Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 28th July 2016 from 11:30 to 13:30
Room AD77, Trust Headquarters, East Surrey Hospital

Present

(AM) Alan McCarthy	Chairman
(RD) Richard Durban	Non-Executive Director and Deputy Chairman
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer
(DH) Des Holden	Medical Director
(FA) Fiona Allsop	Chief Nurse
(AS) Angela Stevenson	Chief Operating Officer
(PL) Pauline Lambert	Non-Executive Director
(PB) Paul Biddle	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 (items 4.2 & 4.3)
(NS) Nicola Shopland	Divisional Chief Nurse (item 2.1)
(SB) Stephanie Biden	Divisional Risk and Governance Manager (Item 2.1)
(CP) Colin Pink	Head of Corporate Governance

1.	General Business	
	1.1	**Welcome and Apologies for absence** The Chairman opened the meeting by welcoming Trust Board members, members of the public, shadow governors and staff. Apologies for absence were noted from Alan Hall and Mark Preston
	1.2	**Declarations of Interest – For approval** The Chairman asked whether any of the Board members had any additional declarations of interest; none were raised.
	1.3	**Minutes of the last meeting held on 30th June 2016** The minutes of the meeting held on 30th June were discussed and **approved as a true and accurate record.**
	1.4 1.4.1	**Action Tracker** GFM updated the Board on the following actions which were due: TBPU-01: GFM confirmed that this Action is now closed. TBPU-03: AS confirmed that this Action is now closed. TBPU-04: GFM confirmed that this Action is now closed. The remaining two actions are due in August and September 2016.

		There were no other matters arising.
	1.5	**Chairman's Report** *for Assurance* AM reported that the Board had won the 'Board Leadership' category at the Health Service Journal, annual patient safety congress awards. Winning this award is fantastic recognition of the efforts and achievements of everyone across the whole organisation and the difference the care they provide makes to patients. The Trust was also shortlisted for "Organisation of the Year". This award was won by Frimley Health Foundation Trust. AM congratulated the Trust and the Board for its hard work and conviction to the cause of continuous improvements in patient safety. **The Board noted the report.**
	1.6	**Chief Executives report** *for Assurance* The Board received and noted the Chief Executive's report in advance of the meeting. MW echoed AM comments on the Board's and Trust's success. MW introduced his paper and reflected on NHS Improvements (NHSI) consultation on its proposals for the development of a single oversight framework. This would seek to align NHSI and Care Quality Commissions (CQC) standards into one system. MW highlighted that framework would be underpinned by ensuring that Trust's meet their constitutional requirements, deliver standards and work within their respective budgets. This had been discussed at the Board Seminar and a response to the consultation would be submitted by the Trust. MW went on to talk about the overall national picture sighting examples where NHS Trust's had gone into special measures. The delivery of performance, constitutional requirements and budgetary controls targets is key. This is becoming steadily more challenging across the country. The threshold to enter special measures is changing as is the response that is triggered centrally when enacted. MW highlighted that the Trust's 'Star Awards' had now opened and that nominations for staff and teams were open to the public. AM asked what thought had been put into to developing system wide metrics to support organisation specific intelligence. MW commented that Sustainability and Transformation Plan (STP) level metrics are being developed and that a robust national conversation about aggregate performance had commenced in earnest. There are areas within the local STP with significant financial and performance issues and it will be a significant challenge to meet the targets set for 2020. There were no further questions were raised. **The Board duly noted and took assurance from the report.**
	1.7	**Board Assurance Frame Work & Significant Risk Register** *for Approval*

		The Board received and noted the report in advance of the meeting. GFM introduced the BAF which had previously been discussed Private Board and by the Executive Committee. The only significant change to the document agreed at Private Board in June is the amalgamation of the three access risks into two risks. This was because the one of the narrative of risks, controls, assurances and actions was closely aligned and blurred the detail of the risk. The BAF details thirteen risks against the five objectives. The SRR has ten risks detailed on it, all of which have been reviewed by the Executive team. The Board discussed the 2016/17 BAF noting that it aligned with conversations at recent Board Seminars and Private Board. RD commented on the new risk relating to the aspirations of the Trust and the impact of the development of the STP, noting that this could be a very fluid risk and that it was good to record on the BAF. RS asked for an update on the Trust's management of gastroenteritis that remains on the SRR. DH reflected that this had become less of a winter or seasonal issue, the Trust and local health economy continue to see issues into summer. There is still an impact on occupancy and flow although in recent years this has not been as significant. The Executive Team continue to review and the management of diarrhoea is one of the first three SASH+ areas of focus because of the impact on patients and their experience. There were no further questions. **The Board duly noted and approved the BAF.**
2.	**Safety, Quality and Patient Experience**	
	2.1	**Patient Story** *for Assurance* FA introduced the Nicola Shopland and Stephanie Biden who would present this month's patient story. FA commented how she had attended a local resolution meeting with the daughter of a patient who had passed away whilst under the Trust's care and that the emotion expressed during the meeting had left a lasting impression on all those involved. NS told the story of a 93 year old lady who had been admitted via the emergency department following a stroke. Her daughter had raised a complaint which covered the patient's experience in the Emergency Department; concerns around being excluded from the resuscitation room and communication about her mother's immediate condition. This was investigated and responded to by staff from the Medical Division. The complaint was reopened as the patient's daughter wished to gain further clarity over several issues surrounding her mother's admission and final days before her death. A local resolution meeting (LRM) was attended by the Chief Nurse, the Chief of Medicine and the Divisional Chief Nurse for Medicine. During the meeting the extent to which the original response had not dealt with the daughter's complaints and the impact that the episode had on the patient's daughter became apparent. It was agreed as part of a number of actions that this patient story would be shared at the Patient Safety Executive and with the Board. The daughter described that her mother had dementia and how very distressing it had been not be allowed into the resuscitation room as she knew that she would

		be able to help settle her mother and how isolated she felt as a result. She spoke of how little information she received of the severity of the stroke whilst in ED and that when the information was shared it was in a manner that she considered was not confidential or private. The patient was then admitted to Chaldon Stroke Unit and there were on-going issues with communication, particularly around the 'do not attempt resuscitation' discussion, identifying to the family who the responsible consultant was and ensuring the family are aware of the treatment plan. NS reflected that a review of the notes indicated a very clear and structured medical record with evidence of communication between the consultant and the daughter; however the consultant had not been implicit to the daughter that he was the consultant in charge of her mother's care. She went on to speak of how staff had referred to her mother as 'Bed F' and rarely used her name. NS stated that the team had put in a range of actions following this LRM, relating to communication, the review of DNAR forms the suitability of the visitors room on Chaldon, allowing people into the resuscitation room were appropriate and personal feedback to the ward manager and consultant in charge of the patient's care. NS reflected that the clinical care was good and that the Team had thought that they had delivered good care and the original response to the complaint had not triggered the local resolution meeting process. RD asked if the patient had just been unlucky. NS stated that the care provided by the stoke team was good but conceded that there is room for improvement and that in this particular case the unresolved communication issues had not been addressed throughout the episode. DH reflected that we in the NHS do not challenge ourselves enough as to whether we are doing the right thing for each patient. It's alright to consider each case and 'break rules' to get it right for the patient. It would be naive to assume that our rules fit each case and each individual. The future state will need to be driven by the need to think outside the box and deliver the right care. This is a journey and we have agreed to start to think differently. The Board went on to talk about the business rules that govern patient experience and the development of increased visiting hours and inclusion of relatives at ward rounds. DH reflected that our language puts us into a superior mind set; referring to patients as citizens is a good step forward as it avoids the quasi power difference between clinician and patient. MW agreed stating the need to ensure that people can make informed choices about their care. MW asked NS for the timelines for changes to be made. NS confirmed that actions had already been taken in particular the issues highlighted in resuscitation, she had observed a change but this had not been audited. There were no further questions were raised. **Action** GFM and NS to write to the daughter to confirm that her case had been heard and express the condolences of the Board for her loss. **Action** RS was asked to look into the matters that this patient story had raised at

		the Safety and Quality Committee. **The Board duly noted the patient story and the agreed actions and next steps.**
	2.2	**Chief Nurse and Medical Director's Report** *for Assurance* The Board received and noted the report in advance of the meeting. FA introduced the report highlighting the new patient metrics relating to care hours per patient day (CHPPD) and that guidance on interpretation and use is still in development. The Safer Staffing report indicates that the Trust has delivered the planned versus actual staffing levels in the inpatient areas and maternity throughout June. In July 2016 the National Quality Board published revised guidance on safe, sustainable and productive staffing. The new guidance contains a set of expectations for nursing and midwifery staffing to help Boards make local decisions to deliver high quality care for patients within the available staffing resource. It includes elements of the Carter report including the implementation of CHPPD as the principal measure of nursing, midwifery and healthcare support worker deployment. The guidance is presented in three sections which was detailed in the report. RD asked what extra value this new guidance added. FA commented that the guidance was useful and provided the Board with a new tool to monitor benchmark and facilitate decision making process. PS noted the change in national monitoring of staff usage and indicated that NHSI will seek to act on variance from the normal bell curve distribution. The Board agreed to review guidance and form an opinion on staffing levels. FA stated that this could be done once a year preferably in November to support business planning and should include nursing and medical staff. This was agreed. **Action: FA/DH** DH commented on the change in language which moved towards 7 day services and the timeframes for seeing patients. MW and FA agreed the need to discuss the possibility of changing the ratios of 1 to 8 to 1 to 7 which would be exceptionally challenging both in relation to funding and the available workforce. However there was an indication that acuity and skill mix would come into play as guidance is developed. There were no further questions for FA. DH introduced the medical directors report noting that nationally Junior Doctors had rejected the new deal prepared by the BMA. As such contract implementation is still scheduled for October and negotiations continue. DH had spoken to the BMA and the possibility of more industrial action is not known. DH reported that there had been two MRSA blood stream infections on one of the Trust's wards. There was evidence that these were linked as there are patients on the ward who are colonized with the same type of MRSA, this could be patient to patient or environmental issues. PL asked for assurance that the Trust's response had been robust. DH confirmed that he considered that it was, highlighting twice weekly meetings to review lessons learnt and ensure delivery of actions.

		There were no further questions. **The Board duly noted and took assurance from the report.**
	2.3	**Safety & Quality Committee Update (SQC)** *for assurance* The Board received and noted the report in advance of the meeting. RS presented the report highlighting the activity of the July meeting, focusing on Commissioning for Quality and Innovation (CQUIN) for flu, venous thromboembolism (VTE) risk assessment recording, the emergency department section of the diagnostic deep dive and a paper on the impact of the business of winter on quality of care. The Medicine Division had provided a very good presentation on its governance and plans, which had highlighted the work to support delivery of 7 day services. The diagnostic deep dive for ED was well received and provided good assurance. Similarly the paper on the impact of winter on the Trust had provided assurance indicating that there had not been a significant impact on safety but there had been impact on patient experience and staff. The Board discussed improvements in VTE risk assessment recording and the implications of how best to use complaints data and trend analysis. **The Board duly noted and took assurance from the report.**
	2.4	**Safety & Quality Committee (SQC) Annual Report** *for assurance* The Board received and noted the report in advance of the meeting. RS presented the report highlighting the role of the Committee, the assurances it had received over the year deep dives, quality monitoring, ECQR activity and external reports. RS went on to highlight the main challenges identified for the coming 12 months, these included; delivery of strategy, key themes, considering the impact of the STP and sharing learning to drive safety and quality improvements. RD asked if clinical attendance was an issue for the Committee. RS agreed that clinical attendance was key and stated he was happy with the quoracy of the Committee and that divisional clinical attendance at SQC had improved in year. AM thanked RS for the report stating that the SQC continues to be a significant part of the Board's form and function. For the record AM highlighted that he had become a member of the Committee in February 2016, which was not made clear by the attendance section on page three of the report. **The Board duly noted and took assurance from the report.**
3.	**<u>Operational Performance</u>**	
	3.1	**Integrated Performance Report (M01)** *for Assurance* The Board received and noted the report in advance of the meeting.

	3.1.1	**Safety & Quality Performance Indicators** FA introduced the safety and quality elements of the report highlighting the never event recorded in July, VTE assessment compliance and improvements in safety thermometer compliance. DH highlighted the mortality indicators for the Trust, stating that HSMR was currently recorded as significantly better than average. AM asked for more information on the Never event. DH confirmed that surgery had been performed on a spinal disc which was bulging on both sides. The patient had been consented to have surgery on the left side whilst attempting to correct the right hand side. There was significant scaring and the surgeon operated on the right hand side. This was identified before the patient left the theatre. The surgical team decided to carry out the initially consented procedure and the patient is reportedly delighted with the outcome. This meets the definition of a never event despite the outcome for the patient.
	3.1.2	**Operational & Access Performance Indicators** AS spoke to the access elements of the report, highlighting the new page showing NHSI trajectories and Trust performance. There was good assurance for delivery but AS indicated that there is risk of delivery in Q4. This will be discussed at Board Seminar. AS highlighted ED performance against standards indicating that emergency growth had now reached 6% which equates to 133 ambulance attendances compared to 90 last year. Two week rule for cancer had not been achieved but the teams were anticipating good performance in July. RTT performance is good but risk increase as referrals from the south continue to increase. ED pressures are impacting on summer plans to deliver elective. MW reflected that GPs have a key role in delivering two week standards as patients report that they do not understand how critical the referral is. The Board discussed the number of potential discharges flow through the local system and the significant challenges that the Trust's local partners and GP practices are facing. Specifically focusing on issues being reviewed by NHS England relating to SEC Ambulance and local 111 telephone service. PL stated that efforts and plans felt robust and that the direction of travel was good.
	3.1.3	**Patient Experience Performance Indicators** FA discussed the trends that were emerging in patient experience data, highlighting 'Friends and Family Test' for ED maternity and outpatients. There were no questions.
	3.1.4	**Workforce Performance Indicators** FA presented the workforce review of metrics, focusing on sickness absence which has risen but is still in a good position. The Trust has reviewed guidelines for mandatory training and will update the KPI accordingly. Achievement reviews are being reviewed and there is expectation that performance will increase in coming months. Bank and agency spend is higher than trajectory, however the position is well

		known and supported by strong governance. RD confirmed that he had nothing to add from the Finance and Workforce Committee (FWC).
	3.1.5	**Finance Key Performance Indicators** PS introduced the financial elements of the report noting that the capital resource limit should read as £13.1 million rather than £15.9 million and the RAG indicator should be green. Capital spend is on track and under review. The Trust is on track to deliver its financial plan and is currently reporting a position that is better than expected for month three, reporting a deficit of £2.5 million. This has allowed the Trust to review and update the interim budget for discussion later in the agenda. There continues to be risk to delivery of the budget, this is reviewed regularly at FWC and currently stands at £6.8 million. PS confirmed that the 'sustainability and transformation funding' trigger has been achieved at Q1, based on financial performance. The Trust has also achieved its agency spend plan for the quarter. The payment is due and not accrued for in the deficit reported at month three. RD confirmed that this had been reviewed by the FWC. PS went on to describe the output of the NHSi Lord Carter efficiency engagement visit. The Trust outlined how it is meeting the challenge and taking this work forward. There is specific focus on pathology services, medicines management, e-Rostering, procurement and agency spend. The Trust's CIPs cover all these areas. The Trust has reviewed the bench marking data for 'Getting it right first time' for orthopedics and bench marks well overall. There will be a national procurement database tool which it is hoped will ensure that the best deals are available to all, which the Trust will make good use of. The national model hospital data portal has gone live, based on 14/15 reference costs, this indicates that the Trust has the second lowest cost per activity unit in the country and will in future include clinical hours per patient day and data on the costs of emergency activity. **The Board duly noted and took assurance from the report.**
	3.2	**2016/17 Financial Budget f***or Approval* PS introduced the final revenue budget for approval; this had been discussed in detail earlier in the week at FWC. The main changes from the interim budget relate to the clarity achieved from agreement of contracts, forecasting based on the month 3 reported position and the allocation of reserves which is detailed in the appendix. RD reflected on the conversations at FWC highlighting the associated risk of delivery, mitigations and the level of confidence of delivery of quarter 2. Delivery of the budget will be harder as the year progresses, there is no capacity to

		reduce focus. Marginal rate (MRET) conversations and readmission fines are not agreed with CCGs and contribute to the control total surplus. The Board noted the risk and that both were flagged to NHSi formally in a letter prior to the start of the year. The FWC have recommended that the budget is adopted. The Board noted that it was a very challenging budget and that the Trust's core assumptions highlighted to NHSi had not been advised as formally. **The Board duly noted and approved the budget as final.**
	3.3	**Finance & Workforce Committee (FWC) Chair Update –** *for Assurance* The Board received and noted the report in advance of the meeting. RD introduced the report highlighting that a great deal of the meetings output had already been discussed. The FWC had took assurance on continuing improvements in payment of suppliers and debtors. The committee received a paper that highlighted the improvements in Medical Records provision since the movement of the offsite storage to Salfords. RD reminded the Board that the in year £6 million working capital facility would now need to be repaid by the end of the financial year. There were no questions raised. **The Board duly noted and took assurance from the report.**
	3.3	**Audit & Assurance Committee Update, Annual Audit Letter & Quality Account Audit -** *for Assurance* PB introduced the paper which detailed the July AAC. There had been good assurance from External Audit detailed in both the annual audit and quality account letters. The Committee had agreed Internal Audits annual plan for 2016/17 which includes areas of Board interest such as the management of temporary staffing and the delivery of the clinical audit plan. PB reported that a tendering process to appoint External audit for 2017 had commenced and that PS had agreed to join the members of the AAC on the selection panel. **The Board duly noted and took assurance from the report.**
	3.5	**Charitable Funds Committee Update** *for Assurance* PS introduced the paper in AH absence. Reporting that the Trust had filled the vacant fundraiser post who is settling into post. The Committee had discussed the ongoing issue relating to the failure of fund holders to spend their balances as per Trust policy. The Committee is now seeking follow up of plans from division that detail how funds will be spent during 2016/17. There were no questions raised. **The Board duly noted and took assurance from the report.**

4.	Risk, Regulatory and Strategy Items	
	4.1	**Serious Incidents Quarterly Report** *for Assurance* The Board received and noted the report in advance of the meeting. FA introduced the report which details current cases and learning from investigations. The Trust reported 12 serious incidents during the first quarter of 2016/17. All incidents were reviewed and escalated appropriately as part of the process. There were no questions raised. **The Board duly noted and took assurance from the report.**
	4.2	**2016/17 Annual Plan, Q1 Update –** *for Assurance* The Board received and noted the report in advance of the meeting. SJ introduced the paper highlighting the number of actions which have been amalgamated and streamlined for ease of monitoring. There is also an update to the spreadsheet that allows monitoring of direction of travel. There are four complete actions two actions recorded as red, off track, which related to the never event and the MRSA blood stream infection. Overall 32% of actions are on plan or better. Delivery of the annual plan is on track. The Board discussed the paper commenting on the useful changes to format and positive assurance on delivery at end of Q1. **The Board duly noted and took assurance from the report.**
	4.3	**SASH+ Update -** *for Assurance* The Board received and noted the report in advance of the meeting. SJ introduced the report highlighting the work to date and the positive impact that it was having, highlighting a recent case where a staff member had 'stopped the line' and raised an issue that was impacting on flow and experience. SJ highlighted that RPIWs were now planned for the next 18 months and that members of the Board were welcome to be involved. The Cardiology value stream remains a challenge and is the focus of the Trust Guiding Team. The Board discussed the issues surrounding the delivery of improvement targets set by the Guiding Team. Noting that in some cases metrics had increased to a level higher than the benchmark, this is linked to clinician engagement, use of escalation and unexpected growth in referrals from Trust clinicians managing inpatients. DH agreed stating that the clinicians involved wanted to resolve the other medical patients within their specialty footprint. The Board challenged as to when the expected output of the work would be delivered. MW reminded the Board that the plan is learned through the process and that Cardiology was chosen because it was a challenge. Dr Ben Mearns, Chief of Medicine is reviewing the case and will report back at the next Guiding team meeting.

		The Board duly noted and took assurance from the report.
	Other Items	
	5.1	**Minutes of Board Committees to receive and note**
	5.1.1	**Finance and Workforce to receive and note** The minutes of the Committee were noted with no questions raised.
	5.1.2	**Safety and Quality Committee to receive and note** The minutes of the Committee were noted with no questions raised.
	5.1.3	**Audit & Assurance Committee to receive and note** The minutes of the Committee were noted with no questions raised.
	5.2	**Any Other Business** PL asked for the Trust's perspective on the day's news story relating to consultants overtime. DH commented that the story was based on a national freedom of information request made by the BBC. These costs will be linked to waiting list initiatives and the overtime rates built into the doctor's contract agreed by the government. The Trust does use additional sessions to cover issues such as endoscopy lists. MW noted that in some specialist cases there isn't another option other than to use 'overtime' and that the significant overtime expenditure is the symptom rather than the cause. There was no other business.
	5.3	**Questions from the Public** There were no questions raised.
	5.4	**Date of the next meeting** **Thursday 29th September 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.

These minutes were approved as a true and accurate record.
Alan McCarthy

Chairman: **Date:**