Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 29th June 2017
Room AD77, East Surrey Hospital

Present

(AM) Alan McCarthy	Chairman	Chairman
(PS) Paul Simpson	Deputy Chief Executive & Chief Finance Officer	Deputy Chief Executive
(DH) Des Holden	Medical Director	Medical Director
(AS) Angela Stevenson	Chief Operating Officer	Chief Operating Officer
(PB) Paul Biddle	Non-Executive Director	Non-Executive Director
(RS) Richard Durban	Non-Executive Director	Non-Executive Director
(DS) David Sadler	Non-Executive Director	Non-Executive Director
(PL) Pauline Lambert	Non-Executive Director	Non-Executive Director
(CW) Caroline Warner	Non-Executive Director (Designate)	Non-Executive Director
(DP) Daphnee Pushparajah	Associate Non-Executive Director	Associate Non-Executiv

In Attendance

(MP) Mark Preston	Director of Organisational Development and People
(IM) Ian Mackenzie	Director of Information & Facilities
(VD) Victoria Daley	Deputy Chief Nurse
(CP) Colin Pink	Head of Corporate Governance
(NB) Natalie Broomhead	Clinical Lead for Elderly Medicine, Consultant Geriatrician (Patient story)
(SJ) Sue Jenkins	Director of Strategy & KPO Lead

1.	**General Business**	
	1.1	**Welcome and Apologies for absence** AM opened the meeting by welcoming Trust Board Members, governors, members of the public and staff. Apologies for absence were noted from Michael Wilson, Fiona Allsop, Richard Shaw and Gillian Francis-Musanu.
	1.2	**Declarations of Interest** AM asked whether any Board members had any additional declarations of interest. None were raised.
	1.3	**Minutes of the last meeting** The minutes of the meeting held on 25th May 2017 were reviewed. **The minutes were agreed as an accurate record.**
	1.4	**Action Tracker** The Board reviewed the action tracker and CP confirmed: TBPU22: was not due until the end of June TBPU23: was not due until the end of September TBPU24: was not due until the end of June TBPU25: was not due until the end of June

		TBPU26: was not due until the end of June TBPU27: was closed and included in the BAF agenda item. There were no other matters arising.
	1.5	**Chairman's Report** *for Assurance* AM reported that he had attended a meeting of Chairs of the five NHS trusts working in partnership with the Virginia Mason Institute (VMI). It had been a very useful meeting at which the key lesson shared from the Trust was that organisations need to find the time to follow the process in order identify and implement waste reducing initiatives. The Trust had been visited by Sir Mike Richards, Chief Inspector of Hospitals and Dr Kathy McLean, Medical Director for NHSI as part of the VMI partnership work. The feedback from the visiting team had been fantastic. AM had attended an STP Chairs oversight group which had proved useful and highlighted the governance issues that are associated with this way of working. At a recent NHS Providers event, Pauline Philip the National Urgent and Emergency Care Director at NHS England, reported that June had seen the busiest day recorded for A&E attendance nationally. The Trust's emergency activity continues to grow. Pauline Philip believes that the increase in emergency care is now one of the biggest safety challenges facing the NHS. Sir Robert Naylor has produced a national report on the physical state of NHS property, highlighting that current infrastructure is not fit to deliver the five year forward view. Significant building work and refurbishment is required. AM highlighted the Trust strategy on a page and the annual priorities stating that this meeting would focus on reducing avoidable harm. **The Board noted the report.**
	1.6	**Chief Executives report** *for Assurance* The Board noted the report in advance of the meeting. PS presented the report on behalf of the CEO. Noting the letter of thanks from Jeremy Hunt, Secretary of State for Health, to all NHS employees. Two Trust staff have been commended for saving the life of a man at the scene of a road traffic accident. MW has written to the staff to personally thank them. The Trust had run its second annual carers' event, which had been well attended and well received by those who attended the day during national carers' week. **The Board duly noted and took assurance from the report.**
	1.7	**Board Assurance Framework & Significant Risk Register –** for assurance and approval The Board noted the report in advance of the meeting. CP introduced the BAF and SRR on GFM's behalf, noting the significant risks and review by the executive team during the month. The Board discussed how

		staff from all areas and sites could access the risk register and how risks are reviewed by division and executive leads. PB asked whether the four finance risks on the BAF should be recorded as significant red risks. PS recommended that the financial risks remain red until there is certainty that the recorded risks would not materialize. Delivery of control target is a key deliverable for the 2017/18 financial year. **Action** PS was asked to consider the narrative of the liquidity risk to take into account the improved overall position. **The Board duly noted, took assurance and approved the report.**
2.	**Quality of Care**	
	2.1	**Patient Story** *for Assurance* The Board received and noted the report in advance of the meeting. AS introduced the patient story along with NB. AS had become aware of this case because of the Trust's ongoing processes to manage and review long stay patients. The gentleman involved was 72 years old with complex co-morbidities. AS had requested a review of this case due to concern that his long wait for discharge may have contributed to his death. The gentleman had had a stroke, which was followed by a cardiac arrest that proved fatal and will be reviewed by the Coroner. NB spoke of her review of the case, having not known the gentleman or been involved in his care. The gentleman was a repeat attender with complex issues and limited support in the community. He had fallen and sustained a hip fracture which combined with other co-morbidities significantly impacted on his long term prognosis. He was admitted from September 2016 to February 2017 and had been medically fit for discharge on a number of occasions but did not leave the hospital. He had capacity and did not want to leave, referring to the hospital team as his family. The review had established that harm was not attributable to the care received and that processes were followed appropriately. It was agreed that advance care planning and input from the Older People Advice and Liaison Service (OPALS) could have impacted on the management of the gentleman's care. PL thanked AS and NB for the story and asked how we can embed the learning across all care. AS highlighted that review of long stay patient's increased satisfaction and that the Trust is implementing systematic processes to review all long stay patients. The Board discussed capacity and patient choice specifically around the right to make decisions that do not appear to be of sound judgment and Trust capability to make a person leave who is medically ready for discharge. The Trust follows national policy and wherever possible works with people to agree that it is time to leave the hospital. DH reflected on the gentleman's prognosis and reference that end of life conversations and DNACPR had not been considered despite the indications that he was entering the last year of his life. NB concurred highlighting that OPALS would have considered his holistic presentation and may have taken another path. DH indicated that he would discuss this case with the Chiefs of

		Division. CW asked what impact a well-established accountable care system could have on the case. NB highlighted benefits of prevention of admission, joined up community services and identification of loneliness and social issues that contributed to his length of stay. With advanced care planning a great deal of conversations and awareness could happen in the community, specifically around the education and awareness for those people who are entering the end of life and their families. Chronic conditions such as cellulitis can be better provided for and reduce the need for acute episodes. AM thanked AS and NB for the story reflecting on value of the discussion and shared learning. **The Board duly noted the report and took assurance from the report.**
	2.2	**Safety & Quality Committee Chair Update** *for assurance* The Board received and noted the report in advance of the meeting. PL introduced the report on RS' behalf, highlighting the assurance from the review of impact on individuals whose referral to treatment 52 week target was not met, assurance on the Trust's improvement in collection of trauma data (TARN) and the pilot of medical examiners that the Trust had implemented. The Chief of Cancer had presented the division's annual report to the Committee and had provided good assurance. Increasing cancer referral rates continue to be an issue of focus. AM asked if GPs are involved in the reported review of discharge summaries, this was confirmed. DH has been meeting with local representatives at the local negotiating committee and there has been a reported improvement in quality of the summaries. AS reflected that the process was nearing a live state and that most practices receive discharge summaries electronically. **The Board duly noted and took assurance from the report.**
	2.3	**Safer Staffing and Care Hours Per Patient Day Report** *for assurance* The Board received and noted the report in advance of the meeting. VD reported on an overall improving picture of compliance with safer staffing metrics. The system continues to be monitored to ensure that safe staffing levels are maintained. The Board discussed the safer staffing metrics noting the improvement's in metrics. **The Board duly noted and took assurance from the report.**
	2.4	**2016/17 Quality Account –** *for approval* The Board received and noted the report in advance of the meeting. DH introduced the Quality Account for final sign off, and has been considered by SQC and External Audit. The document is to be published nationally on the 30th June.

		DS asked for assurance from the NED on the SQC that they agreed with the statement of Directors responsibility included in the account. PL stated that she was happy with the wording of the statement. The Board discussed the report, the commentary from stakeholder organisations and minor last minute amendments that were agreed. Focusing on mortality and palliative care coding benchmark data reported in the account. The Board noted that although there is potential for gaming of overall data through coding the Trust should aspire to ensure transparency and accuracy of coding data. AM thanked those staff involved in the generation of the report, noting that as with previous years the Quality Account is a good document. **The Board noted and approved the Quality Account.**
	2.5	**Safety & Quality Indicators –** *for assurance* The Board received and noted the report in advance of the meeting. AM introduced the new style of IPR which looks to add narrative and alignment to the annual priorities. VD introduced the safety indicators of the IPR, highlighting serious incidents, improvements in safety thermometer 'harm free care' 99.3%, falls with harm and 4 cases of hospital acquired C. *diff.* PL asked for narrative to describe the issues surrounding incidence of pressure damage. VD reported that of the case reported in May all had been grade 2 ulcers, this continues to be a significant focus for the team and all 2's and above are investigated so that lessons can be learnt and shared. DH highlighted the Trust's mortality at 94% HSMR, which is better than expected for patient. The latest SHMI for the period Oct 15- Sept 16 has the Trust rate as the second lowest in region and this includes mortality up to 30 days after discharge. Readmission rates are good for the Trust which is a good proxy for general quality of services. Similarly discharge planning initiatives appear to be having positive effect on length of stay and number of discharges. CW asked if the emergency C-section rate that the Trust was missing opportunities to plan births. DH highlighted the work of the birth choices clinic and that a proportion of emergency C-sections are related to the baby becoming distressed following induction of labor, this could be explored at SQC. **Action** DH to arrange for the SQC to receive a presentation on emergency C-section rates and possible linkages with induction of labor. **The Board duly noted and took assurance from the report.**
	2.6	**Patient Experience Indicators –** *for assurance* The Board received and noted the report in advance of the meeting. VD introduced the Trust's patient safety indicators. Friends and family test scores are good for the emergency department and outpatients' scores are

		improving. AM noted the improvements in outpatients scores but challenged the Executive team to do more to improve these scores. VD described the work that was underway to provide more information and reduce waiting times. **The Board duly noted and took assurance from the report.**
3.	**Operational Performance Report**	
	3.1 **3.2**	**Integrated Performance Report (M01) –** *for assurance* **Operational & Access Performance Indicators –** For assurance The Board received and noted the report in advance of the meeting. AS introduced the performance elements of the IPR, highlighting that the trust had not met the 4 hour ED standard in May. There had been a 4% increase in attendances and a 6%increase in admissions. Ambulance handover times continue to be a focus for the Trust and SECAMB. RTT and referral rates continue to be a challenge; the Trust is however maintaining cancer access standards. The Trust is seeking guidance on how to manage patient choice that impacts on delivery of 52 week wait standards. The Trust has developed plans to return to trajectory by October. NHSI is aware of this position. AM asked for assurance that no harm had come from 52 week wait standard breaches. AS reported that all cases are reviewed clinically to identify any harm, to date breaches have had impact on patient experience relating to planning and length of wait with the referred condition. PB asked what level of outsourcing to private care is adopted by the Trust to meet the 52 week standard. AS confirmed that all patients over 35 weeks are reviewed regularly and a proportion of those will be outsourced to private practice. The number of outpatients' cancellations in May overshadowed the good work to reduce DNAs. AM reminded the Board of NHS providers comments relating to safety of emergency care. AS indicated that it is a system wide safety issue and is linked to ambulance handover and impacts on elective pathway management. The Board discussed this in detail noting 4 key areas of focus; the Trust's management of ED, GP streaming of patients, ambulance handover and patient accessibility of urgent care. AS highlighted that the Trust is part of joined up working looking at ED, admission GP referrals, urgent treatment and the use of 111 phones services. **Action** AS to bring a report to board detailing the Trust's partnership work relating to emergency access. **The Board duly noted and took assurance from the report.**
4.	**Operational Performance**	
	4.1	**Finance and Workforce Committee Chair Update –** *for assurance* The Board received the report in advance of the meeting.

		DS presented the report from the Committee, highlighting nurse recruitment and retention reviews focus on gap between actual and planned recruitment. There had been a particularly useful report on the matter focusing on the growth in the gaps between recruitment and retention. Substantive nursing staffing numbers continues to be a key focus. Financial analysis for overall position is good noting that the control total becomes ever more challenging as the financial year passes into Q2 and Q3. Capital delivery is good and on track. DS noted that although agency spend targets had not been met there had been £3 million pound spend reduction which is very positive. **The Board duly noted and took assurance from the report.**
	4.2	**Workforce performance indicators –** *for assurance* The Board received and noted the report in advance of the meeting. MP presented the workforce elements of the IPR, highlighting vacancy and turnover rates. Achievement review completion is moving back towards trajectory and there are plans to achieve completion rates as planned. Sickness absence rates have increased in month. The Trust has been invited to join a HEKSS project which looks to adopt best practice retention initiatives into place. The Trust is looking to take back outsourced HR support and will have established an employment relations team in the near future. **The Board duly noted and took assurance from the report.**
	4.3	**Finance and Use of Resources Performances Indicators –** *for assurance* The Board received the paper in advance of the meeting. PS reported that the Trust has reported a £0.1 million surplus at the end of month two against a planned deficit of £0.3 million. Month two agency spend is down and is £0.3 million better than plan. The Trust remains on trajectory to receive strategic transformation funds. Savings plans are being supported by reserves budget set aside to support savings. The Trust cash position is ok as demonstrated by the sustained improvements in 'better payment practice code' performance. There is potential for improvement. RD commented on the wider strategic focus of income and activity. PS agreed noting that the balance of the right volumes of emergency and activity are key. These issues are described in detail in the BAF. **The Board duly noted and took assurance from the report.**
	4.4	**Audit & Assurance Committee Chair Update –** *for assurance* The Board received the paper in advance of the meeting.

		PB introduced the report from the Committee which had focused on the sign off of annual accounts. External audit had provided good assurance on the state of the accounts and are expecting to issue an unqualified opinion. PB highlighted issues over disputed differences in volume of activity with Crawley CCG. This is being considered as an agreement of balances issue, External Audit were happy with this approach. External Audit is issuing a section 30 letter due to technical historical issues and the Trust's breakeven position. DH asked how the Trust accounts for charitable funds and assets. PS commented that the Trusts management of charitable funds is in alignment with other Trusts. **The Board duly noted and took assurance from the report.**
	4.5	**Nomination & Remuneration Committee Annual Report –** *for assurance and approval* The Board received the paper in advance of the meeting. AM introduced the report and highlighted the work of the Committee. **The Board duly noted and took assurance and approved the report.**
5	**Strategic Change**	
	5.1	**SASH + Update –** *for assurance* The Board received the paper in advance of the meeting. SJ introduced the report, highlighting recent work to share the Trust's strategy on a page and local adoption at divisional level. Lean for Leaders continues to be well received and is having a positive impact on frontline services. SJ reported on the three initial value streams noting a successful RPIW week in cardiology, focus on deliver of metrics of outpatients' value stream and very positive movement from the diarrhoea work stream. AM commented on the reference to cynicism of one of the Trust's managers reported in the paper. SJ reflected the Trust expectations relating for lean for leaders and observations relating improvements in efficiency and potential outcomes. SASH + presents a change in way of working and thinking and this will be faced with cynicism at first. The Board reflected on the KPIs included in the report noting that there is a need to consider development of outcome measures. SJ noted that it was not easy to use the methodology to identify outcome measures but that this would be considered going forward. RD asked how the focused work in outpatients dove tails with other services. SJ reflected that there have already been improvements that

		impacted across outpatient services and that there are lessons to learn from each RPIW. Front line staff are now describing the benefits of the work carried out to date which is good assurance of worth. **The Board duly noted and took assurance from the report.**
	5.2	**Annual Plan 17/18 –** *for approval* The Board received the paper in advance of the meeting. SJ presented the new financial year plan, highlighting actions that have been carried forward and pulled together for ease of review. The plan includes 64 key actions and the paper provides the first quarterly update to public board. The Board discussed the plan in brief noting initial work and linkages to annual priorities. **The Board duly noted and approved the report.**
6	**Leadership and improvement capability**	
	6.1	**Council of Governors Update –** *for assurance* The Board received the paper in advance of the meeting. CP introduced the paper highlighting the key areas of discussion at the last meeting including Trust update, proposal for nomination of lead governor and feedback from individual governors. AM commented on the value of the conversation relating to service provision not based at East Surrey Hospital. **The Board duly noted and took assurance from the report.**
	6.2	**Information Governance Annual Report –** *for assurance* The Board received the paper in advance of the meeting. IM introduced the report which provides good assurance of the Trust's internal systems relating to information governance. This is the fifth year in a row in which the trust had achieved a high standard of compliance with the information governance toolkit. The Trust continues to aim to improve its compliance with systems and practices. This year will see a significant increase in training expectation with a plan to deliver 100% earlier in the financial year. AM thanked IM for the report and the work of the teams involved in delivery of information governance. **The Board duly noted and took assurance from the report.**
	<u>Other Items</u>	
7	**7.1.**	**Minutes of Board Committees to receive and note**

	7.1.1	**Finance and Workforce to receive and note** The minutes of the Committee were noted with no questions raised.
	7.1.2	**Audit & Assurance Committee** The minutes of the Committee were noted with no questions raised.
	7.2 **7.2.1** **7.2.2**	**Any Other Business** AS stated that the Trust had received a letter form NHS England asking that a full review of estate was carried out following concerns raised by initial investigation of the Grenfell Tower fire. No concerns had been raised by the Trust's review of the infrastructure. CW asked how the Trust investigated and adopted developments in healthcare technology. DH confirmed that the adoption of technology is driven through multiple streams including; individual clinicians, the local Academic Health Science Network, the National Accelerator work and Innovate UK projects. Reflecting on how the Trust was exploring the role out of 'Patient Knows Best' applications across other long term health conditions. No further business was raised.
	7.3	**Questions from the Public** No formal questions from the public received were received.
	7.4	**Review of the Meeting** The Board agreed that the meeting had been valuable. The order of the FWC report could be better facilitated if it followed the Workforce performance Indicators section of the agenda.
	7.5	**Date of the next meeting** **Thursday 27th July 2017** 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:**