

**Minutes of Trust Board meeting held in Public  
Thursday 29<sup>th</sup> November 2012 from 10:30 to 13:30  
East Surrey Hospital, Post Graduate Education Centre – Room 7/8**

**Present**

(AM) Alan McCarthy	Chairman
(YR) Yvette Robbins	Deputy Chairman and Non-Executive Director
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer
(BB) Bernadette Bluhm	Chief Operating Officer
(DH) Des Holden	Chief Medical Officer
(SB) Sally Brittain	Acting Chief Nurse
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(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
(AM) Alan Hall	Non-Executive Director (Designate)

**In Attendance**

Sacha Beeby	Trust Board Secretary
-------------	-----------------------

**Apologies**

John Gooderham	Surrey LINKs
----------------	--------------

<b>1.</b>	<b><u>General Business</u></b>	
	<b>1.1</b>	<p><b>Welcome and Apologies for absence</b></p> <p>The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public.</p> <p>Apologies for absence were noted as listed above.</p> <p>The Chairman welcomed newly appointed Director of Corporate Affairs, Gillian Francis-Musanu to the meeting.</p>
	<b>1.2</b>	<p><b>Declarations of Interest</b></p> <p>The Trust Board members confirmed that they had no additional interests to declare.</p>
	<b>1.3</b>	<p><b>Minutes of the last meeting – 27<sup>th</sup> September 2012</b></p> <p>IM corrected that he had been in attendance at the meeting held on 27<sup>th</sup> September 2012 and requested that the minutes reflected this observation.</p> <p>IM further clarified that Action 1, as recorded in the minutes, related to the In-patient Survey and not the National Cancer Patient Survey.</p>

		<p>PS observed that the job title for LC as recorded in the minutes under those members present at the meeting held on 27<sup>th</sup> September was inaccurate; the correction was noted as <i>Deputy <b>Chief Financial Officer</b></i>.</p> <p>The minutes of the meeting held on 27<sup>th</sup> September 2012 were then approved as a true record and signed by the Chairman.</p> <p>IM updated the board on a successful pilot for a new Elective Appointments Bookings System which is expected to result in a reduction in DNA (Did Not Attend) patients during October and which has seen no missed calls recorded since it introduced an automatic call-back if not answered within 1 minute.</p>
	<p><b>1.3.</b> <b>1</b></p>	<p><b>Action Tracker</b></p> <p><b>Action 4:</b> SB was tasked to investigate the high number of safeguarding children referrals from Surrey when compared to Sussex and concluded that this was purely due to the demographics of our catchment.</p> <p><b>Action 5:</b> BB agreed to share with the board some of the work which has been done with the surgical division for theatre utilisation. BB reported that the project was established in the Summer 2012 to ultimately increase the productivity of theatres. Key issues have since been identified in data reporting however, productivity is now considerably better than last year, seeing an increase of nearly 1500 patients at East Surrey Hospital and a further 200 patients at Crawley Hospital. ENT was noted as having made impressive improvements in their area and were asked to present to the Board, some of the work which they have done during this period.</p> <p>All other actions from the meeting held on 27<sup>th</sup> September 2012 had been followed and are now closed.</p>
<p><b>1.4</b></p>		<p><b>Chief Executive's Report</b></p> <p>The board received and read the Chief Executive's report in advance of the meeting.</p> <p>MW highlighted that the first NHS Mandate between the Government and the NHS Commissioning Board, which sets out the ambitions for the health service for the next two years, was published on 13<sup>th</sup> November 2012. The NHS Mandate is structured around five key areas where the Government expects the NHS Commissioning Board to make improvements and will measure, for the first time, how well it achieves the things that really matter to people. The organisation is asked to digest the publication and set out a plan of how we will meet the requirements relevant to NHS trusts. A report will be brought back to the board in the next couple of months.</p> <p>DH reassured the board that, despite an increase in reported stillbirths, SASH was not a local outlier and felt confident and happy with the care that SASH provides in this respect and the standards that it meets. He noted that the NHS Mandate sets out a plan to respond to this issue and reduce the number of stillbirths.</p> <p>MW further highlighted that the new standards for members of NHS boards and governing bodies in England have been published by the Professional Standards Authority for Health &amp; Social Care. They put respect, compassion and care for</p>

patients at the centre of leadership and good governance of the NHS.

JP noted that four of the seven new standards for NHS Leaders were exactly the same as four of the seven well established Nolan standards for all those in the public sector. For the avoidance of doubt, he thought it helpful to record that these new NHS standards were in addition to the Nolan standards which continued to apply to all. The Chairman concurred.

Proposals to strengthen the NHS Constitution were set out for public consultation in November 2012 with the NHS, patients and the public being asked to respond. Responses to the consultation will feed into a revised version of the NHS Constitution, which will be published by April 2013.

MW reported that the new Boots store opened successfully in the Main Entrance on 17<sup>th</sup> October 2012. The service now offers a full dispensing service for outpatients' prescriptions which have huge benefits for our patients. The fast turnaround service has already received very positive feedback.

Your Care Matters Inpatient Survey is a new approach to collecting feedback from our inpatients. The aim is to increase the robustness of patient feedback data and hence it's reliability. When patients are discharged they are given an invitation card by the discharging nurse and asked to complete a questionnaire, either online or by phone. Within the questionnaire respondents are given the opportunity to name any members of staff who they feel have gone 'above and beyond' what they were expecting. This SenSaSHional Patient Care Commendation is then emailed to the relevant Ward Manager who passes the commendation and thanks to the staff member. The pilot study will run until the end of February 2013 and has been running well since November 2012. The direct feedback on care received will identify where we need to make changes or improvements.

IM confirmed that daily outputs are being reported and real-time data is available online.

The annual staff recognition awards were held in October, which celebrated long service awards and gave recognition to staff for achievements in gaining qualifications, as well as those nominated by colleagues for outstanding work. RD recognised the positive feedback received by staff who attended the ceremony and what it meant to them.

The theatre refurbishment project has been delayed, partly due to weather conditions however, the SHA have agreed that funding can be carried over into the following year and onsite work is planned to start once we receive our environmental licence from Natural England.

MW paid special thanks to those involved in the recent Trauma Unit Assessment which recognised and awarded SASH as an official Trauma Unit. A revisit is expected in March to review progress on some of the clinical issues identified. AM requested a note of appreciation and thanks be made on behalf of the rest of the board for this outstanding achievement.

MW informed the board that a meeting with the NHS Trust Development Authority (TDA), of which is lead by David Flory, has been confirmed to present the trusts Integrated Business Plan (IBP) and long term financial model (LTFM). This meeting will conclude whether SASH is in a position to go forward for Foundation Trust Status and agree a trajectory timeline for this. The board will be updated on the outcome of that meeting at a later date.

		<p>On behalf of the board, AM congratulated Michelle Cudjoe, in attendance, to her new role as Divisional Chief Nurse (WaCH) and wished her well in her new post.</p>
<b>2.</b>	<b><u>Safety, Quality and Patient Experience</u></b>	
	<b>2.1</b>	<p><b>Clinical Presentation – Physician Modernisation, by Dr Virach Phongsathorn.</b></p> <p>The board received a short presentation from Dr Virach Phongsathorn – Clinical Chief of Medicine, providing an overview and an update on the Medical divisions proposals to change the current medical cover and supervision during weekends which, in turn will improve the delivery of medical care within the organisation.</p> <p>The President of the Royal College of Physicians recently recognised that the current level of supervision for medical inpatients in our Trust, and in other Trusts nationally was not as strong during the weekend when compared to weekdays. A recommendation was made to strengthen the medical input and increase the consultants’ presence during the weekend such that each ward is visited for a situation review and the unstable or deteriorating patients are seen by the consultant.</p> <p>In response to this, the medical division proposes an additional 3 hours of on-call consultant physician time for both Saturdays and Sundays. This will enhance the senior input into patient care and allow easier escalation for those most vulnerable and sick patients and involvement in a greater number of patients. We envisage fewer complaints relating to a lack of medical review during the weekend period and improvements in our mortality rates at that time.</p> <p>MW commended the team for their efforts and commitment to take greater steps to improve the quality of care and clinical outcome for our patients and confirmed his full support for the changes as described.</p> <p>VP confirmed that the consultants had been very engaging and willing to support these changes and the challenges he has received from clinicians have been aimed at how those changes are implemented, and not whether or not they wish to endorse.</p> <p>JP welcomed the initiative and sought confirmation in simple terms that Consultant advice was always available at any time of the day or week to any more junior staff who might require it. VP confirmed that this was indeed the case, either on the premises or through the duty on-call Consultant.</p> <p>AM thanked VP and his team on behalf of the board.</p>
	<b>2.2</b>	<p><b>Safety and Quality Committee (S&amp;QC) Chair’s Report</b></p> <p>The board received and read the Safety &amp; Quality Committee Chair’s Update in advance of the meeting and accepted its late circulation due to the meeting being held only 2 days prior.</p> <p>YR summarised from the meeting, a case study which highlighted the risk of a Do Not Attempt Resuscitation (DNAR) decision without written evidence of consent from the patient or their family. This led to a discussion around consent for the management of End of Life situations and clinicians have now been informed that the new DNAR form requires documentation of explicit consent. An audit has been</p>

	<p>undertaken to monitor patient records for the existence of written consent where DNAR decisions have been made.</p> <p>YR highlighted that there was a lack of assurance for the management of mental health issues by the trust and its partners in the community. This was due to limited funding from the commissioners and the committee urges the trust and the provider to make the case for funding for this very significant group of vulnerable patients.</p> <p>The Committee received recommendations from the Director of Corporate Affairs for a revised structure of the Management Board for Quality &amp; Risk (MBQR) to allow better alignment with the Trusts Objectives and Quality Account. The agenda for this group will now focus around four themes; Patient Safety; Clinical Quality/Effectiveness; Patient Experience; and Risk/Governance. The Safety &amp; Quality Committee will then be able to seek most of its assurance from the MBQR.</p> <p>YR further highlighted that SASH was an outlier for Surgical Site Infections (SSIs), for Fractured Neck of Femur (FNOF) and Hip Replacement, based on two years of increased incidence in Q4. The surgical directorate presented a comprehensive plan and approach to address and improve its performance in this area and noted that ringfencing beds would have the greatest impact on reducing SSIs but due to pressure for beds or decisions to keep medical patients in the same bed prior to discharge, rather than moving them.</p> <p>DH responded that, despite recent D&amp;V and Norovirus outbreaks, trauma and elective patients remained in separate wards and FNOF performance was delivered however, the fabric of the environments needed improvement. DH confirmed he was confident that we had in place the right level of surveillance for infection diagnosis.</p> <p>The Safety &amp; Quality Strategy had its first review and is being updated for alignment of KPIs with Trust Objectives and will feed directly into the Integrated Business Plan (IBP).</p>
<p><b>2.3</b></p>	<p><b>Chief Nurse's Report</b></p> <p>The board received and read the Chief Nurse's Report in advance of the meeting.</p> <p>The report highlighted a consensus statement released in response to published misconceptions and often inaccurate information about the Liverpool Care Pathway (LCP); a scheme that is intended to improve the quality of care in the final hours or days of a patients' life, and to ensure a peaceful and comfortable death. It aims to guide doctors, nurses and other health workers looking after someone who is dying on issues such as the appropriate time to remove tubes providing food and fluid, or when to stop medication.</p> <p>JP welcomed the Statement that patients, carers and families would always be involved in the decision making, but sought clarification over the wording that the decision would be made by the senior doctor available and countersigned as soon as possible by the responsible doctor. He was assured that initiation of the LCP</p>

could not commence without the recommendation of at least two doctors.

SB reported that there had been no reported mixed-sex accommodation (MSA) breeches since July 2012. Additional privacy screens have been purchased in order to support the provision of zero MSA breeches during the winter pressures

Feedback from the National Cancer Patient Experience survey placed SASH in the top 20% of national responders for 6 out of 64 survey questions, bottom 20% for 14 out of the 64 questions and ranked in the middle 60% of all other Trusts. The presentation by Quality Health, who conducted the survey on behalf of the National Cancer Network and DoH, gave valuable pointers to areas in which improvements could be made. The SASH Cancer Service Board will review the findings and prepare actions in order to address the issues identified.

JP noted that “involvement in decision making” and “information and Communication with Drs” remained prevalent themes in both NHS Choices Feedback and the National Cancer Patient Survey, though this contrasted with a 96% satisfaction score on real time monitoring in the IQPR.

IM further added that there was evidence to suggest the most positive feedback is received when actively sought, whereas negative feedback is most common when the patient has left the trust environment.

MW added that patient experience continued to improve, with specialist nurses working closely with the consultants, in turn improving communication and patient outcome.

SB reported that the trust continued to improve its mortality rate to a figure below the national average. The recently published Department of Health’s mortality figures (SHMI) also saw the trusts position improve which nationally places the trust in the top 20% of all acute trusts.

SB presented a table of contents which benchmarks the trusts performance against the national performance for Safety Thermometer data collection, a CQUIN requirement which aims to ensure no less than 95% of patients receive ‘Harm-free Care’. The trust has consistently performed better than the national average and continues to perform above 90% since the day for data collection was changed to accommodate the availability of such data. The trust has extended the data collection to Labour Ward and Theatre Recovery.

SB commented that the Recruitment & Retention Group was now established and is in the process of agreeing its KPI’s against the five workstreams it had identified. In terms of Nursing Workforce, Women’s & Children’s Health (WACH) had now been fully recruited to, Medicine had 70 vacancies – for which a plan has been put in place and E.D is expected to be fully recruited by February 2013, following a successful recruitment visit to Ireland in November 2012. A further visit to Ireland is planned in January 2013.

SB reported that over the last 4 months, the number of complaints recorded by the Trust has considerably reduced since the Patient Advice Liaison Services (PALS)

	<p>team have been working more closely with the Complaints department and new enquiries to prevent a formal complaint where possible and where the issues raised could be better and more quickly responded to by telephone or a meeting. The relocation of the PALS office to the new Main Entrance has also made the service more visible and accessible to patients and visitors. The new Traffic Light Alerting system has been rolled out across the trust which provides a contact telephone number of a senior member of staff for patients and relatives to escalate any concerns which they feel have not been addressed locally.</p> <p>AM commended the maternity services consultation which proposes an on-call system as implemented by other trusts across the region and the benefits this will bring for our patients.</p>
<p><b>2.4</b></p>	<p><b>Trusts Response to Savile Allegations</b></p> <p>The board received and read the Trust's Response to the Savile Allegations in advance of the meeting.</p> <p>The report outlines the Trust's initial review of local arrangements and practices relating to vulnerable people, in particular to safeguarding and access to patients in light of the recent Savile allegations.</p> <p>The board were assured that CRB checks for volunteers and applicants offered employment with access to children and vulnerable adults were obtained before confirmation of appointment and the Criminal Records Bureau have been cooperative in returning checks promptly.</p>
<p><b>2.5</b></p>	<p><b>Chief Medical Officer's Report</b></p> <p>The board received and read the Chief Medical Officer's Report in advance of the meeting.</p> <p>DH summarised that a collaborative visit to the Trust by the CCG and PCT's to review improvements and actions taken to reduce HCAs since their last inspection had resulted positively, noting actions the trust has made to improve the environment, recording of MRSA screenings, antimicrobial prescribing and compliance auditing.</p> <p>DH highlighted that over the last month, the trust had experienced an outbreak of Norovirus, with a number of wards closed to visitors to help prevent the spread of infection. The trust invited the Health Protection Agency (HPA) and the PCT to conduct a review of the actions our Infection Control team had taken in response to the recent outbreak and were both assured that we had managed this appropriately. The HPA will work with SASH on a range of projects to help us understand how we and our local health community and other trusts can better contain outbreaks in the future.</p> <p>DH asked the board to note that the trust had received its accreditation as a Trauma Unit and acknowledged the efforts of the team involved as noted in the report.</p> <p>DH highlighted that the Clinical Excellence Awards (CEAs) would only be eligible to those consultants who have a valid job plan. The vast majority of affected staff have</p>

	<p>now agreed and signed their job plans and plans are in place for both specialties and individuals where sign off has not been achieved.</p> <p>DH reported that the KSS's Academic Health Science Network application continues to be progressed and the bid was presented at an event recently. Plans to increase patient recruitment into research trials was needed however, expectation is for authorisation and commencement of the network to run from the first quarter of 2013/14.</p> <p>DH brought to the attention of the board a newly declared Serious Incident (SI) where the trust had identified a backlog of approximately 8000 x-rays following staff changes within the department. However, immediate action is being taken to rectify this, including outsourcing, and there has been no serious consequences reported as a result. BB explained that approximately 2500 X-rays were produced each week, but what mattered here was the length of time outstanding, in this case the longest was five months .</p>
<p><b>2.6</b></p>	<p><b>NIHR RSS Capability Statement</b></p> <p>The board received and read the Research &amp; Development Operational Capability Statement in advance of the meeting.</p> <p>The statement sets out the Trusts commitment to health research and development and identifies the key roles and responsibilities of individuals governing the research agenda, as a requirement of the CQC for health organisations engaging in research.</p> <p>The board confirmed it was content with the governance in place however noted that the Directory of Services appendix needed updating where it referred to members of staff who have now left the organisation (reference page 5 of the report).</p> <p>DH further clarified that income received for projects undertaken by the department were allocated directly to R&amp;D and although benefitted the trust in terms of capacity to undertake further projects, were strictly ringfenced and did not provide additional benefit to the trusts financial position.</p>
<p><b>2.7</b></p>	<p><b>Final SHA Vascular Assurance Submission</b></p> <p>The board received and read the trusts response to the SHA vascular service review in advance of the meeting.</p> <p>The NHS South of England have sought assurance from commissioners that vascular services meet the Vascular Society guidelines, or have a plan to deliver by March 2013. The paper provided the position across Sussex and summarised the action plan to ensure services are compliant. The board noted and accepted the position as reported and the actions that have been agreed.</p> <p>PS confirmed that Surrey were working on a similar arrangement with Ashford St Peters seeking accreditation to become a “hub”, and SaSH thus a “spoke”.</p>
<p><b>3.</b></p>	<p><b><u>Operational Performance</u></b></p>

3.1	<p><b>Integrated Performance and Quality Report (Month 7)</b></p> <p>The board received and read the Integrated Quality and Performance Report in advance of the meeting.</p> <p>BB summarised that the trust was expecting to report as 'Performing' for the month of October 2012 in the delivery of quality standards for Integrated Measures (including E.D, 18 weeks, Mixed-sex accommodation and DTOC targets) and CQC registration.</p> <p>Two new cases of C-Diff and one case of MRSA have been reported in October 2012, resulting in C-Diff totals at 11 cases below the YTD trajectory and MRSA 0.25 cases above YTD trajectory.</p> <p>RTT performance continues as expected with the 90% Admitted, 95% Non-admitted and 92% incompletes measures all being achieved in aggregate.</p> <p>Performance against the access to the Acute Stroke Unit within 4 hours and the 90% stay indicator dropped in October with 71% of patients discharged having spent 90% of their stay on the Acute Stroke Unit. This was partly due to high admissions the previous months and partly due to Norovirus.</p> <p>AM added that he felt assured by progress made in other significant areas, and was confident that the team would continue to address those areas which still needed improvement.</p> <p>DH concluded that a breach resulting in the patient being placed into the 'right medical bed' but outside of the target time was far better for the patient's wellbeing than being placed in the 'wrong medical bed' simply to meet that target timeslot.</p> <p>AM expressed concerns to the board for the reported vacancy and absent rates, due to increased staff sickness during the winter months and difficulties in recruiting to nursing posts.</p> <p>YP clarified that the high turnover included the junior doctor changeover in October – numbers of which are reported as Leavers but are immediately replaced by incoming junior doctors.</p> <p>YP further added that the vacancy rate for nursing wards would soon significantly improve following the successful recruitment of nurses from Ireland. However, the standard and criteria for nurse recruitment was now stricter and the appointment of more Bank workers will see a reduction in agency spend.</p> <p>Appraisals carried out in October remain below target. However, recommendations have been made in the reporting method which should more accurately reflect completed appraisals year-to-date. Quality remains a priority and the Investment &amp; Workforce Committee have made recommendations on the timetable of appraisals.</p>
4.	<p><b><u>Financial Performance</u></b></p>
4.1	<p><b>Finance Report (Month 7)</b></p> <p>The board received and read the Finance Report in advance of the meeting.</p> <p>PS highlighted that the trust was reporting slightly favourable to plan at M07, with over-performance on activity income continuing to offset overspend associated with delivering that activity. The full year savings plan of £10.m is expected to deliver and the recovery measures in the trust to control costs driven by activity continue to be successful.</p>

		<p>The trust has forecast that if all activity is paid for correctly by CCGs, the trust can reduce non recurring support this year by £2.m and deliver a breakeven. However, there remains significant risk about Sussex CCGs funding activity over-performance, and Surrey CCGs are submitting a number of high value financial contract challenges. The outcome of negotiations will inform final decisions.</p> <p>PS further summarised that the estimated Risk is now £6.m with a reduction in the overspending risk and a slight increase in the contract risk.</p> <p>The trust is participating jointly in recovery plan actions with Crawley CCG but has not received any recovery plan detail yet from East Surrey CCG.</p> <p>Cash relating to the over-performance on activity is still not being paid by the CCGs and discussions are taking place with PCTs to address this. Cash will otherwise become short in December.</p> <p>PS presented an exception report detailing the overspend by Surgery and CSS clinical divisions, which is now above tolerance, despite improvements in performance, including agency spend and recruitment.</p> <p>In summary, non-pay for activity continues to be a pressure for Theatres, as additional sessions are used to increase utilisation of the department. Pay is overspent in October due to the non delivered original savings plan to reduce Theatre lists. The number of theatre lists being used is increasing to manage the activity and reduce the reliance on outsourcing.</p> <p>The overspend in CSS was triggered by a one-off cost in pathology that was not forecast. Pressures in radiology from spend to deal with recent clinical recovery action and costs from health records work in outpatients all off-set by the CSS management saving (absence of senior managers).</p>
<b>5.</b>	<b><u>Risk &amp; Regulatory Items</u></b>	
	<b>5.1</b>	<p><b>Board Assurance Framework</b></p> <p>The board received and read the Board Assurance Framework in advance of the meeting.</p> <p>The board assurance framework (BAF) describes the principal risks that relate to the organisation’s strategic objectives and priorities. It is intended to provide assurances to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives.</p> <p>The board was asked to consider the appropriateness of the risk descriptions, agree the assurances and agree whether the mitigating actions are acceptable for the target risk score.</p> <p>RC commented that a number of the risks identified related to the same issues around unscheduled care. He asked that consideration be made to ensure these issues are linked.</p> <p>AM concluded that the updated template was a helpful measure for the board and</p>

	<p>articulated the organisations risks well. GFM clarified that as the risks will change through the year and our response will also change to those recurring Red Risks.</p>
<p><b>5.2</b></p>	<p><b>Board and Committee Attendance Report</b></p> <p>The board received and read the Board Attendance Report in advance of the meeting.</p> <p>As part of the requirement for the Board Governance Framework, the board was asked to discuss and agree whether it should adopt the annual attendance at meetings standard of 80%.</p> <p>An overview of attendance by Executive and Non-Executive Directors at all Board and sub-committee meetings for the past 12 months was presented and was found to be helpful insight.</p> <p>The analysis showed a range of 100% as the highest with 33% as the lowest annual attendance. The committee with the most variable attendance is the Safety &amp; Quality committee which is due to a number of reasons outlined within the report.</p> <p>JP noted that the analysis did not truly reflect all of the commitments of the board, where it did not include Board Seminar and smaller committee meeting attendances.</p> <p>There was further concern that the statistical significance of applying percentages to very small numbers of meetings where just one could account for 33%. AM clarified that this wider view would be taken into account in assessing directors' performances, but that it was still necessary to account for these essential governance committees separately. There was general agreement that the structure and functioning of these committees might benefit from revision.</p> <p>It was noted that Edward Cooke should in fact be reported as 100% attendance for Audit &amp; Assurance Committee meetings and asked that the report reflect this.</p> <p>RS suggested it would be helpful to see the benchmark and comparison of other trusts and would welcome an extension of the 12-month analysis to incorporate annual leave entitlement (extending to 13-month analysis).</p>
<p><b>5.3</b></p>	<p><b>Single Operating Model (SOM) Self-Certification – August, September 2012</b></p> <p>The board received and read the Board Attendance Report in advance of the meeting.</p> <p>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. The report confirms the trusts performance for the end of August and September 2012 and details progress against TFA milestones.</p> <p>The board were asked to fully comprehend the detail within the report, which pulls</p>

		together performance in all areas of the trust. PS further added that the trust had already in place a regular reporting process of the level of detail required for FT.
	<b>5.4</b>	<p><b>Foundation Trust Progress Update</b></p> <p>The board received and read the Foundation Trust Progress Update in advance of the meeting.</p> <p>The trusts progress towards Foundation Trust status was presented, which highlighted the steps due to take place over the coming weeks.</p> <p>Discussions between the board highlighted the necessity to work as a unity-board, with better interaction and understanding of eachothers roles, responsibilities and team performances.</p> <p>Mirander Carter, Director of Restructuring &amp; Assessment at Monitor will be joining the Board Seminar in February 2013 to guide discussions around organisation governance &amp; lessons learned.</p> <p>GFM confirmed that the trust would be joining the Foundation Trust Network (FTN) to learn and gain valuable insight from other trusts. Information from the membership will be shared with the board.</p>
<b>6.</b>	<b><u>General Business</u></b>	
	<b>6.1</b>	<b><u>Update from Board Committee Chairs</u></b>
	<b>6.1.1</b>	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>The board received and read the AAC Chair's Update in advance of the meeting.</p> <p>R Congdon summarised the report which asked the board to note the key points discussed at the last committee meeting held on 13<sup>th</sup> November 2012.</p> <p>Assurance was given on progress of the implementation of recommendations in two significant risk areas – Clinical audit and Incidents.</p> <p>Internal audit reviews concluded two further positive assurances for statutory and mandatory training as well as outpatient appointment management.</p> <p>Positive advisory reports were received in relation to CQC reporting for Safeguarding and Care &amp; Welfare of Service Users. Independent assurance was provided on improvements in patient experience.</p> <p>The committee noted further improvement of the BAF. The committee agreed that it can be used to clearly described the main risks to the Trusts objectives.</p> <p>RC added that there would be benefit in understanding and discussing how the committees sit alongside eachother, ensuring its functions and outputs</p>

		are aligned and objectives are matched.
	<b>6.1.2</b>	<p><b>Investment &amp; Workforce Committee (IWC)</b></p> <p>The board received and read the IWC Chair's Update in advance of the meeting. R Durban summarised the report which asked the board to note the key issues discussed at the last committee meeting held on 7<sup>th</sup> November 2012.</p> <p>The committee reviewed the M06 workforce KPIs and noted progress on retention and recruitment. An update on internal communications was received providing assurance on the approach.</p> <p>Assurance was received that the capital programme is progressing well and an update on progress of the foundation trust/tripartite formal agreement process was given.</p> <p>The business planning and budget approach and timetable for 2013/14 was presented, and commented favourably on.</p> <p>The committee received additional assurance that 2013/14 savings are delivering to plan, with reduced risk.</p>
	<b>6.2</b>	<p><b>Minutes from Board Committees – for information</b></p> <p>The following approved minutes were received by the board for information -</p> <ul style="list-style-type: none"> <li>- Audit &amp; Assurance committee held on 11<sup>th</sup> September 2012</li> <li>- Safety &amp; Quality committee held on 25<sup>th</sup> September 2012</li> <li>- Investment &amp; Workforce committee held on 3<sup>rd</sup> October 2012</li> </ul>
<b>7.</b>	<b><u>Other</u></b>	
	<b>7.1</b>	<p><b>Any Other Business</b></p> <p>No further business was discussed.</p>
	<b>7.2</b>	<p><b>Questions from the Public</b></p> <p>There were no questions raised by members of the public on this occasion.</p>
	<b>7.3</b>	<p><b>Date of Next Meeting</b></p> <p><b>Thursday 31<sup>st</sup> January 2013</b> at 10:30 in Lecture Theatre, Post Graduate Education Centre, Crawley 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
<b><u>ACTION 1</u></b>	<p><b><u>New Starter Report</u></b></p> <p>New Starter report will be incorporated within the Chief Nurse Report from January's trust board meeting</p>	<b>S Brittain</b>
<b><u>ACTION 2</u></b>	<p><b><u>Presentation by ENT – Theatre Utilisation</u></b></p> <p>ENT to attend March board meeting to demonstrate some of the work they have done to increase Theatre Utilisation</p>	<b>B Bluhm</b>
<b><u>ACTION 3</u></b>	<p><b><u>HRD Review of Staff Sickness</u></b></p> <p>Share the findings from a HRD review of staff sickness levels following Norovirus outbreak</p>	<b>Y Parker</b>
<b><u>Action 4</u></b>	<p><b><u>Board Seminar</u></b></p> <p>GFM to allocate discussion time at next board seminar meeting around TFA milestones, requirements for the board and board development</p>	<b>G Francis-Musanu</b>
<b><u>ACTION 5</u></b>	<p><b><u>Review of Committee Objectives</u></b></p> <p>A request was made for the Director of Corporate Affairs to facilitate a discussion between Committee Chairs to review committee objectives and work plans for the forthcoming year and an initial review of Terms of Reference</p>	<b>G Francis-Musanu</b>

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

**Alan McCarthy**

**Chairman:**

**Date:**