Board Meeting 27 March 2014

| Agenda Item: | 07 | Enclosure: | D |

| Title: | CHAIR’S REPORT |

| Purpose: | Approval: | Assurance: | Discussion: | Briefing: | x |

**Summary:**
This report contains details of the Chair’s activities on behalf of the Trust during the last month.

**Recommendation:**
The Board is asked to note the report.

**CQC Outcomes:**
- All apply

**Equality and Diversity:**
- Assessment completed? Yes
- Impact? None on this occasion

**Prepared by:**
Sue Sjuve, Chair

**Presented by:**
Sue Sjuve, Chair
1. I am sorry to have to advise the Board and our stakeholders that Sue Johnson, Non-executive director and Senior Independent Director has found it necessary to step down from her role on the Trust Board. I am sure that everyone in the Trust and beyond who has dealt with Sue during her time with the Trust will join me in thanking her for her commitment to patient and staff welfare, her insights and her hard work for the Trust. She will be much missed. Sue has given us a month’s notice but this will be her last meeting and the Board will note from other papers that the process of recruiting another NED is underway.

2. During the course of the last month scheduled visits to services by non-executive directors have included Martin Sambrook’s visit to the Kleinwort centre on 3 March and Sue Johnson’s visit to Zachary Merton Hospital with Jonathan Reid. Both these visits provided opportunity to talk to and observe staff and patients with generally very positive results. The manner and commitment of staff in both units was commended. The following observations have been reported, noted by the secretariat and are being followed up with executive owners by the secretariat.

   a. At the Kleinwort Centre restaurant there had been a leak in the roof and a hole had appeared outside the entrance to the door and also inside. This meant that all patients who took their meals there had to be fed in bed. The act of moving all the patients to and from the restaurant three times a day was a vital part of their rehabilitation. The damage had been reported on 23 December to NHS PropCo but not yet addressed.

   b. Staff at the Kleinwort centre found taking time for attending training difficult as this meant they had to organise cover. They suggested that if targeted training was arranged for 2 days, in the Kleinwort centre, then everyone there could complete their training in one go, with less requirement for cover from Bank or Agency staff.

   c. At Zachary Merton, the visit was very positive however the staff were very concerned about difficulty in recruiting staff and wanted more dialogue with HR about this. They were keen to understand the reasons why local agencies cannot be used, particularly where they have built up local relationships with them. Concerns were also expressed about pressure to make beds available for patients being discharged from acute hospitals, but when a bed is made available the patient does not arrive from the acute or arrives with a different history from that expected. This sounds like a communication problem.

3. In addition I paid an unannounced night visit to Zachary Merton Hospital, accompanied by a member of the governance team. We found the hospital operating well and spoke to a number of patients and visitors all of whom were very positive about the care they or their relatives were receiving. The senior staff on duty did express concerns about the number and length of shifts they were working, and about proposals which they understood would shorten the amount of time available for handover between shifts to fifteen minutes, which they felt was inadequate and would lead to the staff handing over staying beyond the end of their shifts to provide enough information on each patient to staff coming on duty. A detailed report has been made to the chief nurse who is investigating the issues raised.

4. On Monday 17th March at the invitation of SECAmb, I joined an ambulance crew as an observer throughout their normal twelve hour shift from 7 am to 7 pm. The purpose of this was to see how the ambulance service interacts with the Community Trust and could interact with it. During the shift the crew attended 6 calls and was
stood down from a 7th. Two were category A emergency calls. All of the patients we attended were frail elderly individuals, four were conveyed to hospital, one remained at home after being assisted and one was conveyed to a nursing home. Aside from gaining an appreciation of the hard work, professionalism and compassion of the Emergency care support workers who crewed the ambulance, my key learning was that potential exists to improve the experience and outcomes for this group of patients by sharing data from other parts of the local health system with the crews. In each case they arrived on site at the patient’s home with very sparse details about their patient and needed to take a verbal history from patient or carers. This was sometimes unclear, as the patient was confused or non-responsive and the carer uncertain, making transfer to hospital more likely. This small sample of patients are all likely to have been part of the apex of the risk stratified population pyramid that the Trust’s proactive care initiatives aim to address, and where possible it would be helpful to share information about their recent history and care with the ambulance crew. The Board will be aware that where we have been able to load Trust care plans onto Ibis (SECAmb’s IT system) and crews have attended patients to whom these relate, it has been possible to reduce transfer to hospital by around 30%.

5. In the last month I have also attended the Brighton & Hove CC Children and Young People’s Committee, where I voiced the Trust’s support for the proposal to set up a multi-agency safeguarding hub for children (MASH). I have attended the West Sussex Health and Adult Social Care Committee supporting our teams who were participating in debates on proactive care and the stroke services review and was invited to join the debate on primary care services a care homes in the county.

6. I have represented the Trust at the launch of Brighton and Hove Healthwatch, attended and briefed the Board on The Foundation Trust Network Chairs and CEOs meeting; and participated in the West Sussex Think Family Partnership Boards March meeting, which reviewed the success of the partnership Board’s projects to date. These include the SCT provided family Nurse Partnership service. I have met with the Chair of Brighton and Sussex University Hospitals Trust to discuss how our trusts work together. I have also chaired the first meeting of the Trust’s Advisory Committee on Clinical Excellence Awards (ACCEA) which considers outstanding achievement by the Trust’s medical Consultants.

7. On Tuesday 18th March I met with Margaret McNab and Sarah Abernstern of Capita. We discussed progress with our strategic partnership and their feedback was very positive.

Sue Sjuve
Trust Chair