Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 23rd February 2017
Room AD77, East Surrey Hospital

Present

(AM) Alan McCarthy	Chairman
(MW) Michael Wilson	Chief Executive
(RD) Richard Durban	Non-Executive Director/Deputy Chairman
(PS) Paul Simpson	Deputy Chief Executive & Chief Finance Officer
(FA) Fiona Allsop	Chief Nurse
(DH) Dr Des Holden	Medical Director
(AS) Angela Stevenson	Chief Operating Officer
(PB) Paul Biddle	Non-Executive Director
(PL) Pauline Lambert	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director
(AH) Alan Hall	Non-Executive Director
(CW) Caroline Warner	Non-Executive Director (Designate)

In Attendance

(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(MP) Mark Preston	Director of Organisational Development and People
(IM) Ian Mackenzie	Director of Information & Facilities
(SR) Sarah Rafferty	Chief of Education, Consultant Anesthetist
(CP) Colin Pink	Head of Corporate Governance

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. There were no apologies for absence noted.
	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 26th January 2017 were reviewed. These were agreed as an accurate record with minor amendments to section 3.1. Specifically relating to corporate HR rather than divisional workforce and reviewing the source of capital that supports the electronic patient record. The Board noted that the circumstances had changed and that the January public meeting had not been AHs last public board meeting.
	1.4	**Action Tracker** The Board reviewed the action tracker and GFM confirmed : TBPU-20 was agreed to close, the BAF had been amended accordingly. TBPU-11 was discussed at SQC and agreed to close.

		TBPU-17 is due at the end of March 2017. TBPU- 21 is due at the end of March 2017. There were no other matters arising.
	1.5	**Chairman's Report** *for Assurance* AM stated that this would be Alan Hall's last public meeting. Thanking AH for his commitment and all that he achieved whilst with the Trust. These sentiments were echoed by the Board. AM stated that from the 1st of March a new NED, David Sadler, would be joining the Trust. DS brings a wealth of experience to the Trust and we are looking forward to working with him. MW has been listed in the HSJ's top 50 Chief Executive Officers, which is significant recognition of his efforts and well deserved. The national staff survey results for the Trust provide a great deal of assurance, these will be discussed at a later date. AM thanked the Executive team for their hard work and leadership which is evident in the staff survey.
	1.6	**Chief Executives report** *for Assurance* The Board noted the report in advance of the meeting. MW presented the report noting the national focus on recovering costs from oversea visitors, the Trust has good systems in place and actively pursue all avenues of cost recovery. There will be further guidance published in March following a pilot study at St Georges. The Trust's Freedom to Speak up Guardian, Catherine Sharpe, is now in post. This is an independent role to support awareness and facilitate the process of raising concerns. It is the one year anniversary of the McMillan Centre and the development of the working partnership. This has been a very positive step forward to support those in the local community who are living with cancer. The team is providing great experience and quality of care. PL concurred, stating that the recent Trust hot topic had been particularly useful and a great opportunity for staff and the public. The Board discussed the management of overseas debt, noting that for the Trust this represented less than 1% of the Trust's budget and that 50% of bad debt risk is recovered from the CCG's. The AAC receives regular assurance on the controls that support overseas payments and the Trust benchmarks well on its performance. PS highlighted that as with most Trust's the size of the issue is driven by emergency care rather than elective procedures. **The Board duly noted and took assurance from the report.**
	1.7	**Board Assurance Framework (BAF) and Significant Risk Register (SRR)** *for Approval and Assurance* The Board received the paper in advance of the meeting. GFM presented the report, noting the 13 risks to the Trusts strategic objectives, 5 of which are considered key strategic risks and red rated. There has been an

		addition to the significant risk register relating to Consultant Workload in Histology and reporting capacity for service demand. This risk is a national issue and is being managed by the Trust and a recruitment process is happening. A business case is being developed to strengthen the support team, the risk treatment plan will be updated to reflect this matter. The Executive Team has started to develop the 2017/18 BAF which will be considered at the March Board seminar. The Board discussed the potential linkages with the integrated performance report noting that narrative of BAF risks can be aligned strongly with the indicators on the IPR e.g. bed capacity and performance against national standards. **The Board noted and took assurance from the report.**
2.	**Quality of Care**	
	2.1	**Patient Story** *for Assurance* FA introduced the patient story which relates to Mrs H's experience following hip replacement surgery, FA had become aware of the case through review of a complaint that arose following the procedure. SR was present to support the presentation. Mrs H had experienced significant pain in her spine following anaesthetic given for the procedure. Mrs H raised several concerns following the procedure each of which was investigated using the Trust's complaint process. A further procedure was required which was causing concern. The team had met with Mrs H prior to the second procedure to discuss the issues that were documented in the complaint and discuss any concerns, this was a positive meeting for all involved. SR reported that the consultant team had supported Mrs H with the management of her concerns and ongoing issues. AH asked if the pain was linked to the anaesthetic, SR confirmed that this was not and it was linked to other musculoskeletal issues. SR went on to discuss the teams learning from the case noting in particularly the need to describe the size of needles used during procedures and how it would feel, this had not been described in a manner that Mrs H had understood during the first procedure. The Board discussed the story, noting the benefits from holding local resolution meetings with people who raise concerns as an effective and positive way to resolve issues and concerns. Mrs H was reportedly now happy that her concerns had been well managed and the story is being used as part of pre op education for junior anaesthetists. AM thanked FA and SR for the patient story. **The Board duly noted the report and took assurance.**
	2.2	**Safety & Quality Committee Chair Update** *for assurance* The Board received and noted the report in advance of the meeting. RS presented the report highlighting that this was the quarterly assurance meeting.

		The Committee had reviewed assurance reports across key safety issues and focused on discussions relating to how embedded systems are and the culture that supports compliance with the duty of candor. The management of patient falls and efforts to reduce incidence continues to be a focus of the Committee, this had been discussed in detail. The Committee had reviewed 1 to 1 care ratios during labor and noted an upward trend in low level pressure ulcers. Both issues do no not pose a significant issue but the trend will continue to be monitored. The Committee noted that following training drives and increased awareness there had been an annual increase in children safeguarding awareness reports. This is good assurance but represents a significant increase in volume of activity to consider. The Committee had received good assurance on the management of healthcare acquired infection, noting that this continues to be a challenge and that despite low numbers the Trust is focusing on reducing avoidable harm. The management of clinical audit was discussed, the Committee is now receiving good assurance on the management of the audit plan, implementation of learning and value of specific audits. The Committee discussed the BAF risk relating to the strategic need to continue to develop the Trust's pathway and workforce. The Committee received good assurance from the Chief of Education on plans to develop workforce linked to retention and efforts to ensure that the Trust is involved in appropriate clinical research. **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 elements of the Integrated Performance Report highlighting the serious incident reported in month linked to falls with harm, diagnosis and maternity incidents, all of which are being investigated. The safety thermometer values are below the national benchmark and the corporate nursing team are focusing on understanding the cause of this issue. FA reported that there had been 3 grade 3 pressure ulcers in one month, this is the first time a grade 3 pressure ulcer has been identified by the Trust in 3 years and each case is being investigated to identify any themes or learning that can be shared across the Trust. DH reported that there have now been 4 MRSA blood stream infections recorded in year of which 2 are believed to be contaminated samples. The infection control team are considering the competency assessment that provides assurance of good blood sample taking technique. DH reported that the Trust continues to monitor C. *diff* trend and review each trust apportioned case for any learning or lapses of care. DH noted that next year's reduction target will become ever more challenging as the threshold for Trust apportioned cases is being widened by the national team. The Trust's target for 2016/17 is 15 cases where there are identified lapses of care, to date

		the Trust has recorded 8 such cases. DH reported that the Trust's HSMR remains good at 92%, the Trust's SHMI is one of the best in the region as are readmission rates. Noting that there is work to do improve the Trust's overall length of stay across a number of specialties. The Trust will move to focus review on emergency C-section rates following changes in NICE guidance relating to planned cases. Emergency C-section rates are important indicators for safety and quality of care, these trends will continue to be monitored. The Board went on to talk about mortality noting the difference between meaning and timeliness in crude mortality indicators and HSMR. The development of the Trust's medical examiner roles who will support the review and death certification process. Following national focus on the management of patients needing transfer to specialist centers. The Board discussed plans to meet with St Georges to discuss the management of the vascular pathway. This issue had been raised nationally following a Coroner's inquest into the pathway management of a patient who had been transferred from East Surrey Hospital to a London specialist. No issues had been raised about the Trust's involvement. FA reported the increase in overall score for the emergency department FFT which continues to be one of the best scores nationally. There is also good movement in outpatient and maternity related scores. The Trust is putting in a new system to gather 'your care matters' information, this will go live in March. The Board noted that complaints numbers are higher than recent months, FA stated that this was within normal variation. **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 introduced the report highlighting that metrics relating to planed vs actual staffing are being phased out nationally. The new metric is still being considered in terms of how best to use the data and what it might mean to the Board. National guidance is in development and the Trust is focusing on the use of its Health Roster tool to support analysis. The Board discussed how the Trust actively monitors and manages its staff to maintain safety of services, noting that there are no significant concerns about staffing levels but this does not mean that we can therefore easily reduce staffing levels. For example the planned vs actual metric is a particularly blunt metric for monitoring safety as it does not reflect managements review and actions to ensure safety levels are maintained. The Board noted variance on wards and linkages to issues of recruitment and retention which is a focus for the FWC. PB asked when the Board would next dedicate time to considering staffing levels. FA reported that this is being reviewed by the Executive team and would be discussed at Board level once all issues and plans are fully explored.

		The Board duly noted and took assurance from the report.
	2.5	**Medical Directors Report** *for assurance* The Board received and noted the report in advance of the meeting. DH discussed the Trust's adoption of the new junior doctors contract. The main exception to the successful adoption of the contract relates to FY1's during their theatre rotation. This group of FY1's report that the role is currently very unsatisfying and that there are issues linked to the number of hours worked on a shift. The Trust is working closely with the group to try and make this rotation useful and manage concerns. The Trust has recently agreed to appoint a mentor for each FY1 on the rotation to support development and add value to the experience. DH went on to discuss the controls which support the Trust's early warning system. It is planned that the electronic patient record system development will have a positive impact on the Trust's management and alerting of rising early warning scores. The system itself cannot send an appropriate alert and as such the Trust is looking into 2 other solutions that could improve the response to a rising EWS. The Board discussed the issues raised relating to FY1's in surgery. MW reported that it had been discussed at the local academic board who are considering models of care and how the workforce could adapt to meet the challenge. The dissatisfaction with the role is linked to its administrative nature and the lack of involvement in initial management of acute patients. The plan for appointing mentors has been well received and the medical grade staff involved are keen to get underway. The Board agreed that there is further work to do which will be reported back at a later date, the Board receives quarterly updates. **The Board duly noted and took assurance from the report.**
3.	**<u>Operational Performance Report</u>**	
	3.1	**Integrated Performance Report (M10)** *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 Trust is doing well compared nationally for the 4 hour emergency department standard, however this was not met in January and there are continuing increases in attendances and ambulance activity, as such ambulance handover times have been challenging. The number of medically ready for discharge patients remains high and is the focus of ongoing efforts to support flow through the hospital. The Trust aims to recover this position throughout March. Cancer access standards continue to be met. This has an impact on RTT which is below trajectory at 90.5%. There is continued growth in elective referrals from the south coast. As per previous discussions there is an element of patient choice which impacts on RTT. AS reported that the Trust was in the process of validating RTT within the patient record system to support the transfer to a new electronic patient record system. There is a chance that the validation will highlight long waiters in the system, no

		safety issues have been highlighted to date. This has been a positive process to date. The Board asked that SQC receive a briefing on the RCA process relating to the identification of long waiters within RTT. **Action.** The Board discussed bed occupancy figures, noting that it remains higher than suggested optimal levels at 96%. National emergency department performance was discussed, the Trust is doing well against its peers but remains challenged. AH and AS discussed the impact on the team, noting good leadership and that the staff are pulling together to deliver what is expected, the overall feeling is positive but challenged. This will continue to be monitored. The Board discussed the management of medically ready for discharge patients and the impact of increasing attendance and activity. The ability to find beds in the community remains the focus of the Executive team and the site teams. **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 reports in advance of the meeting. RD introduced the report. The Short Stay Surgical unit full business case was approved. Work is now in progress and there was assurance that the area would be ring fenced from use as escalation. The draft budget for next year was considered, noting the £21.3 million surplus control total that the Trust has been given. This will be challenging for the Trust with the focus being on significant productivity gains and assumes activity growth. The Committee had received a paper on retention, which provided good analysis and development of plans to make Trust roles as attractive as possible to encourage staff to stay. The Committee considered workforce data, core training and achievement review compliance, which remain high. The Committee considered the capital budget and changes to reflect the development of surgical short stay unit. Finally considering the loan funding for the electronic patient record system. The Board discussed overseas recruitment and training issues noting the increased requirements for English language for overseas staff and the potential impact of the freeze on nursing students' bursary monies. The Board discussed the use of escalation relating to the potential use of short stay unit and other areas such as endoscopy. Agreeing that the management of clinical risk was key and that operational imperative to maintain flow in the hospital was well understood. **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.

		Noting earlier conversations, MP highlighted that sickness and vacancy rates are both down. AM thanked the Executive team for their roles in delivering the overall in year compliance with the achievement review. MP reported that the Trust's new Black and Minority Ethnic group was launching on the 21st of March and invited Board members to attend. **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 recorded a £3.6 million surplus at the end of month 10. The Trust has accrued 10/12 of the £3 million for activity costs after agreement of additional funding from NHS England. With this additional income, the Trust has reviewed its end of year forecast with NHSI and the forecast has been increased from a £0.3 million surplus (as discussed at M09) to a £5.0 million surplus, but with significant risk. This was signed off between Boards, following consultation, by CEO and Chair. The risk to this forecast comes from potential (now real) CCG fines, payment of CQUIN funding, payment of resilience funding and the ability to do sufficient elective work to improve RTT capacity. These risks are recorded both in these papers and in the Board Assurance Framework. PS went on to report that the Trust's cash position for January is good and the better payment practice indicator for January was 82%, which, although below the 95% target, is the best performance achieved in some time. PS reported that payment and contractual issues have arisen with East Surrey CCG, these are not yet formal disputes but are seriously impacting on cash flow. Dialogue with the CCG is helping manage the situation and it is expected this issue will be resolved. AM commented that the FWC had reviewed the forecast which had provided assurances over plans to achieve end of year position. **The Board duly noted and took assurance from the report.**
5	**Strategic Change**	
	5.1	**Q3 Update of the Annual Plan** *for assurance* The Board received the paper in advance of the meeting. PS introduced the paper highlighting the good assurance throughout and the red rated issues that had already been discussed during the meeting. Focusing on the Trust's C. diff trajectory management, elective activity (RTT) and delivery of financial plan. The report highlights the level of delivery and focus on these issues that are not in line with end of year plan. The Board noted the overall good progress and attention to detail for issues that are at risk on non-delivery of end of year position. **The Board duly noted and took assurance from the report.**

6	**Leadership and improvement capability**	
	6.0	AM noted that there are no items relating to this topic for discussion at this Board meeting.
	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** No further business was raised.
	7.3	**Questions from the Public** There were no formal questions from the public received. Jane Ritchie (Trust Governor) asked for an update on the Trust's application to be a pilot for the new nurse associate role. FA reported that the Trust had not been successful in its bid to be one of the pilot sights. The Trust is aspiring to be involved in the 'fast follower' programme after the pilots resolution.
	7.4	**Review of the Meeting** The Board considered the meeting, noting the good balance of the agenda and value of the reports. It was agreed that there was a good focus on quality and safety and a general feeling of increased empathy and patient focus.
	7.5	**Date of the next meeting** **30th March Thursday 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:**