CSH Surrey

NHS

Central Surrey Health Limited ("the Company")

Minutes of the Board of Directors' meeting in public

Date:	Tuesday, 6th September 2022
Time:	12:00
Venue:	Duke's Court, Woking, GU21 5BH / MS Teams

Directors	
Andy Field – CSH Chairman (Chair)	AF
Fran Davies – Non-Executive Director	FD
Steve Flanagan – Chief Executive Officer	SF
Peter Lock – Non-Executive Director	PL
John Machin – Non-Executive Director	JM
Dr Caroline Shuldham – Non-Executive Director	CS

In attendance	
Eileen Clark – Director of Quality & Chief Nurse	EC
Helen Cook – Director of Children & Family Services	HC
Jane Harrison – Dep Director of Adults Services	JH
Robert Hudson – Director of Finance	RH
Sandra Pycock – Assoc. Director for Children, Young People and Families	SP
Laura Rivet – Director of People	LR
Sarah Tomkins – Director of Adults Services	ST
Keith Woollard – Director of Digital Services	KW
Deborah Matthew-Watts – Snr Mgr for Adults Community Services	DMW
Debbie Pearman – Clinical Lead, Urgent Community Response and Frailty Hub [Item 1]	DP
Bradley Wilson – Snr Physiotherapist, Urgent Community Response [Item 1]	BW
Seven CSH colleagues	
Andrea Goldsmith – Company Secretary [minutes]	AG

Some items were taken out of order, but are minuted as per the agenda.

Item	Discussion	Action
1.	**Patient / Staff Story – Frailty Service**	
1.1	ST introduced DP and BW to the meeting, advising that a patient was hoping to attend, but they had a hospital appointment.	
1.2	BW took the Board through the Urgent Community Response Team (UCRT) in NW Surrey, which provides services to those at immediate risk of hospital admission, or risk within the next 48 hours, or supporting over a longer-term to reduce the likelihood of admission. There were three Frailty Hubs in Walton, Ashford and Woking hospitals. The services also support people who have just left hospital with rehabilitation, to make sure their homes are safe and they are confident to go outside. This is done through a multi-disciplinary team across health and social care.	
1.3	BW presented the case study of the gentleman who was referred from social services following a stroke and his goals of gaining more independence, climbing the stairs and getting back out into the community. The gentleman lived alone, and so at-home support had been arranged, and an emergency care app added to his phone. Assessments of potential fall risks and his lighting had been made	

	in his home and he was given new walkers for inside and outside. He was also given exercises to help strengthen his lower limbs and for balance, and a prescription for use at the local leisure centre for specialised exercises and support, which used local authority discretionary funding. The Falls Group and local befriending services had also helped with confidence, nutrition, hydration and loneliness. EC commented on a Falls Group she had visited, and someone who had been recently bereaved and how the group was helping them with their loss. DP advised that the Falls Group was a six-week programme, but that support would continue to be available from the team after this.	
1.4	BW passed on the patient's feedback which was very positive, thanking the team for helping him stay at home safely.	
1.5	FD asked whether it was possible to show how many admissions the team had avoided. DMW advised that there were key performance indicators, but it was difficult to evidence. The wraparound service was looking to avoid admission within the next 30days, which could be shown. The MDT worked with social care, acute hospitals, primary care and other providers to ensure that the care was appropriate and kept under review through information and record-sharing.	
1.6	AF asked how specialised equipment was issued and collected back when no longer required. BW there was a Surrey-wide service, and that equipment was numbered. On delivery, patients and their families were asked to call when the equipment was no longer needed so it could be collected. HC added that there had also been very successful amnesties, but that it was not possible to reuse all equipment as it may have been specifically adapted to an individual.	
1.7	AF thanked BW, DP and DMW for attending and sharing their enthusiasm, and asked that the Board's thanks be passed to the gentleman for his feedback, which was echoed by all those present.	
2.	**Chair's welcome, opening remarks, and apologies for absence**	
2.1	AF welcomed those present to the meeting, especially CA who was attending her first CSH Board meeting, and advised that apologies had been received from Denise Thiruchelvam (DT), Michael Wood (MW) and Jack Wagstaff (JW).	
3.	**Declarations of Interest**	
3.1	There were no declarations of interest in relation to the agenda.	
4.	**Minutes of the previous meeting held on 5 July 2022.**	
4.1	The minutes were **approved** with no changes required.	
a.	**Matters arising from the minutes – action log**	
4.2	The Board **noted** the closed actions, and those to be taken under later items on the agenda or at future meetings.	
4.3	2022.07/10.1 – Focus on retaining people – IN PROGRESS: LR confirmed that this had been discussed at the last Putting People First Committee (PPFC), with more information requested for the next meeting.	

5.	**Chief Executive's report**	
5.1	SF presented his report, noting that the financial situation had improved with monies being released for CFHS. RH advised that some funding from NWS Alliance was still outstanding for the Community Together programme.	
5.2	There were concerns about the impact of the energy price increases on CSH sites, which would be confirmed by NHS Property Services. A note had been received regarding Duke's Court energy prices and usage over the next few months. CSH had two years on the current lease, and discussions may be held with other tenants to agree a joint response to proposals.	
5.3	CSH would be starting the Covid booster programme the following week. There had been some problems with the availability of flu vaccinations. HC confirmed that the Covid booster plan had been costed to ensure that it was viable, with discussions underway as to whether CSH could also help GP colleagues.	
5.4	SF reported on visits to services and teams around CSH, which enabled him to hear both positive and negative comments from colleagues. CSH had responded to concerns about the cost of living and petrol prices, and then unfortunately a decision was made across Surrey Heartlands which was outside of CSH's control which this had impacted some colleagues. SF acknowledged that this was difficult for the colleagues involved, and assured the Board that discussions were underway to mitigate this, but there were limits within Agenda for Change. Other ways to support colleagues was being looked into. AF and PL advised that The Voice had raised the mileage rates at their last meeting.	
5.5	AF advised that the Integrated Care Board (ICB) Chair, Ian Smith (IS), had visited CSH's services. The ICB had been passed some of the assurance roles of the regional teams, and this would be balanced with the system collaborative and enablement roles.	
5.6	SF congratulated ST on her appointment as CEO for First Community Health & Care (FCHC), which was echoed by those present.	
5.7	There were three pilot sites as part of the NWS Alliance Community Together programme and in response to the Fuller Stocktake, which have been designed to show the opportunities of the Stocktake and benefits of CSH's models.	
5.8	The new Performance Committee has held its first meeting, and it will develop its reports and discussions over time, but had shown the value of the new format. KW added that the best dashboard contents and presentation was being worked through for the Committee, which would feed through to the executive's reports to the Board Committees, highlighting positive and negative items. AF suggested that the Committee Chairs and executive leads should discuss what information should be submitted to the Committees when the Performance Committee had agreed the dashboard: **ACTION.**	**Ctte Chairs Execs**
5.9	The Care Quality Commission (CQC) inspection had gone very well, and EC and the project team were thanked for all their hard work. The verbal feedback had been very positive, with the final report expected in the Autumn 2022. The CQC	

	had visited the Walk-in Centre (WIC) while the team were in business continuity due to the recent cyber-attack and had been very impressed by the team, which was a testament to their professionalism.	
5.10	SF reminded the Board that forthcoming tenders will require details on an organisation's sustainability plan. There will be a two-stage process of bringing this to the Board, with the first stage in November 2022 and the detailed figures in January 2023, which was **agreed**. CSH's plans were being developed with Care Without Carbon who had worked with a number of local partners.	
6.	**Well-led action plan – update**	
6.1	EC presented the update, advising that most of the actions were on track. Once the recommendations from the CQC inspection were received, these would be added to this plan as well. EC added that they were also going to review the format for clarity. PL advised that Rec 14 relating to the Voice could be closed, which EC agreed to update: **ACTION**. AF noted that the recruitment packs for the new non-executive directors were being finalised.	**EC**
7.	**Committee Chair's reports**	
a.	**Alert, Advise & Assure**	
7.1	AG noted that this new format report had been recommended by Deloitte, and suggested that the Committee Chairs expand on the items raised.	
7.2	FD, Putting People First Committee (PPFC) Chair, advised that the PPFC had discussed vacancies, and decided not to change the strategic risk relating to workforce at this stage. The leavers process had been discussed, and how information from this can be used to improve the retention rate. As mentioned, a number of additional areas of support have been put in place for colleagues. A new behaviours' framework had been developed with colleagues.	
7.3	The learning and development team have been working hard not only to develop programmes for CSH colleagues, but across the system with CSH leading all but one of the system-wide people programmes. There had also been system-level discussions on improving recruitment and retention. LR added that providers were still doing the majority of the work on this, with ICB support.	
b.	**Audit & Risk Committee (ARC)**	
7.4	JM reported that the ARC had also discussed the leavers process, and how this could be improved. The external auditors, BDO, had attended to outline their plans for the current year, and to advise on additional checks which will come into force from next year which will increase their fees. The risk management strategy has been discussed at previous meetings, and is recommended for Board approval under Item 9c.	
7.5	The ARC had completed their self-assessment, using the same questions as the other committees and some specific to ARCs. The responses were grouped into those relating to the role and relationship with external audit, and that CSH did not have a dedicated internal audit function but carried out internal audits. KW	

	suggested that the number of questions could be reviewed for future years, which JM agreed to look at: **ACTION**.	**JM, AG**
7.6	The Board **approved** the updated QSC Terms of Reference.	
c.	**Nominations Committee**	
7.7	It was agreed to defer this item to the November 2022 meeting.	
d.	**Quality & Safety Committee (QSC)**	
7.8	CS presented the six-monthly QSC Chair's report, noting that the impact of the number of vacancies, referrals and waiting lists continued to be areas of focus for the Committee. The transfer of local acute hospitals to Cerner and EPIC had led to problems, but this was being discussed with the trusts involved. The QSC had received a six-monthly assurance report on the establishment within the community hospitals, and that staffing levels were being managed closely.	
7.9	CS congratulated the Digital team on the Cyber Essentials Plus accreditation, which was echoed by those present. The Quality Improvement (QI) project on the 8x8 telephony system had been kept under review, but with the transfer to the individual teams, this was felt to no longer require QSC oversight.	
7.10	There had been an increase in the number of complaints relating to the WIC, but this could be explained in part by an increase in attendances, that people were seen according to clinical need rather than order of arrival, and potential frustration. Additional support and training had been put in place. There had been a complaint regarding the end-of-life services, which the QSC had requested more information in case there was a link to the patient story heard at the September 2021 Board. ST added that a meeting had been arranged with the lady who spoke to the September 2021 Board to update her on the changes that had been made following her story, which was welcomed by the Board.	
7.11	The Board **approved** the updated QSC Terms of Reference.	
8.	**The Voice**	
8.1	PL advised that Julie Downey (JD) was looking to step down as Voice Chair at the next CSH General Meeting, and nominations had been sought from the current Voice representatives: unfortunately, no-one had come forward as yet, but this would be followed-up: **ACTION**. The current representatives were still fairly new to the role, and may not feel able to take on the Voice Chair role, although support and training could be arranged. SF added that the time commitment may also be a concern, and whether they can afford the time away from their usual duties. AG advised that their Constitution does allow for a Chair and two Deputy Chairs, and if the Deputy Chair(s) were appointed, this may help the time commitment of the Chair. The Constitution could also be changed to widen the pool of candidates. HC noted that JD had been a brilliant Voice Chair, which was echoed by those present.	**PL**
8.2	There had been a vacancy for one of the representatives and three people had come forward. One had since dropped out, with the vote closing later in the day	

	between the remaining two candidates, and there had been a very encouraging turnout. The Board welcomed the vote for a Voice representative.	
8.3	The CQC had met with the Voice without PL being present, as agreed, and the feedback had been very positive. This structure was not very common, and so the Voice had taken the time to explain their role and contribution to the CQC.	
8.4	Following the Deloitte review, the Voice meetings had become more formal, with AG supporting them. The meetings had also been extended, but there were still problems working through all the items to be discussed between the Voice representatives and with the non-executive and executive directors.	
8.5	PL reported that at recent meetings, the changes to the mileage rates had been discussed and the feeling amongst colleagues about this. The potential move to NHS Professionals was also key topic of concern and that this had not been received well by some colleagues. JD had also raised this directly with SF and AF and was aware of current executive actions.	
9.	**Operational reports and strategic implications**	
a.	**Digital and Strategic Delivery Plan (SDP)**	
9.1	KW presented the report, advising that since the report had been written, CSH had received their Cyber Essentials Plus accreditation, which was welcomed. AF noted that this should be publicised, which KW agreed to follow-up: **ACTION**.	**KW**
9.2	The impact of the cyber-attack on One Advanced has meant that records were having to be kept manually and then scanned. ST advised that the scans were about two pages, and any clinically urgent referrals were prioritised and called ahead, as the WICs would usually do. The Digital team had restored access to the Spine; although clinical history was not as important in the WICs as it was more short-term interventions. Any out-of-area attendances were passed to the relevant system for payment. There were regular national calls on this and how soon Adastra would be restored.	
9.3	KW stated that the Digital team were looking at moving the WICs to EMIS, but this would take some time and they were very much aware of what the WIC colleagues were already having to deal with. Ashford & St Peters Hospitals NHS FT (ASPH) had received details for restoration, which would include CSH, and so a decision would need to be made very soon. KW cautioned that it would only be possible to find out if any patient information had been compromised once the restoration had finished, but advised that the National Cyber Security Agency, GCHQ, the Information Commissioner, and other agencies were involved. PL suggested that the Finance, Digital & Innovation Committee (FDIC) should discuss any risks at their next meeting, which was agreed: **ACTION**.	**KW**
9.4	AF asked about compensation for the outage, which KW confirmed was being discussed. SF added that it was ASPH's contract and not CSH's, and therefore ASPH would need to lead on this.	
9.5	The roll-out of the new tablets was going well, with about a third left to go. There were more laptops to distribute.	

b.	**HR & People**	
9.6	LR presented the report, noting that there were still problems with pulling data from NHS Jobs2 to CSH systems, which has been escalated. The Surrey Heartlands' innovations fund bid for electric vehicles had unfortunately been rejected, but there was an opportunity to resubmit. ST noted that there were many examples of requests to resubmit bids, which took time to work through.	
9.7	The ICS people governance arrangements were included for reference. A recent HR Directors' meeting had focused on retention, and approaches had been shared, but it was unclear what the system's role will be. The international recruitment had been successful, and a bid was being put together for AHPs following the system-wide learning and requirements, and countries re-opening after the pandemic.	
9.8	LR assured the Board that they were looking at lots of options for improving recruitment, with the themes from the exit interviews and surveys helping with retention. Notice periods were not covered by AfC, however it could be counter-productive and potentially challenged if these were changed compared to other local organisations. HC added that there had discussions in the executives' meeting the previous day, and that there were limited opportunities to move into the senior roles as those levels were relatively stable. The number of students coming through was lower than previously, and some needed more support and mentoring than before as well, which may be leading to higher number of people leaving. Discussions were being held with education providers in Surrey and neighbouring counties about their courses and criteria. There were also roles where there were not enough people with those skills in the country, such as paediatric nursing. SF noted that with the cost-of-living crisis there may be people looking for extra hours or coming back into work, and that CSH will need to be flexible with roles and working hours, such as weekends and evenings, which could be managed through HealthRoster. A senior leadership group meeting was scheduled for 21 September 2022, and clinical and non-clinical teams will be able to discuss and share ideas.	
9.9	PL advised that several Voice representatives had mentioned delays or problems with getting uniforms, which meant people feeling they were not part of CSH yet. ST and HC advised that they were not aware of any problems, and that there should not be a limit to the number of uniforms for colleagues.	
c.	**Nursing, Quality & Medical**	
9.10	EC apologised that the medical revalidation report had not been attached to the papers, and this would be sent to Board members following the meeting for approval: **ACTION**. There were currently two speciality doctors within CSH, but this could increase in future.	**EC**
9.11	The report should be read with ST and HC', and will also be based on data and discussions from the Performance Committee. There had been outbreaks of norovirus and Covid, which had been dealt with by the teams supported by the	

	Infection Prevention and Control team, and learning identified. There was a section from MW on the Caldicott Guardian role over the last year.	
9.12	The risk management strategy submitted here has been discussed by the ARC at their previous meetings, and was aligned with system-wide risk work. EC thanked Hilary Venn, Deputy Director of Quality, on drafting the strategy. High-level risks were now coming through to the committees for discussion. AF advised that he had a number of comments which he would send through. PL noted that financial levels in the consequences table seemed low, and suggested that these were reviewed. AF added that it will also be important to highlight low likelihood but catastrophic consequences. EC agreed to amend the strategy following the Board's comments and suggestions: **ACTION**.	**EC**
	BREAK: 15:10-15:21	
d.	**Children and Family Health Surrey (CFHS)**	
9.13	HC advised that the service continued to meet its key performance indicators. It was more difficult to get parents to engage with the 12month review than the new birth visits. There had been rise in demand for physiotherapy services and did-not-attend rates usually increased over the summer holiday period. A joint project had been set up to look at the continuing health care model and funding. As mentioned earlier, additional funding had been released for the service, and confirmation of contract extension was expected soon. There had been delays with the flu vaccination coming through for the school-age programme. The new NHS Graduate would be looking at workforce, recruitment and retention.	
9.14	There were changes being discussed with the midwifery service to reduce the overlap between the teams, which was in same cases giving out contradictory and confusing advice. There were also good links with the NICU (neonatal intensive care unit) and end-of-life services.	
9.15	HC highlighted that the Special School Nursing Service had been shortlisted for four Nursing Times awards, and they were congratulated by those present, but there were significant costs in going to the event. PL advised that use of charitable funds was being clarified with Surrey & Borders Partnership NHS FT (SABP) who held these funds for CSH, on whether any staff-related items could be funded. SF added that he had spoken to SABP CEO, Graham Wareham, about ensuring these funds were spent as intended and CSH representation on their charity funds committee. It may be possible to move the CSH charity funds from SABP to another NHS FT, but this would take time as it would require Secretary of State approval.	
e.	**Adults Services**	
9.16	ST highlighted the incredible response of WIC and UCT colleagues to the cyber-attack, which was endorsed by those present.	
9.17	The turnover rate had decreased, and some of the new starters were on non-traditional roles. There had been a focus on social media and more targeted marketing for recruitment. The team were also looking to more flexible working,	

	with one speech and language therapist who had to move to Portugal still providing virtual consultations to those patients who had given their consent.	
9.18	A dedicated team had been set up for insulin which is split into two, visiting for breakfast and evening meals. The response has been very good for the morning roles, and with additional training, it was hoped that they would also be able to visit in the evenings as well. This was freeing up a significant amount of time for community nursing for more complex cases, while still maintaining oversight of the insulin team. Individuals were also being trained to monitor their own insulin levels, especially with the technical solutions that were now available, but there was likely to always be people who needed this in-person care. There may be other dedicated teams that could be set up, but this will need to be balanced with maintaining the skills of community nurses.	
9.19	CA added that she had a meeting the following day to discuss remote monitoring and technical support. KW noted that there was no overarching digital strategy for Surrey Heartlands, and several technologies were being used without all partners being involved and understanding the options and uses. PL stated that this linked to the discussions in the private session around CSH's strategy and the wider system strategies.	
10.	**Any other business**	
10.1	There were no items of any other business	
11.	**Questions from the floor in relation to today's agenda**	
11.1	There were no questions from the floor, but observers thanked the Board for the opportunity to listen to their discussions which had been very useful.	
12.	**Date, time and location of the next meeting**	
12.1	The Board's next meeting is scheduled for: - Tuesday, 1 November 2022 from 12:00 (location to be confirmed)	

There being no other items of business, the Chair thanked everyone for their contribution and closed the meeting at 16:01.

Signed: ……………………………………………......... Date: …………………………………….......

Chair of the Board