Surrey and Sussex NHS
Healthcare NHS Trust

**Minutes of Trust Board meeting held in Public**
**Thursday 31st January 2013 from 10:30 to 13:30**
**Crawley Hospital, Post Graduate Management Centre – Lecture Theatre**

## Present

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| (YR) Yvette Robbins | Deputy Chairman and Non-Executive Director |
| (MW) Michael Wilson | Chief Executive |
| (PS) Paul Simpson | Chief Finance Officer |
| (GFM) Gillian Francis-Musanu | Director of Corporate Affairs |
| (DH) Des Holden | Chief Medical Officer |
| (SA) Susan Aitkenhead | Chief Nurse |
| (YP) Yvonne Parker | Director of HR |
| (IM) Ian Mackenzie | Director of Information & Facilities |
| (JP) John Power | Non-Executive Director |
| (RD) Richard Durban | Non-Executive Director |
| (RC) Richard Congdon | Non-Executive Director |
| (RS) Richard Shaw | Non-Executive Director |
| (AH) Alan Hall | Non-Executive Director (Designate) |

## In Attendance

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| Jim Davey | On behalf of: Bernie Bluhm |
| Sacha Beeby | Trust Board Secretary |

## Apologies

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| (AM) Alan McCarthy | Chairman |
| (BB) Bernadette Bluhm | Chief Operating Officer |
| John Gooderham | Surrey LINks |

| 1. | General Business | |
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| | 1.1 | **Welcome and Apologies for absence**<br><br>The Deputy Chair opened the meeting by welcoming Trust Board members, staff and members of the public.<br><br>Apologies for absence were noted as listed above.<br><br>The Chair welcomed newly appointed Chief Nurse, Susan Aitkenhead to the meeting. |
| | 1.2 | **Declarations of Interest**<br><br>The Trust Board members confirmed that they had no additional interests to declare. |
| | 1.3 | **Minutes of the last meeting – 29th November 2012**<br><br>Alan Hall observed that the abbreviation representing his name within the Attendee List should in fact be **AH** (and not AM).<br><br>The minutes of the meeting held on 29th November 2012 were then approved as a |

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| | | true record. | |
| | | **1.3.1** | **Action Tracker**<br><br>**Action 1: New Starter Report to be incorporated within the Chief Nurse update.**<br>This action will be carried forward by the new Chief Nurse for future board reports.<br><br>**Action 3: HRD review of staff sickness. The Director of HR will share key findings/trends of staff sickness levels following Norovirus outbreak.**<br>YP will provide an update to the board following the forthcoming HRD Review meeting.<br><br>All other actions from the meeting held on 29th November 2012 had been followed and are now closed. |
| | **1.4** | **Chief Executive's Report**<br><br>The board received and read the Chief Executive's report in advance of the meeting.<br><br>MW highlighted that the NHS Trust Development Authority (TDA) has now published its Planning Guidance for NHS Trust Boards for 2013-14, which sets out the expectations of what NHS Trusts will deliver in the coming year and how the TDA will support Trusts to achieve high quality and sustainable care for the patient and communities they serve. The guidance also sets out a clear timetable that by 31st March 2013, all Trusts should have an integrated Operating Plan for 2013-14.<br><br>Surrey & Sussex Healthcare NHS Trust submitted its first draft Operating Plan to the TDA on 25th January 2013 and a final plan will be presented to the Board for approval on 28th March 2013.<br><br>MW further highlighted that the NHS Commissioning Board has published its planning guidance for NHS commissioners. The guidance covers a set of outcomes against which to measure improvements.<br><br>YR questioned which organisation would continue to monitor the Trusts performance and adherence to the planning guidance. MW clarified that the Trust would be monitored against the NHS TDA's guidance, the NHS Commissioning Board's guidance and by the Monitor Framework.<br>The NHS TDA will monitor the Trust directly, and the Local Area Team will be accountable to the NHS Commissioning Board. It is not yet known whether the Trust will continue to submit its monthly Single Operating Plan Self Certification or whether the NHS TDA Planning Guidance will override this process.<br><br>MW reported that the Government had published its final review into the criminal abuse that took place at Winterbourne View Hospital. This sets out, amongst others, specific recommendations for healthcare providers which are referred to in the Chief Executive's full report.<br><br>RS questioned whether there would be any implications for SASH following its review of Winterbourne. MW confirmed that the board needed to understand the programme of actions and implement the recommendation immediately. The trust | |

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| | | would need to ensure it had effective safeguarding and alerting systems in place and continue to make improvements to the quality of patient experience.<br><br>MW informed the board that the Sir Robert Francis report, commissioned to look at how the provision of care for patients looked after at Mid-Staffordshire Hospital failed so dramatically, will be published at the beginning of February 2013. The board will be bringing its recommendations to the next Trust Board meeting in March 2013.<br><br>MW welcomed the new Chief Nurse, Susan Aitkenhead who started with the Trust on 14th January 2013.<br><br>MW paid special thanks to YP and her team for their co-ordination and contribution to the staff Wellbeing Day held on 9th January which was well received and appreciated by over 600 members of staff who attended throughout the day.<br><br>MW highlighted that the health economy was facing challenges during this current winter period, due to a combination of high-demand, difficulty in discharging patients with on-going health needs and sickness absence over the holiday period.<br><br>In response to this, the Trust has commissioned some community beds, an ambulance for out-of-hours transfer of patients where appropriate and had far greater dialogue with community partners.<br><br>The report was duly noted by the board. |
| **2.** | **<u>Safety, Quality and Patient Experience</u>** | |
| | **2.1** | **A Patient Story**<br><br>The board received and read the Patient Story analysis in advance of the meeting.<br><br>The Medical Director presented an analysis of a serous incident and the resulting lessons learned from the error.<br><br>The board were in agreement that such significant events and patient experiences would continue to be shared and will provide the board with the opportunity to discuss and challenge such incidents openly. It will also provide the board with specific understanding of how the organisation continues to learn lessons from events.<br><br>The board were assured that the drugs prescribed to the patient in this particular incident would have had very little affect on the outcome.<br><br>The lessons learnt from this incident have prompted a better induction package for exclusion of head injury through early CT scan where there is a suspicion of significant head injury. Better description of roles for the use of electronic patient trackers for delayed review at handover and a protocol for escalation where the patient review is delayed are some of the changes which have now been implemented as a result of the investigation.<br><br>Clinicians are now reminded of such scenarios during induction and are encouraged to look beyond the more obvious diagnosis.<br><br>MW added that this was particularly important for medical patients as we see a change in trend for emergency admissions; fewer patients in the morning and an |

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| | | increase intake between 2pm and 2am. Medical rotas were being revised for Junior Doctors during that time in response to the change in demand.<br><br>JP observed that the nature of the brain stem death in this unfortunate case may well have resulted in a relatively rare opportunity for organ donation. He asked whether the Senior Nurse for Organ Donation (SNOD) had been consulted and whether permission for donation fell within the remit of the Independent Mental Capacity Advocate (ICMA).<br>**A. DH undertook to investigate and feedback to the board.**<br><br>RS commended the review and learning process from serious incidents and asked whether it was appropriate to assume the frequency of SUI's would decline as a result of errors learnt and as the trust continued to make improvements to practice in response to those incidents. DH concluded that healthcare was very complicated and the capacity for error was great. However, through investigation of such incidents and over a period of time, he would expect to see a notable decrease in the more common errors with lessons being learned and new systems and processes implemented as a result.<br><br>DH added that by understanding and making reasonable adjustments as a result of the cause of error, and by using examples of such errors during clinical and locum induction programmes we hope to omit any cultural behaviours which might be contributing to some of the most common incidents, encouraging clinicians to look beyond an obvious diagnosis.<br><br>DH noted that there were currently no audits to assess how well the induction programme is implemented. He also noted that to date, it had not been possible to establish an induction programme for ad-hoc and emergency clinical staff cover.<br><br>DH added that he did not feel it necessary to analyse or question the advice given by St Georges for this case and was content with the clinical information that was available at the time.<br><br>When investigating a serious incident, the team will consider potential system failures, human error and missed opportunity before concluding the outcome.<br><br>The report was duly noted by the board. |
| | **2.2** | **Safety and Quality Committee (S&QC) Chair's Report**<br><br>The board received and read the Safety & Quality Committee Chair's Update in advance of the meeting and accepted.<br><br>YR summarised from the meeting of 15th January 2013 that further revision of the Safety & Quality Strategy was needed in order to better align itself with the Quality Account, Clinical Strategy and clinical priorities of the organisation.<br><br>YR highlighted that the committee had been positively assured on the Medical divisions approach to using complaints and incidents to inform and direct the management of risk, the trusts progress on CQUIN and on the process around the development of the Quality Account. Further clinical audit presentations by the Clinical Support Services and Surgery divisions were expected at the next committee meeting due to operational pressures at the time of this committee meeting. |

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| | | MW reminded the board that the organisation continued to make considerable improvements to its systems and processes and to governance structures. As the trust embarks its journey to Foundation Trust status, it will need to adapt its strategy accordingly to current priorities and expectations.<br><br>JP asked whether in addition to a tick box on the Do Not Actively Resuscitate (DNAR) form there was also a clear and explicit instruction in our standard operating procedures to the effect that relatives were always to be consulted before institution of such measures. SA confirmed that this was so.<br><br>The report was duly noted by the board. |
| | **2.3** | **Joint Chief Nurse & Medical Director's Report**<br><br>The board received and read the Chief Nurse's Report in advance of the meeting.<br><br>SA thanked Sally Brittain for the report and for her contribution as Acting Chief Nurse.<br><br>The report highlighted that there had been a breech of the Mixed Sex Accommodation (MSA) standard in January 2013 with seven patients affected. Investigations identified that out-of-hours temporary staff working in the facility were unaware of the presence of appropriate screens to avoid such breeches. The site team have since implemented and continue to monitor a plan to avoid further breeches resultant to this.<br><br>Referring to the patient story as presented by the Medical Director, DH reiterated the importance of staff induction and referenced the misunderstanding and miscommunication of standard procedure between temporary staff.<br><br>An increase in positive feedback received by patients has been noted via NHS Choices and Patient Opinion with the majority of comments received during November and December having been positive.<br>The 'Your Care Matters' inpatient survey continues to be promoted amongst staff and visitors. The trust has received a 16% response rate (above target of 15%), with 60% of respondents claiming that a member of staff has gone 'above and beyond' their expectations and we have received over 120 patient commendations.<br><br>YR noted a decrease in the number of complaints relating to the theme of communication by doctors. DH added that he regularly meets with Doctors on an individual basis when trends become apparent relating to their performance or communication with patients in complaint letters. He assured the board that regular dialogue was had in such situations and that action was taken promptly in response to such situations.<br><br>SA congratulated the maternity services for their achievement of CNST Level 1, with an outstanding score which would allow the service to fast-track to CNST Level 2 in December 2013 or March 2014, depending on further detailed feedback |

from the assessor.

PS confirmed that the financial benefits were not yet known for achieving Level 2 and 3 CNST.

**A. RC said it would be helpful to receive a benchmark analysis of all Trusts currently awarded Level 2 and 3 CNST.**

The Trust continues to show positive movement in its mortality rate following the re-phasing of the Dr Foster HSMR. MW felt that the board should celebrate this huge improvement and put into context that the organisation was benchmarked as third best performing trust for this standard in the country.

The Trust also delivered over 95% of Harm-free care to its patients during the month of December 2012, against a national target of 95% and submitted data to the Safety Thermometer for 100% of its wards as per the requirements of the CQUIN.

SA and DH explained that incidents such as patient misdiagnosis were not included in the harm free statistics which were limited to items defined in the safety thermometer.
MW confirmed that the definitions of Harm free Care were dictated to the Trust by the Department of Health.

The health system has experienced increased pressures this winter period due to early outbreaks of Norovirus in the community and the hospital. Patients recognised as having suspected symptoms of the virus were promptly isolated and the trust took the difficult, but necessary decision to restrict visitors to the hospital. The dramatic closure of wards and beds was earlier than had been anticipated but the team have recovered quickly and efficiently to the changing demands.

The HPA and NHS Sussex visited the Trust in October 2012 to discuss practice and seek assurance that the outbreak was being managed appropriately. Both parties were assured that the outbreak had been managed appropriately and the HPA carried out a more detailed analysis to help us understand how we and other Trusts can better contain these outbreaks in the future. Recommendations have been made to the Taskforce committee and will be monitored by the Medical Director.

DH reported that there had been 3 MRSA BSI cases declared against a target of 3, with 45 days since the last reported case. A total 21 Clostridium Difficile (CDiff) cases had been declared against a target of 43 with an action plan in place for RCA/SI's which will continue to be monitored by Taskforce.

MW reported that the Trust had been awarded £400,000 by the Department of Health to help improve the environment of its birthing unit. The award is part of a £25 million investment programme by the NHS in maternity facilities and was the largest amount given to a single maternity unit in this area. The board congratulated the maternity team for their efforts to secure the bid and thanked the local population for their contribution to this also. The new facilities will provide

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| | | greater quality and choice for parents who chose to deliver at East Surrey Hospital.<br><br>The report was duly noted by the board. |
| **3.** | **Operational Performance** | |
| | **3.1** | **Integrated Performance and Quality Report (Month 9)**<br><br>The board received and read the Integrated Quality and Performance Report in advance of the meeting.<br><br>Jim Davey presented the performance summary to the board in the absence of the Chief Operating Officer and summarised that the Trust was expecting to be rated as 'Performing' for the month of December 2012, making it the eighth consecutive month for the quality of services relating to Integrated measures, CQC Registration and User Experience.<br><br>Within the integrated measures, aggregate 18-weeks, mixed-sex accommodation and DTOC targets continue to show sustained delivery of performance standards.<br><br>JD highlighted that winter pressures had adversely affected E.D performance this month and resulted in a breach of the quality standard for 95% of patients seen within 4 hours. However, the board were informed that robust plans had been put in place to help the team recover from this promptly.<br><br>A seven Consultant rota is now in operation, increasing senior cover in the department during the evenings and at weekends.<br><br>RTT performance continued as expected with the 90% Admitted, 95% non-Admitted and 92% incomplete measures all being achieved in aggregate.<br><br>JD explained that the 62-day Screening target breach was the result of two patients who could not be treated within 62 days as a result of delays in patients moving onto SaSH pathways. However, dialogue with the contributing providers is on-going.<br><br>Performance against the direct admissions within 4 hours and time spent on the Acute Stroke Unit metrics has suffered again this month due to the Norovirus outbreak that affected the stroke ward. The reduction in community services over the festive period also contributed to discharge delays.<br><br>JD explained that the designation of additional beds as ASU by means of portable equipment had already been investigated but the limiting factor had been specialist staff.<br><br>A readmissions audit was conducted under PbR guidance, was clinically led and relied on the review and challenge of detailed patient records. The results indicated that 2.5% of all readmissions were avoidable (which is equivalent to just one patient).<br>JD confirmed that an additional two Geriatricians were being appointed for A&E, which will complement the senior clinical input at the start of the pathway.<br><br>The board discussed a comparison of results of various sources of patient feedback during the period July 2012 and December 2012 including, Patient Opinion, NHS Choices, Inpatient Survey and Internal Real Time Monitoring.<br>In response to the disappointing score around 'Cleanliness', action has been taken |

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| | | to ensure Ward Clerks accompany the Cleaners on a final inspection of their areas and this will address any concerns.<br><br>RTM survey results in Maternity have returned to expected levels in December and new Midwife recruits have been made.<br>**A. SA agreed to collect further detail from the RTM data relating to Outpatient activity at both Crawley and East Surrey Hospitals to better understand the results demonstrated within the report.**<br><br>There was uncertainty as to why the RTM data results did not correlate better with the National Inpatient Survey data results. IM explained that this may be the result of patient behaviour which has proven that patients are more likely to submit positive comments whilst in the environment, and more negative comments when out of the environment.<br><br>The results have shown that, despite obvious gaps in the correlation of the RTM and National Inpatient surveys, the later Your Care Matters and Patient Opinion responses have shown better alignment.<br><br>YP highlighted that the establishment and staff in post figures show a reduction in-line with business and savings plans following the realignment of monthly targets to planned funded establishment.<br><br>Vacancy rate has fallen slightly, however there has been a higher use of contingent workforce due to increased demand for sickness cover. YP reported that the team had planned visits to Ireland for a further recruitment drive. YP explained that the typical gap before a Staff Nurse is in post depends on notice periods, CRB returns (as we do not allow transfer of CRBs from outside other organisations) and Risk Assessments (completed for senior nurse posts).<br><br>RD agreed that it would be reassuring to see a comprehensive action plan which addresses the current vacancy challenges.<br><br>DH confirmed that there had been no obvious trends from Exit Interviews which might explain the organisations high turnover. He further added that it was not practical to assume that the nurses we recruit from overseas will stay with the organisation for a long period of time. It is understood that much of our junior team value the experience and wider-knowledge gained from working with SASH, before moving onto other organisations.<br>**A. YP agreed to circulate a benchmark analysis of the national retention target against other providers.**<br><br>**A. DH agreed to report metrics to describe the number of doctors who have not completed their revalidation appraisal.**<br><br>The report was duly noted by the board. |
| **4.** | **<u>Financial Performance</u>** | |
| | **4.1** | **Finance Report (Month 9)**<br><br>The board received and read the Finance Report in advance of the meeting.<br><br>PS summarised that the trust remained favourable to plan at month 9, with income from activity supporting the budget overspends to deliver that activity. The full year |

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| | | savings plan of £10.m is still on forecast to deliver.<br><br>PS further highlighted that a Memoranda of Understanding had now been signed with both NHS Surrey and NHS Sussex, removing the contract risks previously reported around payment for over-performance and challenges.<br><br>The total estimated risk is £0.2m from internal overspending, a reduction of £0.8m from last month. The reduction is due to the income agreements and the forecast outturn spend.<br><br>Cash relating to the over-performance on activity has started to be paid by the CCGs and this has improved the cash forecast.<br><br>At month 9, the trust had delivered £6.6m of savings (against a target of £10.0m. However, PS reported that expected savings from the Surgical team had not been made and this related to unachievable theatre efficiency plans.<br><br>The trust has made considerable contributions to the wider health system in order to support the challenges and pressures experienced during this winter period. This includes additional community beds, additional clinical and agency staff and ambulance and patient transfer funding to support increased demand.<br><br>In summary, the trust was accruing more income than expected and receiving more cash.<br><br>The board were informed that the surgical division's financial performance had been escalated to the CEO and a new Associate Director was due to commence post in the next couple of months. PS confirmed that a financial plan for the year ahead for the division will be presented to the board at the March 2013 meeting. This will detail the activity and plans around outsourcing of elective care, savings and theatre productivity.<br><br>RC expressed an interest in understanding the nature of the debtors as reported within the Aged Debt analysis. However, appreciated that this level of detail was not necessary for this forum.<br><br>JP referred to the occasional need to put the overspill of non electives into elective escalation beds, including stroke beds. He asked whether any patients subsequently arriving with a requirement for specialist bed care, such as stroke, would take priority over any more general overspill already occupying such specialist beds. He was assured that this was the case.<br><br>PS confirmed that the critical target of 60:40 identified by KPMG as the elective to non elective ratio for financial viability was shown in the report as 47:53, noting it was still short of target but indicative of some improvement.<br><br>The report was duly noted by the board. |
| **5.** | **<u>Risk & Regulatory Items</u>** | |
| | **5.1** | **Single Operating Model (SOM) Self-Certification – October, November 2012** |

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| | | The board received and read the SOM Self-Certification Reports in advance of the meeting.<br><br>The SOM is a monthly self-certification submission required by all NHS Trusts by the South of England SHA, currently responsible for overseeing the performance and progress of the Trusts Foundation Trust application. This responsibility will transfer to the NHS TDA as it becomes fully operational. The report confirms the trusts performance for the end of October and November 2012 and details progress against TFA milestones.<br><br>GFM highlighted that from January, the trust will be endorsing a revised submission template which will provide additional metrics to include MRSA and C.Diff performance.<br><br>Trust submissions are currently reported to the DoH on a quarterly basis however, this may change to a monthly schedule from 1st April 2013.<br><br>**A. GFM agreed to circulate the December SOM Self-Certification to the board for information**.<br><br>The report was duly noted by the board. |
| | **5.2** | **Foundation Trust Progress Update**<br><br>The board received and read the Foundation Trust Progress Update in advance of the meeting.<br><br>The trusts progress towards Foundation Trust status was presented, which highlighted the key milestones due to take place over the coming weeks. This included the development of the Terms of Reference for the new FT Programme Board and the draft realigned Tripartite Formal Agreement.<br><br>MW shared with the board a summary of a letter received by Dr Stephen Dunn, Delivery & Development Director for the South of England NHS TDA. The letter summarises the stage 2 escalation meeting held between the trust and the TDA on 3rd December 2012 and congratulated the considerable improvements in the Trusts performance, and gave positive assurances around the progress of the trusts journey to FT status.<br><br>The next meeting with the NHS TDA to agree the timeline for the TFA is due to take place in February 2013.<br><br>The report was duly noted by the board. |
| **6.** | **General Business** | | |
| | **6.1** | **Update from Board Committee Chairs** | |
| | | **6.1.1** | **Audit and Assurance Committee (AAC)**<br><br>The board received and read the AAC Chair's Update in advance of the meeting. |

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| | | | RC summarised the key discussions from the Audit & Assurance Committee meeting held on 8th January 2013.<br><br>The committee received an update on progress for the internal audit report recommendations for Clinical Audit and Complaints and Incidents. It was noted that the data for Incident reporting was solely reliant on the electronic Datix system.<br><br>The committee noted progress on the action to deal with issues around tracking and storage of records. It also noted the improvements in coding accuracy. However, a revised action plan would be presented to the next AAC to ensure that the committee has assurance that all aspects of the action plan is being progressed.<br><br>Following meetings with Executive team members and internal audit, the chair will present suggestions and recommendations for the committees revised structure and approach in line with the trusts internal control processes at the next AAC meeting. This will help to achieve the alignment of strategies for the committees which report to the board and their sub-committees.<br><br>The report was duly noted by the board. |
| | | **6.1.2** | **Investment & Workforce Committee (IWC)**<br><br>The board received and read the IWC Chair's Update in advance of the meeting.<br><br>RD summarised the key discussions from the Investment & Workforce committee meetings held in December 2012 and January 2013.<br><br>The committee received updates from two areas of management focus including staff appraisals and the recruitment and retention of nurses.<br><br>The committee agreed that an external communications strategy and annual plan needed to be developed which will articulate which messages to convey to which audiences using which channels and with appropriate measures of success.<br><br>RS challenged whether there was a requirement for an internal communications strategy to support the execution of consistent messages. An updated plan is expected to support the workforce plan and organisational development plan.<br><br>The committee approved a business case for a joint venture with Brighton & Sussex University Hospitals to provide pathology services, on the provision that further work was successfully completed. A further update on the completion of that work will return to IWC and Trust Board. |

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| | | | The report was duly noted by the board. |
| | | **6.1.3** | **Charitable Funds Committee**<br><br>YR summarised the key discussions from the Charitable Funds committee meeting held on 13th December 2012.<br><br>The Executive Team were asked to consider the purchase of specific items for which the committee may fund.<br><br>YR highlighted that a large legacy had been left to the trust which comprised of a number of financial assets, an estate for which the trust is entitled 75%.<br><br>The committee provided feedback to the DH following an initial review of the governance of NHS charities, which would allow NHS bodies to create new independent charities that are properly independent.<br><br>The report was duly noted by the board. |
| | **6.2** | **Minutes from Board Committees – for information**<br><br>The following approved minutes were received by the board for information -<br><br>- Audit & Assurance committee held on 13th November 12<br>- Safety & Quality committee held on 23rd October & 27th November 12<br>- Investment & Workforce committee held on 24th August & 5th December 12 | |
| **7.** | **Other** | | |
| | **7.1** | **Any Other Business**<br><br>IM informed members of the board that they will be provided with electronic mobile devices for which they will be able to receive, annotate and review papers securely for committee and board meetings via the BoardPad software application. This will remove the need for printed, hard copy papers and will complement our efficiency improvements. Similar, neighbouring organisations have taken this initiative and found it cost effective and time efficient.<br><br>**Board members were asked to confirm their requirements for a new device outside of the meeting and directly to IM.**<br><br>No further business was discussed. | |
| | **7.2** | **Questions from the Public**<br><br>Vanessa Kirby, a visiting member of the public in attendance at the meeting briefly shared her experience of a recent admission to East Surrey Hospital. Amongst positive feedback. Mrs Kirby raised a number of concerns with the Patient Advice Liaison Service (PALS) regarding her care and requested an update on action against those concerns.<br><br>**SA agreed to investigate outside of the meeting and ensure feedback directly.**<br><br>There were no further questions raised by members of the public. | |

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| | **7.3** | **Date of Next Meeting**<br><br>**Thursday 28th March 2013** at 10:30 in Room 7/8, Post Graduate Medical Centre, 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.*

| | ACTION LOG | Person responsible |
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| **ACTION 1** | **Permission for Organ Donation**<br><br>DH to investigate whether the Senior Nurse for Organ Donation (SNOD) had been consulted in the brain stem death case as reported to the board and whether permission for donation fell within the remit of the Independent Mental Capacity Advocate (ICMA). | **D Holden** |
| **ACTION 2** | **CNST Benchmark Analysis**<br><br>SA to undertake a comparison of all Trusts currently awarded Level 2 and 3 CNST for information to the board. | **S Aitkenhead** |
| **ACTION 3** | **RTM Outpatient Activity – data clarification**<br><br>SA to investigate the detail behind the RTM data relating to Outpatient activity at both Crawley and East Surrey Hospitals to better understand the results demonstrated within the report. | **S Aitkenhead** |
| **Action 4** | **National Retention Target NHS Trust Benchmark**<br><br>YP to share a benchmark analysis of the national retention target against performance of other providers. | **Y Parker** |
| **ACTION 5** | **Outstanding Revalidation Appraisals**<br><br>DH to report metrics to describe number of doctors who have not completed their revalidation appraisal. | **D Holden** |
| **ACTION 6** | **December SOM Self-Certification**<br><br>GFM agreed to circulate the December SOM Self-Certification to the board for information. | **G Francis-Musanu** |

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| **ACTION 7** | **BoardPad Device**<br><br>Board members were asked to confirm their requirements for a new device outside of the meeting and directly to IM. | **ALL** |
| **ACTION 8** | **Patient Complaint**<br><br>SA agreed to follow up on the actions taken in response to concerns raised with PALS by member of the audience and patient of East Surrey Hospital outside of the board meeting and ensure feedback directly. | **S Aitkenhead** |

**These minutes were approved as a true and accurate record.**

**Alan McCarthy**

**Chairman:** **Date:**