Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 30th March 2017
Room AD77, East Surrey Hospital

Present

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

(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(MP) Mark Preston	Director of Organisational Development and People
(CP) Colin Pink	Head of Corporate Governance
(SJ) Sue Jenkins	Director of Strategy & KPO Lead (agenda Item 5.1)

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. AM welcomed Daphnee Pushparajah to the Trust as an Associate NED. Apologies for absence were noted from Ian Mackenzie
	1.2	**Declarations of Interest – For approval** 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 30th March 2017 were reviewed. These were agreed as an accurate record.
	1.4	**Action Tracker** The Board reviewed the action tracker and GFM confirmed that there were no actions for discussion at the meeting. There were no other matters arising.
	1.5	**Chairman's Report** *for Assurance*

		AM reported that he had no issues to discuss with the Board that weren't already included in the agenda.
	1.6	**Chief Executives report** *for Assurance* The Board noted the report in advance of the meeting. MW introduced the report highlighting the recently refreshed five year forward view and focus on provision of urgent and emergency care, GP provision, cancer, mental health, frailty health and wellbeing, establishment and delivery of STPs and efficiencies. MW discussed the positive steps that have been identified and are included in the updated NHS 'Race Equality Standard'. In response to a question from RS, MP highlighted that the Trust had identified that it had work to do to improve equal opportunities for leadership positions and should continue to focus on reducing experience of discrimination. It was also noted that the national report had highlighted that SaSH was one of the organisations where the numbers of BME staff referred for disciplinary action had in fact reduced. MW congratulated Prof Rane for his appointment as adjunct professor at the Icahn School of Medicine at Mount Sinai, New York. Congratulations to Mary Clare Salmon and Kerry Duval therapy rehabilitation assistants for recognition in the KHSS staff awards. AM asked if there are any significant changes in the 'Five Year Forward View'. MW highlighted that the main focus was ensuring the development and establishment of urgent care models. MW went on to highlight work underway to increase community resource and develop the Trust's capability to manage urgent care noting the work with the pilot and development of the use of physicians associates in local GP surgeries, the redevelopment of the front of the Emergency department to improve ambulance parking and increase the numbers of GP located within our Accident and Emergency Unit. The Trust is having good conversations with local GPs and CCG to identify what out of hours access needs to look like and in particularly the urgent care provision at local sites. Each of the four local sites provided different urgent care services operating on different models with unlinked IT systems, hence there is room for improvement for both service delivery and public understanding of what these services provide. CW asked for clarity over what percentage of attendances would be reviewed and managed by the GPs working in the emergency department and whether this proposal could increase emergency department attendance. MW stated that the full benefits of increased GP presence would not be known until it was in place. At present the Trust admits circa 90 people a day through its ED and it is key to reduce this number. It is possible that more people will come to ED to access a GP and this is in part linked to the locally reducing numbers of GPs available and as such is a sensible plan. AS commented the current service sees 6% of attendances, The Luton and Dunstable University Hospital has developed a model that sees 28% of its ED attendances seen at the front door by a GP. The Trust would like to increase its services to 20% of attendances. RD reflected that the plan had been discussed at the FWC. The Board went on to discuss the role of local urgent care, public understanding and use of available services and similarly the role of the local providers of

		ambulance services and the choices they make when transporting patients. The Board congratulated Prof Rane, Mary Clare Salmon and Kerry Duval. **The Board duly noted and took assurance from the report.**
2.	**Quality of Care**	
	2.1	**Patient Story** *for Assurance and approval* DH introduced the patient story highlighting the patient, who was a 10 year old girl, and her parents experience as a patient of the Trust, all of which is detailed in the paper. The young girl needed a laparotomy to manage an appendicitis which was not diagnosed on the first two of three presentations at the hospital and is now well. The incident has been recorded as a serious incident because of the additional morbidity suffered by this patient. DH reported that the Trust had met with the family 5 times to discuss the matter, its investigation and to rebuild confidence in the Trust's services. DH stressed that the diagnosis of appendicitis was difficult and in this case the original picture did not suggest appendicitis, however the continuing presence of symptoms could have been cause to review the initial diagnosis in full and act earlier. DH reported that in this instance the family was not aware that the story was being discussed at Board. The Board asked that the Trust makes the family aware that the story has been discussed and pass on its sincere apologies for their daughter's and their experience of our care. **Action DH** PL asked what learning there was for the Trust, DH reflected on the reliance on the initial assessment and how the parents had experienced the Trust's staff reaction to the incident, in which staff had rallied around the doctor involved and felt the need to discuss the matter regularly which the family had felt was very defensive. The incident has been discussed and shared widely internally. DP reflected on the complex nature of the incident and the number of human factors involved in decision making. RS asked if there was evidence to suggest that the surgical team had committed too early in this case. DH reflected that the cause of abdominal pain is hard to diagnose and in many cases will resolve without intervention, going on to highlight that on the second admission in particularly there was limited evidence to support diagnosis and opportunity to run more diagnostics. FA reflected that 5 local resolution meetings is high and wondered if the Trust could learn from cases where patient of family confidence has been significantly damaged. The Board asked that the Exec team consider the case and what can be learnt for the Trust focussing on the management of the resolution process. AM thanked DH for the presentation. **The Board duly noted the report, took assurance and approved the report and action plan.**
	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 form the Safety and Quality Committee highlighting positive feedback form the executives' quality and risk committee on the development of an overall assessment of the Trust's services in line with the CQC's key lines of enquiry. The committee had focused on reducing harm,

		never events and positive movement on falls reduction. The Trust has reported 4 significant pressure ulcers, the Committee received assurance that cases are being reviewed and that actions are being delivered to reduce the rate of occurrence to earlier low levels. The Committee had also sought assurance of the local safeguarding systems by reviewing available feedback from serious case reviews. In both cases the Trust had dealt well with concerns that had been raised. The discussion highlighted the need to continue to increase awareness and vigilance. GFM asked for detail around the plan to attach NED to the CQC domains within the Trust's compliance review. RS said that this was in the early development stages and is in consideration and would probably be a scrutiny and awareness opportunity. **The Board duly noted and took assurance from the report.**
	2.3	**Safety and Quality Indicators** *for Assurance* The Board received and noted the report in advance of the meeting. FA introduced the safety elements of the report highlighting improvements in safety thermometer date the two serious incidents reported in month. DH highlighted the five MRSA blood stream infections reported in year, two of which are considered to be contaminates and not true infections. The infection control team is reviewing competencies for blood sample taking. DH went on to discuss the number of *C. diff* cases reported by the Trust, noting that the end of year position on lapses in care is yet to be agreed. DH reflected that lapses of care are being attributed when there is no evidence to support clinical judgments for example when the decision not to isolate has not been recorded; there are also human factors. DH reported that the Trust's HSMR mortality indicator is rising but still below the national average. The Trust is speaking to 'Dr Foster' to understand what is driving this rise. The Trust's SHMI mortality indicator which takes into account patient death up to within 30 days of discharge is the second lowest in Kent, Surrey and Sussex. Ian Wilkinson, Consultant Ortho-geriatrician and fractured neck of femur lead for the AHSN has reviewed the Trust's management of each patient and has not identified any clinical concerns associated with the increase in fractured neck for femur HSMR, this continues to be reviewed. FA reported that patient experience indicators remain broadly good and that the friends and family test for the emergency department is the 5th best nationally. **The Board duly noted and took assurance from the report.**
	2.4	**Safer Staffing and Care Hours Per Patient Day Report** *for assurance* The Board received and noted the report in advance of the meeting. FA presented the report highlighting previous conversations relating to the indicators for Burstow ward. No safety concerns have been raised; during peaks of activity midwives are pulled to Burstow to support the team. This might impact on patient experience but this has not appeared as a strong trend to date. There were no questions raised.

		The Board duly noted and took assurance from the report.
	2.5	**Safer Working Guardian Quarterly Report** *for assurance* The Board received and noted the report in advance of the meeting. The Board discussed the report which was presented by MP. The new junior doctors' contract is being implemented effectively, there have been no issues that have resulted in external fines and exception reporting from individual junior doctors is reducing. Full implementation is expected by August 2017. DH reported that the issue effecting FY1's in surgery have been resolved and there are lessons to learn about how to manage and resolve concerns raised by individual staff groups. MW, DH speak with the junior doctors regularly at present they are not raising any concerns and are not currently attending the forum set up to discuss the new contracts implementation. **The Board duly noted and took assurance from the report.**
	2.6	**Serious Incident Report** *for assurance* The Board received and noted the report in advance of the meeting. FA introduced the report highlighting overall numbers. The Trust reported eight serious incidents in Q4 2016/17. The Trust has eight serious incidents open with the CCG, of which two have been submitted for closure and one downgrade has been requested. FA reported that 54% (19) of the serious incidents that occurred in the last twelve months relate to patient falls. The Trust's management of the system to support SI investigation is in a good position. FA will include learning from events in future reports. The Board discussed the trends in the report noting that numbers of incidents have raised, specifically the numbers of low or no harm occurrences. FA highlighted that this is a good sign that the reporting culture for the Trust continues to improve. **The Board duly noted and took assurance from the report.**
3.	**<u>Operational Performance Report</u>**	
	3.1	**Integrated Performance Report (M12)** *for assurance* The Board received and noted the report in advance of the meeting. AS presented the operational and access performance indicators detailed in the integrated performance report. The ED national standard was met in March. There is an accident and emergency delivery board looking at system wide issues and the Trust is working closely with SECAMB. The risk to ED standard remains significant on the Trust's system. The Trust has achieved good performance for cancer access standards over the last 9 months. This is impacting on RTT as the Trust focuses on maintaining cancer standards. Capacity issues are affecting delivery of RTT. The Trust is migrating its RTT management systems and has identified 19 patients who have waited longer

		than 52 weeks for treatment. Each case is reviewed using root cause analysis methodology and learning is shared with NHSI. There is an element of patient choice within this group of patients. AS reported that diagnostic performance is good. **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. RD introduced the report highlighting that the Committee had taken good assurance from workforce KPIs. The Committee is seeking assurance and greater understanding of the management of recruitment of over-seas nurses. To date circa thirty of the one hundred expected nurses have commenced work with the Trust. FA confirmed that this was being reviewed and the FWC would receive an update in due course. RD reported that the FWC had considered the draft accounts with an end of year position of £3.9 million surplus. The Committee had discussed the associated risk in detail. The Committee had taken assurance on Financial control; the trust has developed good systems for the divisions using service level reporting methodology. The issues that impact on the Trust's income and expenditure remain the same; the balance between elective and none elective activity, agency use and patient flow. The Committee had considered the plans that are being developed to support the deployment of an electronic patient record once the loan funding is received. The Board will need to understand this plan once developed. Loan funding is expected by August 2017. **The Board duly noted and took assurance from the report.**
	4.2	**Workforce performance indicators** *for Assurance* The Board received the report in advance of the meeting. MP highlighted that the sickness rates dropped to 3.5% of which 3% are long term. MP reported that the Trust is considering adjusting its targets for sickness absence and turnover to align with Trust performance and national indicators. For example staff turnover target is 12%, comparing to rates nationally of 14% and 15% in similar Trust's. The Trust's performance has not reached 12% for turnover. The Board asked MP to consider applying a stretch target for these indicators. **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 £3.7 million surplus end of year position in its unaudited accounts, which is £0.2 million adverse to its revised forecast position £3.9 million. The Trust did not achieve its 2016/17 control total. March was a good month for activity, income and control of spend within the divisions. The Trust's cash position is good, supported by the working capital facility. The Trust's better payment practice indicator is twice as good as the position for March 2016. There is however an income dispute between the Trust and East Surrey CCG. The Trust delivered its capital budget, noting that £1.1 million has been deferred to the 2017/18 financial year to support the national NHS. The Board discussed activity in March. AS noted that there had been two weeks of good performance at the start of March which provided scope to deliver more elective activity throughout the month. DH reflected that the clinical teams had taken steps to support this, cancelling audit half days and taking extra patients in clinics. Clinical teams had positively taken action to support the need to deliver March. PB noted that the Audit and Assurance Committee had requested detailed assurance on the Trust's 'Going Concern' position. The AAC had agreed that the Trust is a 'Going Concern' there is a much improved cash and liquidity position, the Trust has a realistic financial plan bolstered by changes to the national tariff and strategic transformation funds and if necessary a credit facility is available. **The Board duly noted and took assurance from the report.**
5	**Strategic Change**	
	5.1	**Annual Plan Q4 Update** *for assurance* The Board received the paper in advance of the meeting. SJ presented the report highlighting that of the 71 actions, 80% had been completed in year. Those actions that are not linked to the 2016/17 financial year have been carried forward and the Executive Team is updating the 2017/18 annual plan. The Board discussed the format of the report highlighting the balance between detailed levels of visibility of actions within the plan versus the opportunity to present a smaller number of combined actions for ease of review. GFM and SJ agreed to consider the format before the next (Q1) report. The Executive Team find the report format useful. The Board asked for clarification as to the delays in migration to NHS mail from internal email. PS highlighted that the program was running slower than anticipated due to technical challenges but this was being pursued due to the realisation of quality gains. **The Board duly noted and took assurance from the report.**
6	**Leadership and improvement capability**	
	6.1	**Updated Rules of Procedure** *for assurance* The Board received the Rules of Procedure in advance of the meeting. GFM introduced the review of Rules of Procedure which has been updated

		following changes throughout the year. The Rules of Procedure sets out the Board of Director's integrated governance systems for the Trust. AM highlighted some minor amendments to details of TOR relating to consistency of language. The Board ratified the Rules of procedure, delegating authority to AM and GFM to make minor amendments. **The Board duly noted and took assurance from the report.**
	Other Items	
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	**Safety and Quality** The minutes of the Committee were noted with no questions raised.
	7.2	**Any Other Business** The Board congratulated Trust staff for the delivery of a fantastic financial year for delivery of national standards, staff wellbeing and income and expenditure. 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** It was felt that the presentation and discussion of IPR was disjointed and its slot and flow on the agenda need to be re-considered. Both Private and Public Board had detailed agendas and as such the quality of conversation lessened towards the end of the public meeting. Patient's stories remain key, to ground the overall conversation.
	7.5	**Date of the next meeting** **Thursday 25th May 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:**