

**Minutes of Trust Board meeting held in Public
Thursday 30th May 2013 from 10:30 to 13:30
Crawley Hospital, Post Graduate Medical Centre – Lecture Theatre**

Present

(AM) Alan McCarthy	Chairman
(YR) Yvette Robbins	Deputy Chair and Non-Executive Director
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(DH) Des Holden	Chief Medical Officer
(SA) Susan Aitkenhead	Chief Nurse
(AH) Alan Hall	Non-Executive Director
(JP) John Power	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(RC) Richard Congdon	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

In Attendance

Sacha Beeby	Trust Board Secretary
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Apologies

(IM) Ian Mackenzie	Director of Information & Facilities
(YP) Yvonne Parker	Director of Human Resources

1.	<u>General Business</u>	
	1.1	Welcome and Apologies for absence The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public. Apologies for absence were noted as listed above. The Chairman announced the departure of the Chief Nurse, Susan Aitkenhead and on behalf of the board, thanked her for her contribution to the Board and the Executive Team. Sally Brittain will continue deputising until the post of Chief Nurse is fully recruited to.
	1.2	Declarations of Interest The Trust Board members confirmed that they had no additional interests to declare.
	1.3	Minutes of the last meeting – 25th April 2013 <u>Item 1.4 : Paragraph 8</u> Removal of reference to ‘ conflicting priorities of the TDA and NHSE ’. This did not correctly reflect the context of the discussion. AM clarified that the TDA and NHSE were equally committed and focused to the delivery of quality care. <u>Item 1.5 : Paragraph 2</u>

	<p>RC corrected the requested changes to his Conflict of Interest declaration as follows; No longer a member of the National Information Governance Board. RC continues his role as Chief Executive of the Arthritis Association.</p> <p><u>Item 2.3 : Heading</u> Correction to sub-heading – Safety & Quality Committee Chair’s Update should be titled National In-Patient Survey Results</p> <p><u>Item 4.1 : Various</u> Paragraph 2: The trust has corrected last year’s deficit and delivered a small surplus of £0.3m. Paragraph 3: The I&E position was supported by one-off funding from CCGs although the Trust’s underlying deficit was better than expected. The Trust’s underlying deficit was also better than expected. Paragraph 6: If those negotiations are not successful before 30th April 2013, the trust will go through the arbitration process.</p> <p>The minutes of the meeting held on 25th April 2013 were then approved as a true record.</p>		
	<table border="1"> <tr> <td data-bbox="325 913 437 1084">1.3.1</td> <td data-bbox="437 913 1450 1084"> <p>Action Tracker</p> <p>All actions from the meeting held on 25th April 2013 had been considered or actioned and are now closed.</p> </td> </tr> </table>	1.3.1	<p>Action Tracker</p> <p>All actions from the meeting held on 25th April 2013 had been considered or actioned and are now closed.</p>
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1.4	<p>Chief Executive’s Report</p> <p>The board received and read the Chief Executive’s report in advance of the meeting.</p> <p>MW agreed to circulate to the board a copy of the Secretary of State’s letter confirming expectations around the National Framework.</p> <p>Plans to strengthen performance in urgent and emergency care are being put in place across the country to help hospital A&E departments meet demand and tackle waiting time pressures. All trusts were now expected to report daily to the Secretary of State on A&E performance and the 4-hour standard.</p> <p>The Local Transformation Board, which is coordinated by local CCGs and the Urgent Care Transformation Board, chaired by the trust’s Lead Clinician for ED will address urgent care mandates and identify solutions to any internal problems that the trust may have and take any external issues to a wider system management meeting to address where necessary.</p> <p>Discussions are currently taking place regarding access to community care for those patients who no longer need to be cared for in an acute setting. An Acute Hospital bed is the most expensive form of care and becomes an unsafe place to be when the patient is no longer acutely unwell. The trust will work closely with CCGs and community providers to improve discharge procedures and ensure the most appropriate environment for patients. However, the trust recognises that there is much it can do to improve internal systems to facilitate the discharge process, including accurate medical notes and patient planning. There also remains the issue of available funds for commissioning CHC assessors.</p> <p>Planning permission has been granted by Reigate & Banstead Council for the new</p>		

	<p>Lane Fox Remeo Unit on the East Surrey Hospital site. The unit will provide a 20-bed inpatient facility for the treatment of patients with long-term respiratory conditions and will be managed by Guys and St Thomas' Hospital and the British Oxygen Company (BOC). Building work is expected to commence mid-August 2013, with the first patients treated in May 2014.</p> <p>AM congratulated the team on this achievement and agreed it was great news for local patients receiving care closer to home.</p> <p>The Nursing & Midwifery Strategy was launched at the Trust on 10th May, by Susan Aitkenhead and will play a key role in shaping nursing and midwifery practice over the next three years. The board congratulated the nursing and midwifery teams who were involved in its development and who will continue to implement and drive momentum around the strategy. The Professional Practice Committee will continue to monitor performance against the objectives set within the strategy.</p> <p>The Trust celebrated Global Hand Hygiene Day on 10th May and the children from the hospital's Sunshine Day Nursery took part in a film made to show staff and visitors how to wash your hands properly to prevent the spread of infection. MW thanked the Infection Control team for their efforts and contribution to the day.</p> <p>MW was pleased to announce the appointment of a Chief Operating Officer, Paul Bostock who will take up the post in August. Paul joins the trust from Frimley Park Hospital where he is currently Associate Director of Surgical Services.</p> <p>The report was duly noted by the board.</p>
2.	<u>Safety, Quality and Patient Experience</u>
2.1	<p>A Patient Story</p> <p>The board received and read the summary of a Patient Story analysis in advance of the meeting.</p> <p>The board welcomed the parent of a patient who recently attended the specialist dentistry department. Her story demonstrated good practice and the compassion and care by the Learning Disciplinary Liaison Nurses to accommodate and facilitate a difficult procedure on a patient with very complex needs and extremely severe self-injurious behaviour. She shares her story through training GP practices as part of the Mencap Easydoc Project and through the Learning and Disability Awareness sessions.</p> <p>The board were delighted to hear such exemplars of care and thanked the teams and individuals involved in her son's treatment.</p>
2.2	<p>Safety and Quality Committee (S&QC) Chair's Report</p> <p>The board received and read the Safety & Quality Committee Chair's Update in advance of the meeting.</p> <p>The committee met on 9th April and although quorate, was not well attended. It discussed the new format for the Management Board for Quality & Risk (MBQR) work plan, minutes from which will be reviewed by the committee.</p> <p>The committee will take greater responsibility in gaining assurances around patient safety, ensuring appropriate procedures are in place for the management of Safety</p>

	<p>Alerts (SABS)</p> <p>The committee received a report from the Mortality Group, a membership of individuals from the clinical divisions, mortuary, corporate governance & I.T and primary care. Future presentations will focus on themes within mortality and learning achieved through such level of focus.</p> <p>The committee reviewed and discussed the number of Serious Incidents declared by the trust which remain open. Despite challenges around resource within the governance team, the backlog remains at approximately 20 open incidents. However, the committee recognise that this is still too many and along with CCGs, are seeking improvements and greater focus on the process of closure and the evidence of improved safety as a consequence. The committee were assured that open incidents did not mean that investigations were incomplete nor that learning has not occurred. It was a formality of internal closure which has been delayed due to time constraints or the provision of evidence.</p> <p>The committee will continue to meet fortnightly in its new format.</p> <p>Concerns were raised in the lack of presentation made by the surgical division, due to availability. However, it was accepted that education was needed to give greater understanding of the role the committee takes in relation to gaining assurances around quality of care and patient experience.</p> <p>The board recognised the importance of ensuring the appropriate balance for practicing clinical leads and chiefs of service when considering their role as clinicians and as members of the Executive Team and board committees. Advanced paper submissions were often limited in substance, and subsequently difficult to benchmark or provide adequate assurances at times when the division is unable to attend the meeting to present their paper in more detail. Where necessary, chiefs of services should be deputised at trust board and committee meetings.</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 read the Chief Nurse's Report in advance of the meeting.</p> <p>The board recognised the current media attention and focus on emergency departments across the health system, highlighting the increased demand on East Surrey Hospital over the last 6-8 weeks, particularly for ambulance attendances. This increase in ambulance activity to the trust is likely to be a combination of factors including the extended winter weather, the introduction of 111, acuity of patients and an increasing catchment area for emergency care. The trust is putting plans in place to ringfence elective beds, recognising the imbalance of elective to non elective activity, increasing the availability of appropriate surgical and stroke beds and avoiding loss of valuable elective income.</p> <p>As structures change for commissioners and community provider, the demand on hospital services remains a challenge. The trust continues to prepare for and respond to these changes to ensure quality of care and patient experience is not compromised. The board recognised the importance of working closely with community providers across Surrey and Sussex.</p> <p>DH was pleased to report the recent changes to junior doctor rotas. These changes</p>

	<p>will see doctors working an extra hour on many shifts but having more days off per complete rota. In addition, the trust will employ 8 physician's assistants to allow better matching of capacity with demand. The output has meant a significant reduction in the number of patients handed over from day to night shifts and the time to being seen and having management plans in place.</p> <p>The medical division are in discussions to plan for improved consultant presence, and therefore senior opinion available to emergency admissions at weekends.</p> <p>A successful recruitment drive in Portugal has resulted in 23 nurses accepting positions at the trust, taking up their posts during June and July 2013. The most challenging area in terms of recruiting to vacancies remains in care of elderly.</p> <p>The trust has reached agreement with CCGs and with Social Care that patients will have documented plans written in medical notes and planned dates for discharge set early in patient stays. These internal mechanisms will facilitate patient discharge and needs-based assessment outside of the acute ward environment.</p> <p>On 24th May, the trust received the formal report following an unannounced inspection which took place on 26th and 27th February 2013. The report confirmed that the trust met all the standards assessed during that two day visit. The report was shared with clinical divisions in order that any recommendations to further enhance the service the trust provides for its patients are put in place.</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 and Quality Report (Month 1)</p> <p>The board received and read the Integrated Quality and Performance Report in advance of the meeting.</p> <p>JT presented the IQPR in its current format, noting that a draft revised format will be presented to the board in Part 2.</p> <p>For April 2013, the trust is expecting to be rated as 'performing' for the quality of services based on integrated measures, CQC registration and user experience.</p> <p>There were no incidences of MRSA and three incidences of C-Diff during April.</p> <p>Following abnormally high levels of adult ED attendances, the trust has underperformed on the 4hr ED standard. Similar performance has also been reported by trusts nationally.</p> <p>The trust continues to perform well on 18-weeks and diagnostics. The trust has achieved the 90% Admitted target with three non compliant specialties. The number of patients waiting over 18 weeks on the admitted pathway has been significantly reduced to less than 100 at the time of the meeting.</p> <p>The availability of appropriate beds has been challenging for stroke patients during April due to demand. However, performance is expected to improve during May.</p> <p>Performance against Fracture Neck of Femur targets has also suffered during April. The Executive Team have approved a pilot to ringfence all emergency Trauma &</p>

	<p>Orthopaedic beds from May 2013 which will improve the performance of patients admitted to an Orthopaedic ward within 4 hours.</p> <p>The patient pathway continues to be discussed at monthly multidisciplinary meetings for improvement to the service and a review of the orthogeriatric junior doctor is planned in order to ensue adequate support to cover the increasing number of fractured NoF patients admitted.</p> <p>The refurbished birthing unit has re-opened and the division are reviewing the home birth service with an aim to improve the current Home Birth rate.</p> <p>The increased number of people who would recommend SASH was positive news for the board and was recognition of increased focus on patient experience and feedback.</p> <p>The board received an update on a number of initiatives in place to respond to the current number of patient falls recorded. Trends are already apparent and the team will respond appropriately by putting preventative measures in place where possible. However, the volume was also a consequence of demand, and the need to move patients around the hospital to manage the site to meet that demand. As patients wake to unfamiliar surroundings, they become confused and often delirious, resulting in a fall.</p> <p>The board discussed some of the challenges around discharge of patients to community settings. Internal discharge mechanisms need improving and plans are being put in place to clearly articulate when a patient is multi-disciplinary team / fit for discharge. DH clarified that when a patient is deemed 'medically fit', this means that it is no longer safe nor appropriate for that patient to be in an acute hospital setting.</p> <p>Plans are being discussed with CCGs and community providers to facilitate patient flow through the hospital and efficient discharge planning. This could include sub-acute care in the community and improved out-of-hours care.</p> <p>The Director of Service Delivery liaises with CCGs on behalf of the trust on a regular basis and the CEO is in frequent discussions with neighbouring trust CEO's to address demand and capacity challenges. The Executive Team will approve plans and programmes of work to respond to those challenges and internal governance processes are embedded in all approval and implementation procedures.</p> <p>The board requested an update on activity levels and progression of discussions with community and commissioning partners to address challenges around patient flow.</p> <p>The report was duly noted by the board.</p>
4.	<u>Financial Performance</u>
4.1	<p>Finance Report (Month 1) and Interim Financial Budget 2013-14</p> <p>The board received and read the Finance Report and the summary of adjustments to the interim budget for 13-14 in advance of the meeting.</p> <p>The 2013-14 revised interim financial plan (as presented to the NHS TDA) is a breakeven position assuming £5.5m of non recurrent support.</p> <p>The trust remains on plan for Month 1 with a very small surplus of £13,000.</p>

	<p>The contract with CCGs for healthcare income was signed on 13 May 2013 after the resolution of arbitration submitted to the TDA and NHS England.</p> <p>The single biggest risk to the trust concerns the payment of non recurrent support, which has not yet been agreed by NHS England and the TDA.</p> <p>The savings plan for 2013-14 is £11.1m and at month 1 £0.3m has been achieved – above plan submitted to the TDA.</p> <p>Financial pressures were as a result of significant operational pressures, however remain on plan. This has been the case for NHS trusts across the country in April. The 4hr A&E access target was missed in month and the trust has suffered severe capacity issues. Financially, this means increased non elective activity paid at only 30%, less full price elective income because beds are filled with non elective patients and increased use of escalation and additional agency and other costs.</p> <p>With the exception of WACH, all clinical divisions are adverse to their budgets in Month 1 and considerable overspending by nursing and agency costs, amongst others. However, divisions have provided contingency plans and assurances on controls to ensure that overspends will be recovered.</p> <p>The divisions have challenged themselves to deliver savings earlier than planned. This will be reviewed for Month 2. The Executive Team will monitor the delivery of the phased savings plan at weekly PMO meetings with the CEO and will determine whether it is achievable.</p> <p>The board approved delegated authority to the Audit & Assurance Committee to adopt and approve the financial accounts.</p> <p>The board approved the revision to the interim budget agreed on 28 March 2013, noting that the final budget cannot be approved until discussions over non-recurrent funding are resolved.</p> <p>The report was duly noted by the board.</p>
5.	<u>Risk & Regulatory Items</u>
5.1	<p>Single Operating Model (SOM) Self-Certification – March 2013</p> <p>The board received and read the SOM Self-Certification Reports in advance of the meeting.</p> <p>The Single Operating Model (SOM) is a monthly self-certification submission required for all NHS Trusts by the TDA, who are responsible for overseeing the performance and Accountability Framework for NHS Trust Boards.</p> <p>The TDA have confirmed changes to the certification process and the template has been replaced with three declarations including;</p> <p><i>Monitor Licensing requirements, Trust Board Governance declarations and Progress towards Foundation Trust status.</i></p> <p>Monthly review meetings will take place between the TDA and the Trust to review the self-certifications.</p>

	<p>The board expressed the importance of ensuring all of its members understood and fully engaged with the declarations made on its behalf.</p> <p>The report was duly noted by the board.</p>
5.2	<p>Foundation Trust Progress Update</p> <p>The board received a progress report on the trusts journey towards Foundation Trust status and the next steps due to take place over the coming weeks in advance of the meeting.</p> <p>A recent quality visit by the TDA provided positive feedback. The trust is now expected to engage in a Board-to-Board with the TDA (a date for which is to be confirmed, but likely to take place by quarter 2) which will clarify the TDA's approach and support for the trust and their decision as to whether the board is capable of going forward as a Foundation Trust, identifying the development needs of its board members.</p> <p>The FT Project Board meeting held on 18 April 2013 discussed the findings of the recent validation of ONS data analysis which evidenced a significant shift and increase in the Trust's population catchment area. It also noted the progress with development and updates to the Integrated Business Plan and Long Term Financial Model assumptions.</p> <p>The report was duly noted by the board.</p>
5.3	<p>Organisation Development Update</p> <p>DH provided a verbal update to the Board on the progress of the clinical leadership programme, commissioned to GE Healthcare. The programme aims to develop the leadership skills of lead clinicians and senior nursing staff over a period of 8-9 months to enable the trust to become a more clinically-lead organisation.</p> <p>The programme is aimed at the Executive Team, Chiefs of Service, Clinical Leads and Divisional Chief Nurses, each with varied backgrounds and strengths.</p> <p>This programme complements the Healthcare Assistant's development training and Ward Manager training programmes, all of which aim to develop and empower clinical teams for their operational areas and develop culture and behaviours in the hospital.</p> <p>As the programme progresses, further updates will be provided to the board.</p>
5.4	<p>IG Annual Report</p> <p>The Board received and read the Information Governance Annual Report in advance of the meeting.</p> <p>In the year ending March 2013, the trust achieved a satisfactory overall score for IG Toolkit Assessment, through which it demonstrates compliance with a number of information governance requirements.</p> <p>The trusts results were comparable with other Acute Trusts within Surrey and Sussex.</p> <p>The board requested that the current reporting structure for the IG Steering Group</p>

		<p>and its processes ensured all letters received by the Information Commissioner's Office were sighted by the relevant committee and by the Board where appropriate.</p> <p>The board noted the significant increase in Freedom of Information Requests (FOIs) received by the trust and the limited resource available to process and meet this demand during quarter 3 and 4 which resulted in a number of breaches for timely responses. Plans have been put in place to address this issue and full-time resource has now been identified.</p> <p>The report was duly noted by the board.</p>
6.	<u>General Business</u>	
	6.1	<u>Update from Board Committee Chairs</u>
	6.1.1	<p>Audit and Assurance Committee (AAC)</p> <p>The board received and read the AAC Chair's Update in advance of the meeting.</p> <p>RC summarised the key discussions of the Audit & Assurance Committee meeting held on 22nd April 2013.</p> <p>The draft Annual Report was approved by the committee and submitted to the Department of Health on time.</p> <p>The committee also approved the draft Annual Governance Statement with no significant control or information governance issues to report.</p> <p>The committee were presented with the unaudited accounts and thanked the finance team for their efforts in compiling the year end accounts within very tight deadlines.</p> <p>The final audited set of accounts are scheduled to be reviewed and approved by the committee on 31 May 2013.</p> <p>The report was duly noted by the board.</p>
	6.1.2	<p>Investment & Workforce Committee (IWC)</p> <p>The board received and read the IWC Chair's Update in advance of the meeting.</p> <p>RD summarised the key discussions of the Investment & Workforce Committee meetings held on 3 April and 1 May 2013.</p> <p>The committee were pleased to receive a report setting out early thinking on a 3-5 year capital programme, including potential development opportunities on the East Surrey Hospital site. The committee discussed opportunities for maintenance and refurbishment of wards in greatest need of modernisation.</p> <p>The committee approved the addendum to the business case for the provision of a high voltage cable to meet and supply the hospitals increasing demand for electricity.</p>

		<p>The improved delivery of appraisals and statutory and mandatory training was commended by the committee and the board. Focus will now be on the quality of appraisals.</p> <p>The committee will continue to meet fortnightly from July, noting an extraordinary meeting in June. A working plan has been agreed for the year and the quality of papers and strategies in place now give the committee greater confidence around assurances.</p> <p>Clarity is needed to better understand the role of Non-Executive Directors in relation to the Integrated Business Plan (IBP) and what the expectations of them are. Changes to such largely texted documents need to be better identified and articulated.</p> <p>The report was duly noted by the board.</p>
	6.2	<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"> - Safety & Quality committee held on 12th February 2013 - Investment & Workforce committee held on 6th March and 3rd April 2013
	7.	<u>Other</u>
	7.1	<p>Any Other Business</p> <p>No further business was discussed.</p>
	7.2	<p>Questions from the Public</p> <p>A member of the public raised concerns around the level of nursing care and attention received during a recent period of stay in hospital. a</p> <p>With the introduction of intentional roundings, SB gave assurances that such environments will be identified and addressed promptly going forward.</p> <p>Further concerns were raised around the accumulation of patients awaiting x-ray, often unsupervised.</p> <p>SB assured the public that vulnerable patients were promptly identified and prioritised for support and supervision. The current layout for the department is recognised as not being suitable for current demand and solutions are being identified and discussed by senior management to address this issue.</p> <p>SB agreed to meet with VK outside of the meeting to discuss in greater detail some of the issues which were raised following her recent stay in hospital.</p> <p>There were no further questions raised by members of the public.</p>
	7.3	<p>Date of Next Meeting</p> <p>Thursday 27th June 2013 at 09:00 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>Expectations from the National Framework</u></p> <p>MW agreed to share with the board the Secretary of State's letter confirming expectations around the National Framework.</p>	M Wilson
<u>ACTION 2</u>	<p><u>Hospital Pressures and Community Provider Discussions</u></p> <p>The Board requested a detailed update on current demands and pressures within the hospital and progress of discussions with CCGs and Community Providers, particularly in relation to patient flow and the improvements to systems facilitating patient discharges.</p>	J Tomlinson

<p>These minutes were approved as a true and accurate record.</p> <p>Alan McCarthy</p> <p>Chairman: Date:</p>
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