

		<p>project and award of the contract has been agreed by the board in principal, subject to the consultation.</p> <p>The board agreed to consider an extension of the consultation period in order to address and settle any outstanding significant concerns.</p> <p>MW made further assurances that the board had, and will continue to put any impact on patient safety and experience at the forefront of any decisions made and requested that secretaries and their respective teams respond to the consultation with any concerns they may have in order for the board to be fully sighted.</p> <p><u>FWC review of workforce risks on the BAF . update from action of 26th September</u> RD updated the board that the Finance & Workforce Committee had reviewed the workforce risks identified within the Board Assurance Framework and recommends removal of these risks from the BAF. The BAF will be presented in December reflecting these changes.</p>
	<p>1.3.1</p>	<p>Action Tracker</p> <p>All actions from the meeting held on 31st October have been completed and closed.</p>
<p>1.4</p>		<p>Chief Executive's Report</p> <p>The board received and noted the Chief Executive's report in advance of the meeting.</p> <p>MW highlighted the government's response to the Mid Staffordshire public inquiry (the Francis Report). The Government has accepted 281 out of the 290 Francis recommendations, including 57 in principle and 20 in part. Progress against the report will be reported to Parliament on an annual basis.</p> <p>All trusts are expected to publish their own response to Francis by the end of 2013 and this will be presented to the board in December, before its submission to the TDA at the end of December 2013.</p> <p>MW further highlighted the publication of the NHS Outcomes Framework 2014 to 2015, which sets out the outcomes and corresponding indicators that will be used to hold NHS England to account improvements in health outcomes as part of the Government's Mandate to NHS England. It provides an update on the progress that has been made to develop existing indicators and describes how the NHS Outcomes Framework works in the wider health and care system.</p> <p>MW agreed to circulate the report to the board.</p> <p>The Trust invited local GPs and Councillors to an event hosted on 6th November with the topic being <u>Care of the Elderly</u></p> <p>Our consultants that specialise in caring for the elderly spoke about the breadth of their expertise and their hopes and plans for the future of their services. This was the first in a series of <u>Hot Topic</u> events with key members of the community, to talk about the services that are close to people's hearts, and to discuss if we are meeting the needs and expectations of our catchment population of over half million people. It was a very enjoyable evening and we have had some really positive feedback from the audience.</p>

		<p>It was noted that CCG colleagues were absent from the audience and consideration should be made for future presentations to allow adequate advance notice to secure availability.</p> <p>FA agreed to present to both the FWC and Trust Board a plan to report monthly ward-by-ward staffing levels in order to provide assurances following Francis recommendation.</p> <p>The report was duly noted by the board.</p>
2.		<u>Safety, Quality and Patient Experience</u>
	2.1	<p>An update on the Revalidation of Doctors</p> <p>The board received a presentation from Adam Stacey-Clear, Consultant Surgeon and Responsible Officer for Revalidation.</p> <p>An update was given on the trusts position as a pilot site for revalidation of doctors.</p> <p>The board commended AS-C's continued efforts, determination and success in the development of performance appraisal processes and completion by all doctors. The board were keen to discuss and review some of the lessons which could be learnt from that process to help improve the Trust's overall appraisal performance.</p> <p>It was noted that sanctions have not needed to be applied as a result of non-completion but a small number of deferrals have been made.</p> <p>ASC clarified that appraisals may be conducted after 6 months of service at the Trust and a faculty of appraisers may be chosen and selected by the individual. All appraisers undergo intense training and remain impartial.</p> <p>The update was duly noted and gratefully received by the Board.</p>
	2.2	<p>Safety & Quality Committee Chair's Update</p> <p>The board received and noted the Safety & Quality Committee Chair's Update in advance of the meeting.</p> <p>YR summarised the key discussions from the Safety & Quality Committee meeting which took place on 8th October 2013.</p> <p>Presentations included an update on the Friends & Family Test, which summarised changes to process which take into account only scores from in-patients. The committee heard that there had been a significant drop in the response rate for both the FFT and Your Care Matters survey but were assured that work is being done to address this, through education and awareness amongst staff members.</p> <p>The Committee were advised that the internal auditors will be reviewing clinical governance and the first draft of a clinical governance framework was presented. Further refinement of the draft framework was requested, taking consideration of comments made by committee members and the final version should be presented at the next SQC meeting.</p> <p>The committee were made aware that the new CQC inspections will focus at both</p>

	<p>Trust and service level. The Committee asked for assurance around the collation of information and ensuring all staff are aware of the changes and their implications. They were assured that full engagement with staff needs to take place and time is being invested with staff and services.</p> <p>The committee were updated on the progress on completion of the action plan developed in response to the dispatches programme in 2010. The majority of actions are complete but a small number need review and evidence of completion. The committee were advised that a task and finish group has been established to own and oversee the full completion of the action plan and would be updating MBQR in December. The committee agreed that ownership of an action plan developed as a result of a Trust wide concern in the future would be owned by MBQR.</p> <p>The Safeguarding Internal Audit Report was presented, key issues highlighted and recommendations discussed. Staff training was highlighted as a key issue and the Committee were assured that there is an action plan in place to address the problems. Issues around Trust secure access to information regarding which children have social workers was raised. The committee was advised that the GP will have a health plan in place for those children and the Trust has agreed with the local councils that we have read-only access to any reports / lists / data that is available on all children so that any concerns can be raised.</p> <p>Concerns were raised that the Trust had participated in over 100 audits but it was unclear where feedback of the results goes and how these are used to inform the focus of work to take forward. It was felt that the Trust needs to be selective about which and how many National audits we participate in.</p> <p>The Integrated Performance Report was reviewed and it was noted that the Trust has been unable to meet the 2-week pathway for breast cancer patients in September. The number of serious incidents breaching closure was also highlighted and the committee was told that processes are being put in place to reduce this. Improvements were noted in a number of the indicators.</p> <p>YR concluded that she would be stepping down as Chair of the Safety & Quality Committee, to support the Trusts FT consultation programme alongside the Director of Corporate Affairs, Chairman and Chief Executive.</p> <p>The Chairman thanked YR for her contribution to the committee and welcomed Richard Shaw, Non-Executive Director as new Chair of the Safety & Quality Committee.</p> <p>The commitment of the Clinical Leads to Clinical Audit was noted and Chief of Services have agreed to conclude and align Clinical Audit plans for the trust during December. This should be published and made available on the trust website.</p> <p>The report was duly noted by the board.</p>
<p>2.3</p>	<p>Joint Chief Nurse & Medical Director's Report</p> <p>The board received and noted the joint Chief Nurse and Medical Directors report in advance of the meeting</p> <p>FA presented a detailed overview of pressure damage management within the trust and highlighted the trusts improved performance for hospital acquired pressure ulcers during August, September and October 13.</p>

		<p>There has been an increased focus on the management and mitigation of hospital acquired pressure ulcers and all RCAs are reviewed by the weekly Pressure Damage Board, in order to monitor performance and identify lessons learnt which can then be shared with staff across the organisation.</p> <p>FA provided an update on the Nursing and Midwifery Strategy. Developments include;</p> <ul style="list-style-type: none"> ▪ A re-design and re-launch of a new model of Intentional Rounding across the trust. A pilot of the re-designed tool will be undertaken in both the Medical and Surgical divisions, with a formal launch in February 14. ▪ Clear roles and identities are being formulated for the nursing workforce, with a review of job descriptions and career progression pathways. ▪ Exploring ways in which to develop a grand round approach to teaching, with a monthly drop-in session to present three cases each month from each of the directorates. ▪ Regular Journal Club, which looks at current research articles and facilitates a discussion to confirm the trust is following current practice guidelines and to identify any new initiatives which may be of benefit to our patients. <p>DH added that the Trust has been working hard to ensure that infection prevention and control standards are maintained to ensure that our patients and staff are cared for and protected and avoid significant financial penalties related to CDI targets.</p> <p>Currently, the trust has reported a total of 22 C.Diff cases year to date (1 April 2013 to 31 March 2014). This is against a trajectory of no more than 31 cases this year</p> <p>The report was duly noted by the Board.</p>
2.4		<p>Clinical Strategy</p> <p>The Board were asked to approve the clinical strategy for the Trust which supports the Integrated Business Plan (IBP) and defines the clinical direction of travel and priorities that the Trust will take over the coming years.</p> <p>This Clinical Strategy sets out our blueprint for how we will deliver clinical services over the next five years. It describes the key assumptions and drivers for change that we have considered in its preparation as well as articulates the links between the Trust's strategic objectives, the clinical strategy objectives and the objectives set by each of the clinical specialty teams</p> <p>The TDA have provided positive feedback and praise for the Trusts commentary and focus on local, high quality services and for demonstrating advantages in the use of tertiary providers and forming close relationships with stakeholders.</p> <p>MW highlighted that the trust was in negotiations to develop and run specialist services for diabetes and endocrinology from the Royal Earlswood Practice currently under CCG ownership.</p> <p>The appointment of a bariatric consultant has been made, enabling the trust to negotiate development of services in this area of expertise, working alongside the diabetologists</p> <p>In referring to the delivery of our strategic objectives measured within the top 20% against our peers, DH clarified that this measurement was consistently used across</p>

	<p>the health system as a realistic benchmark.</p> <p>The CQC rating must be maintained and exceeded by the trust, aspiring to outstanding standards at all times.</p> <p>The board resolved to approve the Clinical Strategy.</p>
3.	<u>Operational Performance</u>
3.1	<p>Integrated Performance Report (Month 7)</p> <p>The board received the Integrated Performance report in advance of the meeting and in its new format.</p> <p>For October 2013, the Trust is expecting to be overall rated as performing for the quality of services based on the DH framework and the Trust's core objectives.</p> <p>PB summarised that ED Performance against the 4 hour target was maintained in October for the 6th consecutive month despite challenging levels of acuity.</p> <p>The Trust and its local health partners are now implementing the system plan to establish additional community capacity in order to reduce the number of medically fit for discharge patients in the hospital. Internal process improvements are also underway, including significant investments in 7 day services and embedding of trust-wide Professional Standards.</p> <p>This will mean that there will be more patient reviews conducted during weekends which will facilitate a higher volume of discharges prior and post weekend, allowing the trust to start the week in a better position in terms of capacity.</p> <p>Challenges with criteria for medically fit patients being discharged to a community setting have been resolved between clinical chiefs and the community provider and good progress is being made.</p> <p>The Secretary of State has instructed an increased focus and monitoring of A&E performance across the health system. The trust's position currently stands favourable but this must be sustained.</p> <p>18 weeks delivery remains in excess of expected standards, with full speciality compliance for RTT targets. Growth in the number of patients waiting over 18 weeks for admitted care in orthopaedics, will mean non-compliance in this speciality indicator in November and December. The Trust continues to experience a significant increase in referrals compared to previous years, and in excess of that commissioned with ad-hoc capacity being required to deliver standards. Plans are in place to address the patient backlog which does not affect the bottom-line. This is not a capacity issue but attributable to booking processes.</p> <p>Under performance on the Breast symptomatic indicator has now been resolved with performance in October of 97.3%. As well as a significant reduction in patient deferrals, the Trust has implemented a number of enhancements to the Breast Service that were identified when investigating the under-performance of this service.</p> <p>62 Day Screening performance was not achieved in October 2013 with 0.5 patients breaching (out of 2.5 treatments).</p>

Patient safety indicators continued to show expected levels of performance although the Safety Thermometer for All Harms has seen adverse movement reflecting increased incidence of patients coming to the Trust with existing pressure damage.

The latest HSMR data and SHMI data both show overall trust mortality is lower than expected and there are no Dr Foster negative mortality alerts.

30 day readmission rates reduced to 7.30% in October, the lowest level year to date. The Chief Executive has been working alongside commissioning colleagues to address challenges around readmissions. The issues attribute to insufficient coding and description of diagnosis.

The Trust had no MRSA bloodstream infection cases in September. C-Diff is two cases above trajectory with 19 cases YTD. The Trust is implementing a revision (change in drug) to the antibiotic prescribing policy and is also reviewing processes around stool sampling. In addition the TDA and the lead nurse for infection control from Ashford and St Peters are providing an on site review at SaSH.

October was the second month of the revised data collection method for the Friends and Family Test. The Net promoter score for Inpatients was +72 and for ED was +64. Following a reduction in the response rate in September, the response rate for the single FFT question for inpatient wards has increased from 21% of patients to 31% and for the Emergency Department from 5.4% to 6.4%. Work is on-going to improve the response rates.

The number of complaints per 10,000 occupied bed days has decreased in October. The Trust is targeting the quality of complaints responses to reduce the number of open cases and give a better experience to the complainant. Issues relate to process and not an increase in the number of complaints received.

The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. Agency temporary staff remains higher than desired and significant recruitment is underway and yielding results.

Learning from the success of the Revalidation programme as presented by Adam Stacey-Clear, the board discussed how it might adopt some of the methods used to secure the volume of appraisals completed by medical staff. It was recognised that this could only be achieved with the championing of volunteers to approach staff groups and individuals to ensure performance reviews have been conducted.

YP was challenged to consider some of the learning from the revalidation programme and agree a way forward with divisions and take consideration of annual increments to be awarded on completion of performance appraisal.

The overall Trust financial position at month 7 remains a £0.2m surplus which is slightly favourable to plan. The forecast is a £0.3m surplus, while savings are above plan with £5.1m (46%) achieved to date.

The Trust is close to a resolution regarding the non recurrent income, and cash support has been provided in the short term as temporary borrowing. The resolution will allow the breakeven interim budget to be affirmed as final. The board resolved to delegate authority to the Chief Executive and Chairman of the Trust to set a balanced budget, which cannot be agreed until the funding has been resolved.

The board noted its discomfort with the position it finds itself in with regard to operating an interim budget so advanced in the year. These concerns have been

		<p>raised with the TDA by the Trust Chairman.</p> <p>Key Risks to the organisation include achievement of the C-Diff and 18 weeks specialty compliance standards, outcome of the Readmissions audit, C Diff fines and CCG income challenges.</p> <p>PS highlighted the trusts contractual dispute with CCGs in relation to readmissions and confirmed that an audit was currently being challenged.</p> <p>The report was duly noted by the board.</p>
	<p>3.2</p>	<p>Cost Improvement Plans – Quality Impact Assessment (QIA)</p> <p>The board received the CIP Quality Impact Assessment report in advance of the meeting.</p> <p>The Trust is strengthening its quality impact assessment (QIA) process in line with guidance from the Trust Development Authority and the National Quality Board.</p> <p>This will see the introduction of a risk scoring process for each cost improvement plan and a Quality Assessment Group prior to sign off by the Medical Director and Chief Nurse.</p> <p>This ensures a fuller audit trail and the likelihood by impact+risk scoring aligns this with the Trust's other risk management processes. The process will also see rejected CIPs passed up to either the Executive Team or Board, as necessary.</p> <p>DH confirmed that the Quality Assessment Group would be responsible for the decision to reject a cost improvement plan on the basis of quality reasons. Decisions are not based on methodology but on judgment.</p> <p>The Board resolved to approve the process as described for immediate implementation, noting sign-off by the Medical Director and Chief Nurse.</p>
<p>4.</p>	<p><u>Risk, Regulatory and Strategy Items</u></p>	
	<p>4.1</p>	<p>FT Update</p> <p>The board received and noted the FT Progress Update in advance of the meeting.</p> <p>MW summarised the progress of the organisations journey to becoming a Foundation Trust and the next steps due to take place over the coming weeks.</p> <p>The meeting on 14th November 2013 reviewed feedback from the Trust Development Authority on our current draft IBP and the next steps being taken to update and refresh the document over the next month.</p> <p>The FT project board approved the proposal from the Trust Board to include a patient category in addition to the public constituency and for the Council of Governors. The overall number of the Council would remain at 28 but the number of public governors would reduce to 11 with 4 additional patient governors.</p> <p>Following a review of our draft consultation documentation, the Trust Development Authority (TDA) have now formally confirmed approval for the Trust to begin a 12 week public consultation. Our public consultation will commence on 21st November</p>

	<p>2013 and will run until 28th February 2014.</p> <p>Online recruitment of FT members is in progress with face to face and postal recruitment also taking place</p> <p>External reviews of the BGAF and QGAF assessments are due to take place in December 2013. Plans are in place to finalise our self assessments and board sign-off will take place prior to the start of the external assessment process by Deloitte LLP in December.</p> <p>The report was duly noted by the board.</p>
<p>4.2</p>	<p>Quality Governance Framework (QGAF)</p> <p>The board received the Deloitte Quality Governance Assurance Framework and SASH Quality Governance Action Plan in advance of the meeting.</p> <p>The Quality Governance is an assessment tool for Boards to review their governance arrangement to ensure essential levels of quality and safety are met and to drive forward continuous improvement.</p> <p>To be authorised as a Foundation Trust, the total score needs to be less than 4 with none of the categories being entirely amber-red. The overall score of the initial assessment is 6.5.</p> <p>The Board resolved to approve the Deloitte Quality Governance Framework and Surrey and Sussex Quality Governance Action Plan which will be sent to Deloitte as part of our self-assessment against Monitor's QGAF framework.</p>
<p>4.3</p>	<p>Board Governance Memorandum (BGM)</p> <p>The board received the Board Governance Memorandum (BGM) in advance of the meeting and was asked to approve the final draft.</p> <p>There is a requirement for all aspirant Foundation Trusts to complete the Board Governance Memorandum which is essentially an assessment of the Boards current capacity and capability supported by appropriate evidence. This process of self-assessment is then externally validated by an independent assessor.</p> <p>Over the last year the Board has developed, reviewed and updated its BGAF Action Plan and RAG rated each section. The final outcome of the self-assessment has been transferred onto a template and will form part of the submission along with supporting documentary evidence to the independent supplier (Deloitte LLP) for review in December 2013.</p> <p>During the period of transition, the Trust expects to be rated green for authorization by Monitor.</p> <p>It was noted that the board impact case studies were those identified at the Trust Board Away Day.</p> <p>Subject to text revision as identified by the board, the Board resolved to approve the final draft of the Board Governance Memorandum which forms part of the Board Governance Assurance Framework (BGAF).</p>

		<p>Care Quality Commission Application for Mental Health & Provision of Blood Products</p> <p>FA asked the board to note the CQC applications for mental health and the provision of blood products by Surrey & Sussex Healthcare NHS Trust, which have been submitted and accepted.</p> <p>The trust is expected to be regulated for such activities.</p> <p>FA confirmed that the trust was not restricted in the provision of emergency care for life and limb in the absence of the regulation and that it affected no more than one patient per week on average.</p> <p>FA clarified that the Trust was expected to be regulated for the provision of blood to other hospitals but was not restricted in the provision of blood to patients at East Surrey Hospital. There has been no implications or consequences as a result of operating without the regulation over the last 20 years.</p>
5.	<u>Other Items</u>	
	5.1	<u>Update from Board Committee Chairs</u>
	5.1.1	<p>Audit & Assurance Committee (AAC) Chair's Update</p> <p>The board received and noted the AAC Chairs update in advance of the meeting.</p> <p>RC highlighted key discussions from the AAC meeting which was held on 5th November 2013.</p> <p>The committee reviewed the BAF and SRR and requested scrutiny and challenge before presentation at the December Board.</p> <p>The way in which FWC had dealt with revising risks at its last meeting was noted, as was the Board's ability to see the key risks . the sense was that this process was functioning well.</p> <p>A review by the Trust Development Authority had indicated that the current BAF had a high operational focus and as such the 2014/15 BAF would be altered to reflect strategic risks.</p> <p>The Committee requested reassurance over the systems and processes for dealing with overseas patient debt. Management explained the process referring to good examples of external assurance that systems within the Trust are sound.</p> <p>Internal audit updated the committee with good assurance that appropriate systems are in place for: Charitable Funds; Financial reporting and Budgetary Control and the Board Assurance Framework (Following recent improvements). The committee agreed to use the private sector standards for internal audit as a basis to review the effectiveness of Internal Audit</p> <p>The report was duly noted by the board.</p>
	5.1.2	Finance & Workforce Committee Chair's Update

		<p>The board received and noted the FWC Chairs update in advance of the meeting.</p> <p>RD summarised the key discussions of the IWC meeting which was held on 22nd October 2013.</p> <p>The committee received the Finance Performance Report for month 6 with no additional issues raised by the committee for discussion at the board.</p> <p>The Committee was presented with the Workforce Annual Plan. The workforce development group is now meeting regularly and the building blocks are in place for the workforce strategy development.</p> <p>The committee discussed the workforce risks that are on the Trust Board Assurance Framework (BAF). The BAF risks are 4.2a, 4.2b and 4.2c. After a discussion it was agreed that the risks had been met and agreed that they should be removed from the BAF.</p> <p>The Committee received an update paper on the LTFM. So far the Trust has received only minor comments from the TDA on our LTFM and they have been asked to come in and be more critical of it. The Committee was assured that there would be a detailed discussion on the LTFM with the Committee before it has to sign it off in January 2014.</p> <p>The Committee received the Service Line Reporting update paper which related to the financial reporting aspect of Service Line Management and it was noted that Sue Jenkins is working on the Clinical Systems and Service Design. It is anticipated that Service Line Reports will be fully rolled out from M09 reporting.</p> <p>The report was duly noted by the board.</p>
	<p>5.1.3</p>	<p>Charitable Funds Committee Chair's Update</p> <p>The board received and noted the Charitable Funds Committee Chairs update in advance of the meeting.</p> <p>YR summarised the key discussions of the Charitable Funds Committee meeting which was held on 5th November 2013.</p> <p>The committee was pleased to learn of the recruitment of the Consultant Nurse Specialist (to focus on dementia care for the elderly) which it had agreed to fund for one year.</p> <p>The Committee reviewed and approved the Draft Annual Report and Financial Statements, subject to some minor narrative changes.</p> <p>The charity received a highly commendable green RAG rating from the internal auditors review of financial controls, with 4 low recommendations.</p> <p>The committee acknowledged ongoing progress by the communications team in developing the charity website to further raise awareness of the charity.</p> <p>The report was duly noted by the board.</p>

5.2	<p>Minutes from Board Committees – for information</p> <p>The following approved minutes were received by the board for information -</p> <ul style="list-style-type: none"> - Audit & Assurance committee held on 2nd September 13 - Safety & Quality committee held on 20th August 13 - Finance & Workforce committee held on 24th September & 7th October 13
5.3	<p>Any Other Business</p> <p>MW confirmed that a rescheduled visit by the Secretary of State, Jeremy Hunt MP will now focus on A&E, where he will conduct work-experience at the Trust in order to gain valuable insight and experience within the hospital environment as part of a wider-programme of hospital visits.</p> <p>No further business was discussed by the board.</p>
5.4	<p>Questions from the Public</p> <p>There were no questions raised by members of the public.</p>
5.5	<p>Date of the next meeting</p> <p>Thursday 19th December 2013 at 10.30am in Room 7/8, Post Graduate Education Centre, 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.

	ACTION LOG	Person responsible
<u>ACTION 1</u>	<p><u>TRUST'S RESPONSE TO FRANCIS</u></p> <p>Present to the board in December 13 - Trust's response to Francis, following the full response published by Government.</p>	F Allsop
<u>ACTION 2</u>	<p><u>NHS OUTCOMES FRAMEWORK</u></p> <p>Circulate the NHS Outcomes Framework to the board for information</p>	M Wilson

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman:

Date: