

**Minutes of Trust Board meeting held in Public
Thursday 31st October 2013 from 10:30 to 13:00
Room 7/8, PGEC East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman
(YR) Yvette Robbins	Deputy Chair and Non-Executive Director
(PS) Paul Simpson	Deputy Chief Executive
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(DH) Des Holden	Medical Director
(FA) Fiona Allsop	Chief Nurse
(PB) Paul Bostock	Chief Operating Officer
(YP) Yvonne Parker	Director of Human Resources
(JP) John Power	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(RC) Richard Congdon	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

Apologies

(MW) Michael Wilson	Chief Executive
(IM) Ian Mackenzie	Director of Information & Facilities
(AH) Alan Hall	Non-Executive Director

In Attendance

Sacha Beeby	Note taking
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1.	<u>General Business</u>
1.1	<p>Welcome and Apologies for absence</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 above.</p> <p>The Chairman welcomed the new Chief Nurse, Fiona Allsop to her first Trust Board Meeting in Public, since her appointment on 2nd October 2013.</p> <p>The Chairman gave instruction to IM to ensure Poppies, in recognition of those who lost their lives fighting for our country, were available throughout the hospital for staff and visitors to access.</p>
1.2	<p>Declarations of Interest</p> <p>The Trust Board members confirmed that they had no additional interests to declare.</p>
1.3	<p>Minutes of the last meeting – 26th September 2013</p> <p>The minutes of the meeting held on 26th September 2013 were approved as a true record.</p>

		<p>1.3.1 Action Tracker</p> <p><u>Action 1 – FWC to review workforce risks identified on the BAF</u> The board delegated authority to the Finance & Workforce Committee to review and agree the workforce risks identified on the BAF, before board approval.</p> <p><u>Action 2 – Chief Nurse to present Safeguarding Action Plan to the board</u> The board requested sight of the Safeguarding Adults Action Plan, to gain assurances around mitigation of the issues identified in the report presented to the board in September relating to training, demands on the service and efficiencies in processes.</p> <p>All actions were completed and closed.</p>
1.4		<p>Chief Executive's Report</p> <p>The board received and noted the Chief Executive's report in advance of the meeting.</p> <p>PS presented the Chief Executive's update on behalf of Michael Wilson, highlighting the publication of the CQC's Intelligent Monitoring reports in line with the changes they are making to the way they inspect and regulate acute hospitals. This monitoring tool consists of 150 different indicators to direct their resources to where they are most needed, which in turn will instruct where and what they inspect.</p> <p>The results of these work groups puts acute trusts into six bands based on the risk that people may not be receiving safe, effective, high quality care – with band 1 being the highest risk and band 6 being the lowest. PS was pleased to announce that SASH had been catagorised as a band 6, which is extremely reassuring to both staff and patients.</p> <p>PS further highlighted that the CQC's new hospital inspection programme enters its second phase in January 2014, with 19 acute trusts named as the next trusts to be inspected using larger, expert teams that include professional and clinical staff and trained members of the public.</p> <p>The Chief Executive, joined by some members of his Executive Team were invited to join a panel of inspectors for a mock-CQC inspection at Frimley Park, in preparation for their CQC inspection. Feedback from both the Medical Director and Chief Nurse was that the experience was insightful, well executed and taken very seriously. The team met with Board members as well as clinical staff, patients and relatives. The overwhelming message was one of a strong community amongst staff and appreciation amongst patients and relatives. The Executive management team had a strong understanding of their business and a story which was clearly embedded throughout the organisation.</p> <p>It was felt that the involvement of two acute trusts during the inspection was helpful and the board conveyed their thanks to Frimley Park Hospital for inviting SASH to contribute and be a part of the programme. Key learnings have been identified from the visit and will help us in our own preparations.</p> <p>Reports published by the Department of Health which provide evidence of the impact overseas visitors and migrants are having in GP practices and NHS hospitals indicate that the rules need to be clearer about who is eligible for free care, proposals to improve the system are well supported by NHS staff and that it should</p>

	<p>be possible to identify substantially higher numbers of patients who are not eligible for free NHS care and improve recovery of costs from them.</p> <p>It was noted that our clinicians at the front desk cross-check patient I.D with an NHS number and GP registration. Staff members also ask appropriate questions of the patient to help affirm their eligibility.</p> <p>The Annual Staff Awards evening took place on Monday 14th October, celebrating exceptional contribution to the Trust's ongoing success by both individuals and teams. The board congratulated all winners and those who were shortlisted, as well as those who put forward nominations.</p> <p>The evening was once again well received by staff who attended and the board made the recommendation for wider publicity for future ceremonies.</p> <p>BOC (British Oxygen) have started work on the new Respiratory Centre that Guys & St Thomas's are building at the back of the hospital. This will mean that patients no longer need to travel to London for specialist respiratory care.</p> <p>The report was duly noted by the board.</p>
2.	<u>Safety, Quality and Patient Experience</u>
2.1	<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 highlighted developments and reviews into the Safer Nursing Care tool, an evidence based tool to assess patient acuity and dependency which is appropriate for any acute trust and also incorporates a staffing multiplier to ensure that nursing establishments reflect patient needs. The trust will collect data for all patients during November, March and August annually to identify seasonal trends in response to changing demographics and healthcare needs. The board will be updated on the findings of the review as soon as they are available.</p> <p>An audit of Safeguarding Children was undertaken as part of the approved internal audit plan to ensure that the Trust was adhering to safeguarding related legislation and local policies and procedures. Recommendations have been made to address gaps identified by the review and the Action Plan for those recommendations was shared with board member at the meeting.</p> <p>Improved training and awareness opportunities have been identified as well as improved administration and recording of training completed. The Safeguarding Group which meets regularly is now clear in its responsibility to provide assurances to the Board. The Chief Nurse was satisfied and assured by the steps being taken to address the gaps and concerns identified within the annual report.</p> <p>Although the governance structure for the Safeguarding Group was unclear, the Management Board for Quality & Risk has received presentations from the team in relation to Safeguarding Children. However, it was noted that presentations have not been escalated to the Safety & Quality Committee in recent months.</p> <p>Achievement and performance against KPIs in relation to Safeguarding is expected to be managed by Management Board and reported to the Safety & Quality Committee.</p> <p>The Finance & Workforce Committee expressed an expectation that the board was better sighted and assured by the trusts staff-to-patient ratio and balance. FA</p>

	<p>concluded that a report into the findings from a recent internal review will demonstrate and triangulate patient-mix and staffing levels. This report will be shared with the board.</p> <p>The board resolved to receive recommendations on staffing profiles at future board meetings / reports. ACTION 1: FA/YP</p> <p>The appointment of a Consultant Nurse for Dementia and Older People will be funded by the Charitable Funds Committee for the first year and supported by the trust thereafter. The role will develop practice, improve standards of care, achieve service development and provide leadership at local and national level.</p> <p>DH confirmed that the trust aspires to learn from every complaint but is expected to demonstrate learning from 90% of the complaints it receives. The management of complaints, including the backlog of unresolved complaints is monitored through monthly divisional performance reviews and the aspiration remains to be rated green for this performance indicator.</p> <p>FA further summarised some of the work that was being undertaken to improve patient experience and the trusts FFT recommendation score. The national FFT results published in July 2013 put the trust as seventh lowest in England for patients likely to recommend its services. The Executive team have concluded, after some initial analysis and comparison with other trusts that to some extent, the reason for the Trusts lower score is the time at which it asks the FTT question. In line with the majority of trusts, SASH will now adopt a simple one-question paper return to be completed at the time of discharge, rather than at home. Whilst the more sophisticated tool (Your Care Matters) will continue to ask a much wider range of questions allowing much better understanding of the real issues affecting patients and providing the opportunity to address those concerns and improve patient experience. Subsequently, the Trusts overall score has improved.</p> <p>The report was duly noted by the Board.</p>
<p>3.</p>	<p><u>Operational Performance</u></p>
<p>3.1</p>	<p>Integrated Performance Report (Month 7)</p> <p>The board received the Integrated Performance report in advance of the meeting and in its new summarised format.</p> <p>The board requested circulation of the full report in advance of future meetings and apologies were noted for the delay on this occasion. ACTION 2: SB</p> <p>PB summarised that the trust had delivered strong performance against TDA and Monitor quality measurements during month 7.</p> <p>ED Performance against the 4 hour target was maintained in September for the 5th consecutive month despite challenging levels of activity.</p> <p>The Trust and its local health partners are progressing the system plan to establish over 50 community beds 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. Technical issues around referral processes are currently being addressed with our community partners in order to develop a standard set of processes and access requirements which can be adopted by each provider.</p>

The number of ambulance handovers over 30 minutes continues to decrease and there were no handovers over 60 minutes in month. 12 hour trolley waits continued to be sustained at zero in month.

The Trust did not achieve the TDA standard of 92% for harm free care (Trust performance of 91.4%). However, when New Harm while under the care of the Trust is measured, the Trust achieved performance of 95.8%.

18 weeks delivery remains in excess of expected standards with full speciality compliance. The Trust continues to experience significant increase in referrals compared to previous years and in excess of that commissioned with ad-hoc capacity being required to deliver standards. There were no patients waiting over 52 weeks and no breaches of the 28 day guarantee in month

Cancer access targets continued to show under-performance in both the Breast Symptomatic pathway (cancer not suspected) and the 62 Day referral from screening pathway.

Breast symptomatic under-performance was primarily driven by a high rate of patient deferrals. The pathway has been redesigned to allow more women to access services within seven days. It is expected this change will enable the Trust to deliver the target from October.

62 Day Screening performance was not achieved in September 2013 with 0.5 patients breaching. The patient was booked in time however in pre-assessment they were found to have an urgent clinical issue that needed to be managed before treatment could continue.

The CCGs have been informed and the explanation has been articulated.

Patient safety indicators continued to show expected levels of performance and latest HSMR data and SHMI data both show overall trust mortality is lower than expected.

The Trust had no MRSA bloodstream infection cases in September. C-Diff is one case above trajectory with 16 cases YTD. The Executive Team have since approved the introduction of a new antibiotic drug which is recommended for its effectiveness in managing the treatment of c.difficile. Guidance and drug charts have been refreshed and promoted to junior doctors and clinicians.

The board recognised the increased focus and ambition of the infection control team to undertake activities and implement change in order to maintain and improve infection rates and reduce C.Diff cases within the hospital but were constrained by resource. DH confirmed that additional funding has been granted to the IPCAS team and has already seen the introduction of the Virtual Nurse stations, isolation pods to isolate infected patients on wards where side rooms are not readily available as well as approving the cost pressure for the introduction of new treatment.

Maternity indicators continue to show positive performance. A review of the emergency C-section rate has provided assurance to the management board that clinical practice within the division is appropriate and safe.

	<p>Staff Turnover has fallen to below 15% for the first time in 13 months, as the impact of our continuous nurse recruitment programme begins to take effect. The trust is more able to attract nurses into posts and the moral around the organisation is much improved.</p> <p>The fall in appraisals and MAST compliance this month is in line with seasonal trends. This is however being followed up with Divisions.</p> <p>Although sickness absence shows a small increase in-month, the overall downward trend continues. The most common reason for absence is unchanged with Gastrointestinal problems overtaking Anxiety/stress/depression/other psychiatric illnesses.</p> <p>At Month 6 the Trust has maintained a £0.2m surplus, slightly favourable to plan. The Trust is forecasting a £0.3m surplus. Savings continue to be above the TDA plan and are now almost on the internal plan. There is confidence in the reduction of agency spend, noting progress demonstrated by a deep dive exercise with the Medical division. The board were asked to note the delayed delivery of savings and that failure to deliver was not the expectation. The board noted that the surgical division continued to outsource less elective activity and the most significant areas of risk in relation to the delivery of savings was with CSS and E&F.</p> <p>The non recurrent income/cash support remains unresolved and continues to be a significant risk to the financial position. For month 6 the non recurrent funding has been assumed – this will be revisited at month 7. The Board is aware of correspondence with the TDA.</p> <p>The financial position remains balanced at month 6 – with underspends offsetting pressures being seen within the clinical divisions related to activity.</p> <p>The Trust’s current income and activity position, and year end forecast, still shows significant over performance against CCG plans. There has been progress on reconciling activity and income with CCGs and agreeing over performance payments, with invoices to the value of £3.6m raised in October but with disputes over part of the M04 reconciliation and the readmission.</p> <p>With the discussions over the non-recurrent funding still on-going, the Trust has applied for temporary cash borrowing whilst these issues are worked through.</p> <p>The cash balance has dropped again, now £1.7m, but remains above plan. Cash management remains challenging for the above reasons</p> <p>The report was duly noted by the board.</p>
4.	<u>Risk, Regulatory and Strategy Items</u>
4.1	<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 fifth meeting of the FT Project Board was held on 3rd October 2013. The</p>

	<p>meeting reviewed the refreshed Long Term Financial Model (LTFM), the FT Communications Strategy, Consultation Plan and the Draft Consultation document</p> <p>The TDA have indicated that they will convene an Executive to Executive meeting with the Trust in mid-November 2013 at which time the detailed project plan will be signed-off.</p> <p>The project board approved the terms of the reference for the internal FT Task and Finish Group which is being established to take responsibility for delivery of the FT Project Plan agreed by the FT Project Board and specifically to develop and deliver the application requirements prescribed by the TDA and Monitor</p> <p>A draft of the IBP was submitted to the TDA on 16 September for their initial review as part of their assessment of the level of trust preparedness and we have now received their initial feedback</p> <p>The LTFM has been refreshed to take account of the contracting round for 2013/14 and the current position on activity and forecast income for the Trust. LTFM will be reviewed in the light of significant changes to Monitor's risk assessment framework; and local developments where CCGs, Community Trusts and SaSH have established effective partnership arrangements through the Local Transformation Board</p> <p>Online recruitment of FT members has now begun with to face to face and postal recruitment taking place also now taking place</p> <p>External reviews of the BGAF and QGAF assessments have been confirmed as taking place in December 2013. Plans are in place to finalise our self assessments and board sign-off will take place at the November board meeting prior to the start of the external assessment process</p> <p>The board resolved to approve the membership strategy.</p>
<p>4.2</p>	<p>Draft Quality Strategy</p> <p>The board received the draft Quality Strategy in advance of the meeting.</p> <p>The Strategy intends to describe what quality in healthcare looks like, what it means to patients, to staff and to our partners and sits alongside the trusts Clinical Strategy.</p> <p>It describes how the trust will look at its services and use data and comparison with other providers and national data sets to demonstrate safety, effectiveness and patient experience and involvement, encouraging and supporting services to measure themselves against the 5 CQC questions of services (safe, effective, caring, responsive and well led).</p> <p>The new governance arrangements for quality have been articulated, making explicit the links between divisional quality and governance meetings, the MBQR, the Safety and Quality committee and the Trust Board.</p> <p>The board noted that there was work to be done in order to ensure alignment with the Clinical Strategy and noted the reporting structure for the Boards vehicle to safety and quality assurances.</p>
<p>4.3</p>	<p>Final Draft FT Consultation</p>

		<p>The board received the draft FT consultation document and communications plan in advance of the meeting.</p> <p>Some successful engagement and communication has already taken place with internal and external stakeholders around our foundation trust application, but more work is needed. The endorsement of patients, the public, key stakeholders and our staff are essential to the success of our application.</p> <p>The aim of our communications strategy is to deliver effective engagement and communications to help the Trust achieve foundation trust status by 2015.</p> <p>The FT Communications strategy outlines our plans for undertaking the public, staff and stakeholder consultation. The final draft of the public consultation document will also be made available to members of the public, patients and key stakeholders during the 12 week public consultation. A brochure was shared with the board and will be circulated to all staff.</p> <p>A summarised version of the document will be produced for staff and the TDA will confirm the procedures for the consultation.</p> <p>Board members provided feedback on the commentary within the Consultation Booklet, noting in particular the articulation of the trusts strategic themes, simplicity of the language and plans for the future.</p> <p>The trust will be required to submit the results of the consultation to the TDA, which will evidence both positive and negative responses by the public to the trusts FT application.</p> <p>The literature was commended by the board and further discussions are due to take place in relation to constituencies, recognising the need to access those harder to reach populations.</p>
5.	<u>Other Items</u>	
	5.1	<p>Any Other Business</p> <p>John Power, in his capacity as chair of the Organ Donation Committee (ODC), gave a verbal update referring to documents circulated in advance of the meeting which report the Trusts Organ Donation performance and plans, benchmarked against both regional and national figures.</p> <p>The documents represent our own internal SaSH Report on our performance last year and plans for this year, identifying areas for development and associated risks. They also include Reports produced nationally by NHSBT, tailored to our own specific Trust.</p> <p>JP added that the report evidenced a number of percentages, but the actual numbers are so low, sadly throughout the UK, that just a single donor plus or minus can be of disproportionate statistical significance. In simplified terms, our purpose on the ODC is primarily to spread the word throughout all relevant areas of SaSH so that our Specialist Nurse in OD (Emma Little, SNOD) is alerted at the earliest possible stage. From the statistics, it is clear that our success rate is very high when our SNOD is brought in early, yet one of our current lines of development, for example, is how to set up procedures for stabilisation of potential DBD donors out of hours so that they remain amenable to BD testing.</p>

		<p>The NHSBT Report does not cover tissue donation (TD) as distinct from organ donation (OD), but our figures for TD were disappointing: no multi tissue donors and just 10 corneal donors. Our own Drs Natalie Powell and Tom Pain recently conducted a study amongst our junior doctors, which revealed a disappointingly low level of knowledge and awareness of TD.</p> <p>No further business was discussed by the board.</p>
	5.2	<p>Questions from the Public</p> <p>A member of Unison raised the following questions to the board in relation to the Digital Dictate IT roll-out programme, following concerns raised by medical secretaries. The board received the questions and agreed to discuss in detail at the meeting in private, after which it will respond formally;</p> <ol style="list-style-type: none"> 1. Evidence of the audit to be shared with the medical secretaries to demonstrate efficiencies 2. Consider the advantageous position of Digital Dictate IT during the tender process, given its involvement in the audit and trial 3. Confirm that the trust is still expecting no further redundancies as a result of the roll-out. <p>There were no further questions raised by members of the public or audience.</p>
	5.3	<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
ACTION 1	The board resolved to receive recommendations on staffing profiles at future board meetings / reports.	FA/YP
ACTION 2	The board requested circulation of the full report in advance of future meetings and apologies were noted for the delay on this occasion.	SB

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman:

Date: