

**Minutes of Trust Board meeting held in Public
Thursday 29th September 2016
Room AD77, East Surrey Hospital**

Present

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

In Attendance

(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(MP) Mark Preston	Director of Organisational Development & People
(SJ) Sue Jenkins	Director of Strategy (agenda item 4.2)
(CP) Colin Pink	Minutes
(PBU) Peter Burnet	Deputy Director of Finance

1.	<u>General Business</u>	
	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 Paul Simpson and Alan Hall.
	1.2	Declarations of Interest – For approval The Chairman asked whether any Board members had any additional declarations of interest; no additional interests were declared.
	1.3	Minutes of the last meeting The minutes of the meeting held on 25 th August 2016 were reviewed and approved as a true and accurate record.
	1.4	Action Tracker The Board reviewed the action tracker noting that the 5 actions recorded are due in October 2016. There were no other matters arising.
	1.5	Chairman’s Report for Assurance AM started by sharing his commiserations for the family of Julian Lee, former chair of Brighton and Sussex University Hospitals NHS Trust who had recently passed away.

		<p>AM and GFM had attended the League of Fiends AGM and reported that it was very pleasing to see the great work that had been carried out. The leagues contribution to the Trust continues to be very valuable, including a significant donation to the recent developments in cardiology.</p> <p>A recent Chairs meeting had highlighted just how challenging the national picture is at present, focussing on growth in emergency admissions and the growth in gap of delivery of mental health provision.</p> <p>Finally AM reported that a new designate Non-Executive Director, Caroline Warner, had been appointed. This is an exciting appointment and we look forward to working with her.</p> <p>The Board noted the report.</p>
1.6		<p>Chief Executives report for Assurance</p> <p>The Board noted the report in advance of the meeting</p> <p>MW presented the report highlighting the changes to CQC inspection regime and the development of a single oversight framework by NHS Improvement that further blurred the regulatory and performance monitoring lines between foundation and non-foundation Trusts.</p> <p>New planning guidance has been published that states that contracting activities must be concluded before 25th December and that this would now be a 2 year contract. This is a very challenging timeframe and would involve significant negotiation to ensure alignment.</p> <p>MW reported that both FA and Ben Mearns Chief of Medicine had been on the local radio discussing open visiting hours and winter preparedness respectively. The Trust's frailty unit is now open, this exciting initiative will allow clinicians to look after patients in a new and more focussed way.</p> <p>RS asked for feedback on the open visiting hours. FA reported that to date the feedback was good, there are issues but the scheme is still new and embedding.</p> <p>RD commented that the Board should consider setting aside time to develop plans in line with the need to complete contracting elements in the calendar year.</p> <p>The Board went on to note that the first score from the new over sight framework would be published in November. There is a possibility that some Trust's may go into special measures.</p> <p>There were no further questions.</p> <p>The Board duly noted the report.</p>
1.7		<p>Board Assurance Framework (BAF) and Significant Risk Register (SRR) for Approval and Assurance</p> <p>GFM presented the report noting that there are 13 risks to the trusts strategic objectives, 7 of which are recorded as key strategic risks and red rated.</p> <p>There are 10 significant risks recorded on the Trust risk register. The BAF and</p>

		<p>SRR had been reviewed by the Executive team.</p> <p>AM asked for assurance that the mitigating actions was having a positive impact on the risks recorded. GFM stated that the BAF had undergone significant review in the last six months and that there is an element of carrying out actions to maintain the position as the Trust's situation changes. The Executive Committee will be looking into this and will feedback at a later date. RD commented that the BAF was well balanced and that the nature of some of the strategic is risk is that they can take significant time to resolve and that in cases may remain if an organisation cannot influence the cause significantly. DH reflected that in some instance the target rating may never be achieved and that risks may be tolerated.</p> <p>The Board duly approved and took assurance from the report.</p>
2.	<p><u>Safety, Quality and Patient Experience</u></p>	
	<p>2.1</p>	<p>Patient Story for Assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>DH presented the patient story of a 67 year old man with shortness of breath was brought to ED by ambulance on a Tuesday. He had co-morbidities reported that he had had diarrhoea. He was nursed in a cubicle and then, even though no diarrhoea was observed was admitted to the side room of clinical decision unit.</p> <p>The medical team considered that he had potential cardiac problems and an echo was carried out.</p> <p>He was reviewed by both respiratory and cardiac specialists, clinical ownership was unclear whilst he remained in cubicle in the Emergency Department. During this period an unusual blood test was not acted on and an echo report was not considered by on call teams as it was not stored at the patient bedside.</p> <p>Friday evening he was moved to an appropriate medical ward.</p> <p>Over the weekend his condition worsened and he sadly passed away on the Sunday. The patient's family were raising concerns on the weekend that their father's condition was worsening which did not prompt a review, it is however unlikely that intervention would have changed the ultimate outcome but the pathway could have been improved. This was raised and investigated as a serious incident. This has highlighted key learning, the side room and cubicles on ED are only to be used for short periods 4 hours being the expected maximum, the handover of on call teams needs to be strengthened focusing on ownership of the patient and the on call bleeps system needs to be regularly reviewed and updated. Echo reports have been made electronically available.</p> <p>This case will be reviewed by the coroner and has been discussed with the patient's family.</p> <p>PL noted that it is always key that we listen to family members as experts in their loved ones condition. DH agreed highlighting the Trust's pilot to include family in ward rounds which could add significant value. DH went on to highlight the pilot and roll out of an electronic system to support the monitoring of early warning score.</p> <p>The Board went on to discuss 7 day working, consultant cover and the Trust's plans. It was noted that many of the Trust's services are already in good shape</p>

		<p>for this expectation. There is a need to ensure the best clinical pathways supported by effective MDT working and transfer of care.</p> <p>RS asked for an explanation of the risks associated to handover of care. DH stated that it is known that handover can potentially be a time of increased risk and needs to be of high quality. In this case information was handed over but ownership of the patient was not clearly passed on at every opportunity. For example opinions and advice was given rather than receiving the patient.</p> <p>MW summarised highlighting the improvements in safety, use of ward huddles and checklists. Open visiting is working and relatives are now increasingly involved in patients care. There is still work to do and the teams remain resolute on drive to make each pathway as safe as possible.</p> <p>The Board duly noted the patient story.</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 introduced the report highlighting the workforce issues recorded in month. Safe appropriate care is being delivered through dynamic support from senior staff.</p> <p>The care hours per patient days (CHPPD) data is being reviewed and it may be some time before the model is fully understood and a useful management tool. PL asked how the Trust benchmarks for CHPPD. FA indicated that it feels like the Trust is ahead of the game and there is possibility to start to use data as a predictive model</p> <p>Recruitment and retention remains an issue as detailed in the BAF and significant work is underway which is maintaining the Trust's current position.</p> <p>DH presented his report, highlighting the number of Trust apportioned Clostridium <i>difficile</i> cases to date and the planned Consultant level peer review that is planned. Action: DH to report infection control peer review details to SQC.</p> <p>The joint appointments of Medical and Nursing professor are being advertised, which is a very positive and exciting opportunity for the Trust.</p> <p>The Board commented on the number of consultant vacancies that were being reported. Action: MP stated that he would look into this and feedback to the Finance and Workforce Committee.</p> <p>The Board duly noted and took assurance from the report.</p>
	<p>2.3</p>	<p>Safety and Quality Committee Update <i>for Assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RS reported that the Committee considered how it might monitor the delivery of the Trust's desire to be within the top 20% of benchmarked Trust's for safety. The performance team are developing the Trust's benchmarking tool to meet the need to be able to monitor position, it is anticipated that this will help to develop focused actions.</p>

		<p>The Committee took assurance that falls prevention plans are being refreshed with the emphasis being on behavior and culture.</p> <p>The Infection Prevention and Control team presented their annual report. This was well received and is commended to the Board. Action: GFM to agenda annual infection control report to board (DIPC's report).</p> <p>The Board duly noted and took assurance from the report.</p>
3.	<u>Operational Performance</u>	
	3.1	<p>Integrated Performance Report (M4) for Assurance</p> <p>3.1.1 Safety & Quality Performance Indicators</p> <p>FA reported that there had been 6 serious incidents reported in month. The Safety Thermometer indicates amber rating for falls; this is being reviewed to understand the detail behind the numbers.</p> <p>DH reported that HSMR is good and remains better than average. Work is being done to better understand readmission rates detailed in the report.</p> <p>The Board discussed whether the assessment of diarrhoea and vomiting risk should still be considered a red risk. DH commented on the likelihood and potential impact of norovirus on patient experience and flow. The Board agreed to keep the risk on the significant risk register.</p> <p>3.1.2 Operational and Access & Performance Indicators</p> <p>AS highlighted the Trust's ED performance and achievement of cancer access standards. RTT continues to be a challenge but the Trust is expecting to deliver the standard in quarter 2. Increasing referral rates continues to be the focus of challenge.</p> <p>Diagnostic performance is rated as red which is linked to endoscopy staffing issues. Plans are in place which should see the service back on track by the end of November.</p> <p>The Board discussed staffing issues within endoscopy, cancer performance and how the Trust managed last minute cancellations and took assurance from the debate. The turnaround in delivery of cancer access is particularly of note.</p> <p>3.1.3 Patient Experience</p> <p>FA noted that Emergency Department friends and family test remains high and is currently 11th best in the country. FA thanked staff in outpatients whose response rate has gone up by 7%, which is a significant improvement.</p> <p>Maternity and post natal FFT response rates remain low; efforts are being made to increase response rates. This is not a Trust specific issue.</p> <p>3.1.4 Workforce Performance Indicators</p> <p>MP reported that staff turnover had increased for 3 months in a row although nursing turnover is down 1.2%. The Trust's vacancy rate is level and the sickness</p>

	<p>3.1.5</p>	<p>rate for the Trust is good. The Trust's mandatory and statutory compliance rate is 81% following alignment with the national key skills framework.</p> <p>The Trust's flu vaccination rate has commenced in earnest with ward/speciality based clinics in place.</p> <p>DH asked for the detail behind the turnover rate increase. MP stated that it was being reviewed and paper is being prepared for the Executive team.</p> <p>Finance Performance Indicators</p> <p>PBU reported that the Trust's deficit at the end of month 5 was a deficit of £1.8million, £0.3million better than the planned £2.1million deficit position. Reminding the Board that the plan is loaded such that it will get harder to deliver at the end of the year.</p> <p>It is expected that the Trust will achieve the metrics to receive the quarter 2 Sustainability and Transformation Fund (STF) payment of £2.4 million.</p> <p>Agency spend continues to be an issue and this is a matter of significant focus. The current spend is £0.4 million over budgeted position.</p> <p>Capital spend remains on plan and the Trust's ability to pay its debtors (BPPC) is improving.</p> <p>RD highlighted the review of finances carried out at the FWC. This had focussed on plans to manage the impact of emergency growth on elective activity and the cost improvement plans linked to agency spend.</p> <p>RD echoed PBU comments that the financial plan for quarters 3 and 4 would be harder to achieve than quarters 1 and 2. There are signs that the situation is becoming ever more challenging as indicated by AM earlier in the Board meeting and the BAF. This issue is not Trust specific, the national financial position is already under scrutiny.</p> <p>The Board discussed the potential impact of the Sustainability and Transformation Plan (STP) on local financial key performance indicators and place based control targets.</p> <p>The Board duly noted and took assurance from the report.</p>
--	---------------------	---

3.2	<p>Finance & Workforce update <i>for Assurance</i></p> <p>RD introduced the report. The Committee had reviewed the post implementation business case for energy supply to the site. There had been good learning from the project. Suitable infrastructure was now in place, there had been unexpected issues to resolve and the project had been delivered slightly over budget.</p> <p>The Trust's training development plan had been presented and the Committee took assurance from the plan.</p> <p>The Board duly noted and took assurance from the report.</p>
3.3	<p>Audit & Assurance Committee <i>for Assurance</i></p> <p>PB introduced the report noting the discussions relating to the BAF, strategic risk and the development of the STP.</p> <p>Internal Audits review of control systems to support the management of temporary staffing provided good assurance as did the review of the Trust's hospitality and gifts register.</p> <p>The Committee had reviewed and recommended the Corporate Governance manual to the Board for approval.</p> <p>The Board duly noted and took assurance from the report.</p>
<p>4. <u>Risk, Regulatory and Strategy Items</u></p>	
4.1	<p>Updated Corporate Governance Manual - Including Standing Orders and Standing Financial Instructions <i>for Approval</i></p> <p>The Board received the papers and manual in advance of the meeting.</p> <p>The Board noted that the manual had been recommended for approval by the AAC and the changes to structure throughout.</p> <p>The Board duly noted and approved the Corporate Governance Manual.</p>
4.2	<p>SASH + Progress Update – for assurance</p> <p>SJ introduced the paper highlighting key work from the three value streams detailed in the report. The benefit of the work done so far is that some elements can be transferred to other specialities and improve productivity.</p> <p>'Lean for Leaders' training is up and running and is anticipated that this will start to impact on organisational culture. It is important to remember that it is not possible to run rapid process improvement workshops for every change. As such it is anticipated that the principles learnt will be adopted by front line managers. The principle is to observe, measure and endeavour to improve the current state every day. The example of the student nurse on AMU who was given permission to make a change and co-designed a pack of essential items which has reduced the amount of time it takes to prepare to provide care to a patient at a time of need.</p> <p>The Board went on to discuss the detail of the report and what assurance and actions they should consider. Action: GFM and SJ to consider content and function for future SASH+ reports.</p>

		The Board duly noted and took assurance from the report.
<u>Other Items</u>		
5	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 The minutes of the Committee were noted with no questions raised.
	5.1.3	Audit and Assurance Committee The minutes of the Committee were noted with no questions raised.
	5.2	Any Other Business No further business was discussed by the Board.
	5.3	Questions from the Public There were no questions from the public.
	5.4	Review of the Meeting The Board agreed that the balance of the agenda was good. The SQC and BAF conversations had been good. The patient story continues to provide focus and grounding within the wider strategic discussion of the Board.
	5.5	Date of the next meeting Thursday 25th October 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>
--