	Questions from the Public There were no questions raised.
	5.4	Date of the next meeting Thursday 28th January 2016 at 11.00am in Room AD77, Trust Headquarters, East Surrey Hospital

Note: This is a public document and therefore will be placed into the public domain via the Trust's website in the interests of openness and transparency under Freedom of Information Act 2000 legislation.

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