

**Minutes of Trust Board meeting held in Public
Thursday 28th September 2017
Room AD77, East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman	Chairman
(MW) Michael Wilson	Chief Executive	Deputy Chief Executive
(DH) Des Holden	Medical Director	Medical Director
(FA) Fiona Allsop	Chief Nurse	
(AS) Angela Stevenson	Chief Operating Officer	
(PBi) 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
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(IM) Ian Mackenzie	Director of Information & Facilities
(PBU) Peter Burnett	Deputy Chief Finance Officer
(CP) Colin Pink	Head of Corporate Governance
(PT) Paula Tucker	Deputy Chief Nurse – Innovation & Improvement (item 2)

1.	<u>General Business</u>	
	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 Paul Simpson.
	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 31st August 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 GFM confirmed: TBPU23: is not due until the end of October. TBPU29: is transferred to the SQC and closed.

	<p>TBPU30: is on the agenda and closed. TBPU31: is available and closed. TBPU33: is not due until the end of October. TBPU34: is on the agenda and closed. TBPU35: is not due until the end of October.</p> <p>There were no other matters arising.</p>
1.5	<p>Chairman’s Report for Assurance</p> <p>AM stated that he had no issues to raise that were not covered elsewhere in the days agenda.</p> <p>There were no questions.</p> <p>The Board duly noted the report.</p>
1.6	<p>Chief Executives report for Assurance</p> <p>The Board noted the report in advance of the meeting.</p> <p>MW introduced the report highlighting the new health service safety investigations bill which details the powers of the new Health Service Safety Investigations Body and new national measures to combat sepsis. The Hospital Nursery had received a ‘good’ rating following a short notice inspection.</p> <p>It was a pleasure to have Lord Kakkar formally open the new Surgery Centre on the 18th September. The center brings together key day surgery and recovery functions and is a great improvement for our patients.</p> <p>Thanks to the Research and development team for their efforts to recruit people to research studies particularly bladder cancer and glove usage studies.</p> <p>The East Surrey Macmillan Cancer Support Centre achieved the Macmillan Quality Environment Mark and was given the highest score for the user’s journey and service experience. This is fantastic news for the patients who use the services provided at the center.</p> <p>PL asked what the implications for the sepsis initiatives would be for the local community. MW stated that there was already improvement work going on in the hospital and the services it provides, such as hospital at home. There is work to do in the community. AM noted that sepsis management would be discussed at SQC.</p> <p>CW commented on the plans to develop a dementia friendly garden at the East Surrey site. IM stated that it would be a 10 to 12 week build and expected it to be open in May 2018, if funds are raised by the SASH Charity campaign.</p> <p>Action GFM to write to the Research Team, MacMillan Centre and the Nursery to congratulate them on their achievements and thank them on behalf of the Board.</p> <p>The Board duly noted and took assurance from the report.</p>
1.7	<p>Board Assurance Framework & Significant Risk Register – for assurance and approval</p>

		<p>The Board noted the report in advance of the meeting.</p> <p>GFM introduced the BAF and SRR, noting the significant risks and review by the Executive Team during the month. In particular the Board is asked to consider the proposal to merge two of the financial risks relating to income and expenditure (5.1 and 5.2) as effectively the assurances and mitigating actions for both are the same.</p> <p>The Board discussed the recommendation noting that whilst split the two issues are considered in their own right. Similarly if the outcome of either risk materialized they may then need to be split and rescored. The Board decided not to merge the two risks in question.</p> <p>PB highlighted the conversations that the Audit and Assurance Committee (AAC) had had relating to the BAF and the difficulty of differentiating strategic and operational risk in the current NHS environment which is driven by short term strategic and operational issues. The Board discussed how the BAF may need to be re-aligned as the Trust's strategy develops during the financial year.</p> <p>RD asked if the Executive Team is happy with the risk level for the risk relating to the delivery of its annual priority to improve discharge planning. AS stated that she was comfortable with the score, improvements are being made, outstanding issues are identified and plans are in place.</p> <p>PBi reflected that the issues identified in risk 5.5 to becoming employer of choice are very short term focused. MP agreed highlighting the plans in place and that at present the main issues to be dealt with need to be resolved in the short term.</p> <p>The Board duly noted, took assurance and approved the report.</p>
2.	Quality of Care	
	2.1	<p>Clinical presentation – Falls management the ward perspective <i>for Assurance</i></p> <p>FA introduced the discussion welcoming PT who was accompanied by four senior ward nurses to discuss the falls pilot work that PT has led across eight wards at East Surrey Hospital.</p> <p>PT reported that there had been a 25% reduction in falls on the pilot wards which equates to 138 fewer falls and which, using NHSI figures to extrapolate, is equivalent to a £360,000 pound saving. She also stated that the pilot wards accounted for forty percent of all Trust falls and that learning would be shared with the rest of the Trust. Interventions varied from ward to ward however the key change is in embedding a safety culture.</p> <p>Katie Trotter from Leigh ward spoke of changes in nursing handovers such as carrying them out in bays and changing working patterns to keep more staff on the ward. The ward had also increased focus at safety huddles and production board details.</p> <p>Sarah Barnes from Charlwood ward spoke about change in culture and the human factors that affect day to day safety management. The patient mix includes a high ratio of people who are withdrawing from alcohol who are considered likely to fall. The key change was to challenge this belief and enable teams to focus on issues that might be increasing risk such as medications. There has also been focus on escorting high risk patients.</p>

		<p>Diane Winchester from Holmwood ward, a cardiology ward, highlighted the importance of the supporting data. It not been recognized that the ward generated a high proportion of the Trust's falls. The ward has changed its focus on falls, changed the way it organizes nurses' breaks, changed the use of one of the bays and implemented safety crosses that display falls information. The ward teams are seeing real benefits in reduction of falls and improvements in patient care. In particular incident investigations called 'after action reviews' are having significant impact on culture and learning individual lessons. The key is to remain open and blame free.</p> <p>Amanda Becker from AMU highlighted that the unit has a high patient turnover. The unit has implemented safety crosses and huddles focusing on falls information and learning from incidents that occur. There has been focus on empowering staff to ask for help when they are busy and speaking to patients more about their mobility and potential need for support when mobilising.</p> <p>PL asked what impact open visiting was having on falls management. PT stated that families and friends support on the wards is welcome; the key is to make sure the help is appropriate.</p> <p>IM asked what benefit was been gained from the layout of nursing bays on new wards. The nursing team described how the location of the nurses in the bay is key to help maintain observation of patients.</p> <p>RS asked if the improvements could be sustained. PT stated that she was confident this would be sustained preventing falls makes the day job easier. The benefits make the activities habitual.</p> <p>AM brought the discussion to a close, thanking the team for their presentation and congratulating them for the improvements they have made to patient safety.</p> <p>The Board duly noted the report and took assurance from the discussion.</p>
2.2		<p>Safety & Quality Committee Chair Update <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RS introduced the report highlighting the Trust focus on completion of duty of candour expectations. Compliance is high for those incidents declared as a serious incident but there is work to embed and document compliance.</p> <p>The Committee had taken assurance on the roll out of the dementia strategy, plans to further develop stroke rehab capacity in the community from the CCG and good assurance on the work of the Trust's Research and Development team.</p> <p>The Board duly noted and took assurance from the report.</p>
2.3		<p>Safer Staffing and Care Hours Per Patient Day Report <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA introduced the report highlighting overall trends and good assurance. The picture is similar to previous months. FA reminded the Board that this data does not include theatres staff, this is however reported to the Finance and Workforce Committee (FWC).</p>

		<p>FA went on to assure the Board that the issues relating to sickness and use of agency are being regularly reviewed. RS asked about midwifery services and staffing levels. FA reported that resources are prioritised to the highest levels of acuity. The overall picture remains similar to previous months and there was nothing new to escalate. The Trust is aiming to improve its midwifery ratio from 1 to 33 to 1 to 30, this is an incremental plan.</p> <p>The Board duly noted and took assurance from the report.</p>
2.4		<p>Integrated Performance Report (M04) - Overview – for assurance</p> <p>The Board received and noted the report in advance of the meeting. AS provided an overview of the report. August had been a good month for standards in the safe, effectiveness and caring domains. It had been challenging for access, the ED standard was not achieved at 94.4%. The two week cancer access standards was not achieved the main causes been staff annual leave and patient deferrals.</p> <p>AS summed up highlighting that the Trust's finances are on plan and turnover of staff remains high.</p> <p>The Board noted and too assurance from the report.</p>
2.5		<p>Safety & Quality Indicators – for assurance</p> <p>FA stated that there was nothing new to escalate detailed in the report.</p> <p>RS asked if the Trust was considering joining the antimicrobial reduction study that had been reported nationally. DH confirmed that the Trust was joining in the study and the research department are working through the initial governance.</p> <p>DH raised the Dr Foster alert linked to birth asphyxia mortality, the Trust had discussed this with the Dr Foster team and it is clear that we are recording this very differently from other Trust's. DH reflected that often when we see a statistically significant spike in benchmarked data it is linked to recording rather than a real increase. There has not been a high number of cases of hypoxia which is further reassurance that this issue may be in the data.</p> <p>PL asked for an update on the Trust's incidence of pressure ulcers. FA highlighted that there continues to be increased focus on tissue viability and reducing the risk of pressure sores. The Trust will look to roll out similar initiative that have been used during the falls pilot and will focus on high incidence areas.</p> <p>The Board duly noted and took assurance from the report.</p>
2.6		<p>Patient Experience Indicators – for assurance</p> <p>All necessary issues discussed under item 2.4.</p> <p>FA reported that trends for patient experience remain in normal variation.</p> <p>RD commented that it was good to see the benefits of ward refurbishment reflected in the report.</p> <p>The Board duly noted and took assurance from the report.</p>

3.	<u>Operational Performance Report</u>	
	3.1	<p>Operational & Access Performance Indicators – For assurance</p> <p>AS reported that the Trust continues to benchmark favorably for national access standards.</p> <p>The Trust has seen increases in admissions of patients over 75. MW reported that this is a national picture and there is focus to understand the root cause of this trend.</p> <p>The Board duly noted and took assurance from the report.</p>
4.	<u>Operational Performance</u>	
	4.1	<p>Workforce performance indicators – for assurance</p> <p>MP introduced the workforce indicators highlighting the Trust’s focused work with NHS Improvement (NHSI) on turnover. As reported previously the program will run for 12 months and includes other organistaions that want to focus on improving turnover.</p> <p>Sickness rates have raised, anxiety, stress and depression are amongst the highest levels of reported absence. The Trust is working with partner organisations to develop systems to support staff.</p> <p>RD reported that the FWC had considered the available workforce data. Assurances have been provided that the completion of achievement review targets will be achieved.</p> <p>The FWC had received a report looking at the establishment changes over time and will consider if the Trust can sustain increasing establishment and supporting metrics.</p> <p>The Board duly noted and took assurance from the report.</p>
	4.2	<p>Finance and Use of Resources Performances Indicators – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>PBu introduced the financial elements of the report. The Trust has achieved a £3.1million surplus at the end of August 2017, which was on plan for the YTD position. Including £2.5m of STF funding, this is in line with the plan. Similarly first indications indicate that the quarter 2 plan has been achieved. This position at the end of month five is a significant achievement for the Trust.</p> <p>The worst case risk to delivery of planned end of year surplus is £16.3 million.</p> <p>Savings plan and capital plan details were included in the report. Cash flow remains an issue across the local health economy. However the Trust’s better payment practice code performance continues to strengthen overall.</p> <p>The Board duly noted and took assurance from the report.</p>
	4.3	Finance and Workforce Committee Chair Update – for assurance

		<p>The Board received the report in advance of the meeting.</p> <p>RD presented the report noting that some of the topics had already been discussed. The overall picture remains similar to month four, elective activity remains lower than plan and there are elements of divisional overspend that are being actioned. The next financial forecast will be reviewed.</p> <p>RD stated that, to date, half of the money for the years capital plan had been secured, £9.4 million. The possible implications on the capital programme had been discussed in detail.</p> <p>The Board duly noted and took assurance from the report.</p>
	<p>4.4</p>	<p>Audit and Assurance Committee Chair Update – <i>for assurance</i></p> <p>The Board received the report in advance of the meeting.</p> <p>PB presented the report reflecting on the early conversations relating to strategic risk and the BAF. As the Trust’s strategy develops the BAF will need to align with any newly identified strategic risk.</p> <p>The Committee had received a report from Internal Audit on the management of temporary medical staffing. There is work to align all services with the Trust’s systems of finding and recording temporary medical staff. Specialties have developed their own systems within the networks they use, these need to be monitored in a similar manner to other temporary staff groups.</p> <p>The Board duly noted and took assurance from the report.</p>
<p>5</p>	<p>Strategic Change</p>	
	<p>5.1</p>	<p>Emergency Access; Partnership working LABD update – <i>for assurance</i></p> <p>The Board received the paper in advance of the meeting.</p> <p>AS introduced the report which described the local situation relating to emergency access to health care. The paper detailed partners within the local system, review of emergency demand and describes the governance; including the local Accident and Emergency Delivery Board. The report breaks down community and Trust plans.</p> <p>The local health economy regularly meets with NHSI to discuss plans and provide assurance on developments and systems/mitigations that have been put in place.</p> <p>The Board discussed the delivery of community and Trust actions to improve the delivery of emergency treatment within the local health economy. There is positive assurance of actions being taken by the Trust, by the community at Caterham Dene and assurances that the senior management team at SECAMB are supporting necessary changes in systems and process.</p> <p>RD asked when the planned development of urgent care centers across the community would come to fruition. MW stated that would not impact on the coming winter but should be in place next year.</p> <p>The Board discussed the role of GPs in the management of emergency access and the numbers of patients who attend ED with mental health related problems.</p>

		<p>MW reflected on the significant numbers of walk in patients who are attending the emergency department, there is a review of the situation to try and understand why numbers are as high as they currently are.</p> <p>MW reflected that he was optimistic about the work that has been achieved, in particular the potential benefits of GP streaming and ambulatory care. AM noted that bottlenecks in emergency access and flow have previously been an issue throughout winter. MW concurred noting that plans are well developed and that lessons are learnt from each winter, however demand continues to rise.</p> <p>AM asked how the Trust was developing services with the third sector. MW highlighted work with St Catherine's Hospice, the Red Cross and Marie Curie surrounding getting patients home and continuing care.</p> <p>PB asked what impact greater resources would have on the situation. MW highlighted the need for increased social care beds, locally some 380 nursing beds have closed in recent years. The market for provision of private nursing beds requires increased focus and support.</p> <p>The Board duly noted and took assurance from the report.</p>
6	Leadership and improvement capability	
	6.1	<p>Annual review of Board and Sub-Committee – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>GFM presented the report which represented attendance at Board meetings and sub-committees. The report indicates attendance or when a deputy has represented a committee member.</p> <p>The Board discussed how future reports should be more reflective of the balance between attendance and being represented by a deputy.</p> <p>The Board duly noted and took assurance from the report.</p>
	<u>Other Items</u>	
7	7.1.	Minutes of Board Committees to receive and note
	7.1.1	<p>Safety and Quality Committee to receive and note The minutes of the Committee were noted with no questions raised.</p>
	7.1.2	<p>Finance and Workforce Committee to receive and note The minutes of the Committee were noted with no questions raised.</p>
	7.1.3	<p>Audit and Assurance Committee to receive and note The minutes of the Committee were noted with no questions raised.</p>
	7.2	<p>Any Other Business</p> <p>MP raised the national staff survey was about to commence and that flu vaccination plans would start on the 9th October.</p> <p>No further business was raised.</p>
	7.3	Questions from the Public

		<p>Caroline Vaughan (Governor) raised the following questions</p> <ol style="list-style-type: none"> 1) The recent Panorama program on sepsis highlighted issues over blood sampling and waiting for results, is this an issue for the Trust? 2) How does our performance compare with the rest of the NHS? 3) Do we have any programme in place to improve that performance and, if so, what? 4) What's the amount of compensation, if any, that we pay annually for problems in sepsis care? <p>DH reported that the Trust policy is to start treatment on suspicion of sepsis and then wait for blood samples to confirm this diagnosis. This is a national emphasis to treat on suspicion.</p> <p>The Trust reports less cases of sepsis than our peers across Kent, Surrey and Sussex. This is considered to be a coding issue and work is being done with ward teams.</p> <p>The Trust is actively engaged in quality improvement program (CQUIN) and is doing well for patients admitted with suspected sepsis. There is good evidence of continual improvement in administration of antibiotics in the emergency department.</p> <p>There were three cases of sepsis that resulted in a claim for compensation during 2016/17 and over the last three and a half years the Trust's insurers have paid out £877,000 of which £480,000 have been legal fees.</p> <p>Relating to mortality, DH highlighted that the mortality of patients admitted to ICU for a reason other than sepsis is 20%, for those admitted to ICU with sepsis mortality is 40%.</p> <p>Caroline Vaughan and DH discussed the possibility of point of care testing for sepsis. There have been developments in Exeter that could be promising in the assessment and early diagnosis of sepsis.</p> <p>There were no further public questions.</p>
7.4		<p>Review of the Meeting</p> <p>The Board discussed the meeting. The falls presentation was very useful and provided assurance. The presentation of the Integrated Performance Report had improved and the flow of the report felt better than the previous meeting.</p>
7.5		<p>Date of the next meeting</p> <p>Thursday 26th October 2017 at 11.00am in Room AD77, Trust Headquarters, East Surrey Hospital</p>

Note: This is a public document and therefore will be placed into the public domain via the Trust's website in the interests of openness and transparency under Freedom of Information Act 2000 legislation.

<p>These minutes were approved as a true and accurate record. Alan McCarthy</p>	
<p>Chairman:</p>	<p>Date:</p>

