Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 31st August 2017
Room AD77, East Surrey Hospital

Present

(AM) Alan McCarthy	Chairman	Chairman
(MW) Michael Wilson	Chief Executive	Deputy Chief Executive
(PS) Paul Simpson	Deputy Chief Executive & Chief Finance Officer	
(DH) Des Holden	Medical Director	Medical Director
(FA) Fiona Allsop	Chief Nurse	
(PB) Paul Biddle	Non-Executive Director	Chief Operating Officer
(RD) 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
(RS) Richard Shaw	Non-Executive Director	
(CW) Caroline Warner	Non-Executive Director (Designate)	
(DP) Daphnee Pushparajah	Non-Executive Director (Associate)	
		Non-Executive Director

In Attendance

(MP) Mark Preston	Director of Organisational Development and People
(IM) Ian Mackenzie	Director of Information & Facilities
(JG) Jane Griffiths	Deputy Chief Operating Officer
(CPi) Colin Pink	Head of Corporate Governance
(JT) Jamie Thoroughgood	Core Medical Trainee (CMT1) (item 2.1)
(CP) Carol Postlethwaite	Specialty trainee in medicine (ST6) (item 2.1)
(SJ) Sue Jenkins	Director of Kaizen (item5.1)
(AAP) Anouska Adamson-Parks	Head of Strategy (item 5.2)
(CS) Catherine Sharpe	Freedom to Speak Up Guardian (item 6.1)
(ASC) Adam Stacey Clear	Responsible Officer for Revalidation (item 6.2)

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 Angela Stevenson and Gillian Francis-Musanu.
	1.2	**Declarations of Interest** No declarations of interest were declared.
	1.3	**Minutes of the last meeting** The minutes of the meeting held on 27th July 2017 were reviewed and agreed as a true record with minor amendments. **The minutes were agreed as an accurate record.**

	1.4	**Action Tracker** The Board reviewed the action tracker and CPi confirmed: TBPU23: is not due until the end of September TBPU29: is not due until the end of October TBPU30: is not due until the end of September TBPU31: is not due until the end of September TBPU32: is closed and is included on the agenda The Board asked to receive a clinical presentation on falls management from ward teams. There were no other matters arising.
	1.5	**Chairman's Report** *for Assurance* AM reported that he had attended the local NHS Chairs meeting. The meeting had been very interesting, focussing on new models of care and working together. Taking reassurance that there is an increased desire for joint working to improve patient care. There were no questions. **The Board duly noted the report.**
	1.6	**Chief Executives report** *for Assurance* The Board noted the report in advance of the meeting. MW introduced the report highlighting the introduction of use of resources as an indicator of quality as part of the CQC's domains of quality. This will include metrics on productivity and DNA rates for example. There is ongoing consultation on the matter and if anyone has any feedback please discuss with AAP **Action All.** MW reported that the Trust is now two years into its partnership with Virginia Mason Institute. To date the journey has been very positive for the Trust. There is a quarterly report on the agenda. The Board discussed the new potential for review of new metrics on use of resources. Guidance is still outstanding and there is potential that standards for DNA rates for example will be affected by the differences in the way organisations manage and record attendances. The metrics are linked to the data used in the model hospital work. CW remarked on the significant response to the Trust's news response asking for volunteers. This is very positive news for the Trust and public engagement. CW asked if volunteers where included in the Trust's workforce and training plans. MP commented that this was indeed the case and that there is potential for linking volunteers into the Trust's apprenticeship plans. The Trust has a new volunteers manager who is exploring new ways of using and recruiting volunteers. **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. CPi introduced the BAF and SRR, noting the significant risks and review by the Executive Team during the month. The Board discussed the BAF. RD asked that risk 2.2 relating to the annual priority for discharge be reconsidered, as an annual priority the narrative and risk score may not align with the situation. **Action AS** to review BAF risk 2.2 relating to discharge and medically ready for discharge specifically overall risk score and narrative. CW asked to have sight of the draft education strategy described. **Action DH** to share the development of the Education Strategy with the Board. DH indicated that the issues relating to pediatric ophthalmology capacity are resolving with the successful appointment of a consultant, this risk will be updated in time for the next Public Board. The Board discussed BAF risks relating to workforce and discussed whether the score should be raised. MP agreed to consider risk scoring with FA and the Executive Team, noting that workforce matters are considered in detail at FWC and plans and progress is regularly scrutinsed. **The Board duly noted, took assurance and approved the report.**
2.	**Quality of Care**	
	2.1	**Junior Doctors discussion** *for Assurance* DH introduced the discussion welcoming JT and CP who had been invited to the Board to discuss the life as a junior doctor at the Trust and an opportunity for questions and reflection. JT reported that this was his second rotation through the Trust. JT reflected that the Trust was a good place to work with good support from consultant body, the MDT and was excited to be returning. The Trust's improvement journey and desire stands out when compared to other organisations. The Post Graduate Medical Centre (PGMC) is very supportive of junior doctors. The physicians associate roles also offer key support for junior doctors and are truly appreciated. JT went on to reflect on the improvements in handover, escalation and safety management that have happened since his first rotation through the Trust. CP reported that this was indeed her second career in the NHS having being a pharmacist for 14 years. CP reflected that junior doctors are being asked to do more and more each year, however the 'One Team' value is felt throughout the Trust. The support provided by the PGMC at the Trust is very good and the creation of the doctors mess has been a positive step. Junior doctors in particular can have significant commutes as their placements can cover the extremes of the health economy. There are issues relating to role and expectations during busy periods but overall this is a good Trust to be a junior doctor in. CP reflected on the can do attitude of the consultant body to support the Trust during the strike activity. DH noted that enthusiasm to get back to floor was an

		opportunity that was not tested over a significant time period. The Board discussed, commutes, management of shifts fatigue and potential impact on safety. MP reported that this was being discussed at a local and national level as the issue is not peculiar to the Trust. DH asked if as juniors they were aware of areas of focus such as sepsis, SASH+, board rounds and VTE risk. Both CP and JT were aware of these areas. CP went onto to highlight that the more senior junior doctors would also be aware of the development of the STP. JG asked for their opinion on the management of discharge. CP and JT reflected that discharge planning and 'To Take Out' medicines (TTO's) are a significant part of day to day work of a junior doctor and that there is hope that EPR and IT will be the game changer. The Board went on to discuss the use of the new mess, access to IT as a new starter and the level of experience junior doctors gain in community settings. AM brought the discussion to an end reflecting on the very positive feedback received, noting that the Board significantly valued the Trust's junior doctors and their efforts. **The Board duly noted the report and took assurance from the discussion.**
	2.2	**Safety & Quality Committee Chair Update** *for assurance* The Board received and noted the report in advance of the meeting. RS introduced the report highlighting that this had been the quarterly assurance focused meeting. The Committee had discussed the changes in the way the CQC gathers and reviews information, which will be published under the name 'Insight'. The Committee had discussed CQUIN projects delivery and associated risks. The Committee noted a report discussed at ECQR that indicated that the number of serious incidents identified through mediums other than the incident reporting, for example complaints, is decreasing as a proportion when compared to incidents reported through the incident reporting system. **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. FA introduced the report highlighting overall trends and good assurance. The picture is similar to previous months. FA went on to assure the Board that the issues on two wards highlighted in the report are being managed appropriately and do not indicate a safety concern. **The Board duly noted and took assurance from the report.**

	2.4	**Integrated Performance Report (M04) - Overview –** *for assurance* The Board received and noted the report in advance of the meeting. JG introduced the report highlighting the key information and overall trends. The safety thermometer metrics are at 99% and there is good assurance from mortality figures and 'Friends and Family' test scores. Emergency Department access targets and RTT were a challenge in July and there is now focused work planned for September to meet quarterly targets. This includes focused work on ED flow and ongoing work with local ambulance trust, SECAMB. MW reflected on the achievements of the Trust against the national average performance for ED access standards, highlighting the strategic developments that will support the Trust going into winter, including the ambulatory care ward. DS raised the issue of the Trust's delivery of RTT recovery plans. JG stated that as part of a data quality exercise the teams have become more aware of the current situation and that plans are in place to see recovery of trajectory through quarter three. MW agreed that the matter did deserve scrutiny going on to highlight how the Trust's electronic systems had been strengthened in year, providing more intelligence and greater capability to plan. The overall number of patients waiting over 52 weeks for treatment has halved and now stands at around 25 people. The Board discussed the numbers of patients who are medically ready for discharge and increased efforts to work with the community to improve flow. The system has funded a new strategic lead to focus on this issue who will be employed by the Trust. The Board discussed the number of outpatient DNAs. The Trust is developing its systems and implementing new ways and technologies for booking appointments and communicating with people. Noting that there have been periods of reducing DNA and increasing utilisation which is reassurance that the problem is within the Trust's capability to improve. The Board discussed the results of the 'Patient Led Assessment of the Care Environment' which was overall good. There are areas that can be improved and will be wherever possible; however there are areas that the Trust is marked down on that will only be resolved with significant funding, for example replacing the flooring with a matt rather than a shiny material throughout the Trust. **The Board noted and too assurance from the report.**
	2.5	**Safety & Quality Indicators –** *for assurance* All necessary issues discussed under item 2.4. **The Board duly noted and took assurance from the report.**
	2.6	**Patient Experience Indicators –** *for assurance* All necessary issues discussed under item 2.4. **The Board duly noted and took assurance from the report.**

3.	**Operational Performance Report**	
	3.1	**Operational & Access Performance Indicators –** For assurance All necessary issues discussed under item 2.4. **The Board duly noted and took assurance from the report.**
4.	**Operational Performance**	
	4.1	**Workforce performance indicators –** *for assurance* The Board received and noted the report in advance of the meeting. MP introduced the workforce indicators highlighting the Trust's vacancy and turnover rates. There is significant focus on development of robust retention plans and the Trust is working with NHSI. MW highlighted the increase in headcount and growth of service provision which is inflating the issue in an already challenging job market, the issue is not just turnover. National recruitment and employment initiatives are being developed which will support resolution of staffing issues across the NHS. The Trust needs to employ 250 nursing posts a year to stand still. This data needs to be triangulated with other workforce information such as the positive reduction in agency spend in year. MP confirmed that the issue is being scrutinized by the FWC. **The Board duly noted and took assurance from the report.**
	4.2	**Finance and Use of Resources Performances Indicators –** *for assurance* The Board received the paper in advance of the meeting. PS reported that the Trust had achieved its financial plan at month four. However there is increasing risk that the full planned end of year surplus will not be met. This is primarily driven by not achieving activity plans for elective procedures, outpatients and day case activity. In particular there has been less elective activity in year than the previous year to month four. The Trust is monitoring overspend in some divisions, including the Estates and Facilities division. A detailed risk review had been considered by the FWC. Detailing worst case through to best case risk positions. The worst case end of year position is a £0.3 million surplus. This takes into account all sources of risk and the mitigation in place. The description and narrative supporting the review of the risk was well received by the FWC. PS went on to highlight that the most likely value of risk to the financial plan is £8.8 million, in respect of Trust performance, plus the resultant loss of STF, £7.5 million. Providing a total risk position of £16.3 million. The Board discussed the profile of STF and how the element paid in respect of accident and emergency access standard performance provided a challenge. The Trust needs to do better than its quarter two performance for 2016/17, which was 95.8%. To date, the Trust's achievement of the standard has been below this level. Delivery of strategic transformation fund milestones are key to the Trust's achievement of the control total. The Board discussed how STFs is apportioned

		and the impact of last year's successes on this year's milestones. The Trust needs to achieve higher levels of activity and increase the focus on delivery of productivity plans. PS reported that the overall cash position is adequate, as is the forecasted cash position for months five and six, but still reliant on a working capital facility **The Board duly noted and took assurance from the report.**
	4.3	**Finance and Workforce Committee Chair Update –** *for assurance* The Board received the report in advance of the meeting. RD presented the report, reflecting that many of the issues had already been raised and discussed. The Committee had reviewed the finance teams risk analysis of achieving the control target which was attached the report. The Trust is not meeting its plans for elective activity and savings. The Trust needs to focus and drive elective and outpatient activity as planned if it is to achieve its overall surplus position. RD introduced the paper to support the plans to develop an OBC for expansion of the neonatal unit. The OBC has been agreed by the FWC following an improved options appraisal and was being raised at Public Board to discuss matters of strategic governance. In particular this does not form part of the capital plan and will have significant impact on developments over coming years. The plan will impact on outpatients and particularly dental services. The Board discussed the plan and whether it aligned with its strategic intentions. The plan is based on a total limit of 5,000 births per annum, higher than this would require significant increase in other Trust infrastructure, theatres for example. The Board confirmed that the proposal is consistent with the Trust's strategic intentions, noting that it was not explicitly included in the capital programme and that the impact on the capital plans was acceptable for this expansion of neonatal services. The SQC will have oversight of safety and quality of neonatal and services effected by the plan up to and during its development. **The Board duly noted and took assurance from the report.**
5	**Strategic Change**	
	5.1	**SASH + Update – *for assurance*** The Board received the paper in advance of the meeting. SJ presented the report, noting the positive feedback that the Trust had received from the visit by Dr. Kathy McLean, Medical Director for NHSI and Professor Sir Mike Richards, Chief Inspector of Hospitals for Care Quality Commission. Furthermore the output of the diarrhoea workstream has been included in a series of national case studies. SJ reported that the Trust's original Executive Sensei Diane Miller has recently retired and we now have a newly appointed Executive Sensei Cathie Furman. The Trust thanks Dianne Miller for her leadership and council over the last two

		years. The report included 2 ~~videos,~~videos; the Board paused to see both. SJ went onto highlight recent developments in the team that support the work and developments across the Trust. AM asked how far developed the Trust Compact is and if it supplements or stands alone from the Trust's values. SJ indicated that staff focus groups believe that the compact adds value and its form has changed based on feedback from staff. The Board discussed the need for the compact, developing culture and what had already been achieved through its established vision and values. PL indicated that the Board should have time to reflect on the Compact and asked that the issue be reconsidered once the Board had had time to consider its implications. **The Board duly noted and took assurance from the report.**
	5.2	**Annual Plan Q1 Update –** *for approval* The Board received the paper in advance of the meeting. AM reported that the detail of the report had been discussed during the Private Board. AAP presented the report highlighting the changes in format and streamlining to make the document more useful at Board level. RS highlighted that the updated plan lists only one strategic objective for safety. AAP noted the comment and stated that this would be considered by the Executive Team for future updates. **The Board duly noted and approved the report.**
6	**Leadership and improvement capability**	
	6.1	**Freedom to Speak Up Guardian Quarterly Report – *for assurance*** The Board received the paper in advance of the meeting. CS presented the report highlighting the function of the new role, communications strategy, training developments and review of policies and systems. CS went on to discuss differing levels of engagement from teams depending on leadership culture within, which is not specific to being open more a reflection on team dynamics in a large organisation. AM and MP discussed training options, inclusion of subject in the 'marketplace' that support straining days and consideration for further development. CS indicated that the function of the Freedom to Speak Up Guardian differs from organization to organization and it is therefore hard to benchmark numbers of cases. CS is currently supporting two staff resolve concerns with line management. The matter is never black and white. CW asked how the role was being supported and embedded into the culture. CS reported that role was receiving good support from Executive Team and operational management.

		AM welcomed CS to the Trust. **The Board duly noted and took assurance from the report.**
	6.2	**Consultant Re-Validation Compliance –** *for approval and assurance* The Board received the presentation in advance of the meeting. ASC presented the report noting that the report follows the NHS England template as outlined in the Framework for Quality Assurance and is an annual requirement for all designated bodies. A statement of compliance confirming compliance with The Medical Profession (Responsible Officers) regulations 2010 needs to be signed by either the Chief Executive or the Chairman following this review. ASC reported that the governance of the process has not changed since its last review. ASC highlighted the mechanisms for management of conduct, background checks, management of risk and assessment of fit for practice to fulfil each role. Overall engagement and compliance is good. The Trust has linked appraisal and achievement reviews, which has generally been well received. There has been issue's linked to late appraisals and over/under use of appraising staff which continues to be monitored and resolved. The Presentation details numbers of medical appraisal completed and benchmarking data which is favorable for the Trust. As mandated those medical staff whose appraisals where late without permission are named in the public report. The Board discussed how best to manage those staff whose appraisals fall behind without good reason or self-awareness of the issues this may cause. DH and ASC continue to discuss the matter on a case by case basis, reflecting that during the year 7 appraisals were not approved. If a doctor reports to the GMC that they are employed by the Trust and they are found not to be the GMC is informed and the individual is taken off the record. AM thanked ASC for the presentation and encouraged the Trust to continue to focus and support those who do not meet the requirement. **The Board duly approved and took assurance from the report.**
	Other Items	
7	**7.1.**	**Minutes of Board Committees to receive and note**
	7.1.1	**Safety and Quality Committee to receive and note** The minutes of the Committee were noted with no questions raised.
	7.1.2	**Finance and Workforce to receive and note** The minutes of the Committee were noted with no questions raised.
	7.2	**Any Other Business** AM stated that the Trust AGM is on the evening of the 28th September 2017 and that all are welcome. 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 discussed the meeting. The clinical presentations continue to be very useful in both providing assurance and grounding the Board. The presentation of the Integrated Performance Report needs some thought before the next meeting.
	7.5	**Date of the next meeting** **Thursday 28th September 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:**