

**Minutes of Trust Board meeting held in Public  
Thursday 27<sup>th</sup> February 2014 from 10:30 to 12:30  
Room 7/8, PGEC East Surrey Hospital**

**Present**

(YR) Yvette Robbins	Non-Executive Director & Deputy Chair
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer
(FA) Fiona Allsop	Chief Nurse
(BB) Barbara Bray	Acting Medical Director
(RC) Richard Congdon	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(JP) John Power	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

**In Attendance**

(AH) Alan Hall	Non-Executive Director
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(EC) Ed Cetti	Consultant Physician (for Item 2.1)
(SR) Sarah Rafferty	Consultant Anaesthetist (for item 2.1)
(MP) Monica Palmer	Note taking

**Observing**

Suzanne Cliffe	Trust Development Authority
Jim Lusby	Trust Development Authority

**Apologies**

(PB) Paul Bostock	Chief Operating Officer
(DH) Des Holden	Medical Director
(AM) Alan McCarthy	Chairman

<b>1.</b>	<b><u>General Business</u></b>	
	<b>1.1</b>	<b>Welcome and Apologies for absence</b>  The Chairman opened the meeting by welcoming Trust Board members, Suzanne Cliffe and Jim Lusby from the TDA, staff and members of the public.  Apologies were noted from Alan McCarthy, Des Holden & Paul Bostock.
	<b>1.2</b>	<b>Declarations of Interest</b>  The Trust Board members confirmed that they had no additional interests to declare.
	<b>1.3</b>	<b>Minutes of the last meeting – 30<sup>th</sup> January 2014</b>  Gillian Francis-Musanu did not attend the meeting on the 30 <sup>th</sup> January and her apologies to be noted.  Page 4 . Section 2.3 . 3 <sup>rd</sup> paragraph to read .  The Board resolved to approve the Quality Strategy.  With the above amendments, the Board approved the minutes of the meeting held on 30th January as a true record.
	<b>1.3.1</b>	<b>Action Tracker</b>  There were no actions from the last meeting.
	<b>1.4</b>	<b>Chief Executive's Report</b>  The Board received and noted the Chief Executive's report in advance of the meeting.

	<p>The NHS England Patient Safety Domain launched the National Patient Safety Alerting System (NPSAS) in January this year. The Chair asked if the Trust is happy with the way it is handling the new Alert System and it was confirmed that the Trust now has a better understanding of the new system.</p> <p>The CCGs have taken their proposals for the NHS Support for Social Care Funding 2014/15 and the Better Care Fund 2014/15 to the County Councils which endorse the National Perspective but to date there has been no further detail.</p> <p>The Trust would like representation at the Health and Wellbeing Board and more information should be available in the next couple of weeks. There has been little engagement with local people or the Trust or other providers to date.</p> <p>It is believed that this money will be spent on developing services and clinical pathways in order to ensure that patients/beds are in the right setting for the patients. The Councils, CCGs and the Trust are all working collectively to ensure that patients are being treated in the right environment.</p> <p>The Trust Maternity Unit was successful in its £250,000 bid for funding from the Department of Health and this will be spent on bringing the Delivery Suite up to the same standard as the birthing unit completed last year. It was acknowledged that the Maternity staff did a fantastic job in successfully achieving this bid. The funding should be spent before the end of this year although there is a small amount of leeway.</p> <p>Staff survey results, which have very recently been released, highlight real progress with the Trust being in the top 20 per cent in the country for 10 of the 28 positive indicators. The Trust needs to maintain this over what will be a very challenging year as it goes through the NHS foundation trust pipeline. Bullying by staff was not highlighted as an issue this year. Development programmes and better management have contributed towards this. Although the Trust has a slightly above average number of staff saying they experience violence and abuse from patients and relatives, staff will be reassured about the level of security on site and more training in conflict resolution will be undertaken. Overall, there are very few areas for concern so the Trust will be able to concentrate and focus on addressing the remaining issues..</p> <p>The Board was asked that the situation be monitored/updated and a full report be presented to the board later in the year by the Director of HR. <b>Action: Yvonne Parker</b></p> <p>In response to a question regarding the Better Care Fund and whether the lack of opportunity to be involved in agreeing the plan going forward was a disadvantage to the Trust; MW confirmed that the Trust was not an outlier as no other providers had been engaged in the planning process to date.</p> <p>The Board received and noted the Chief Executive's report.</p>
2.	<p><b><u>Safety, Quality and Patient Experience</u></b></p>
2.1	<p><b>Clinical Presentation – GE Feedback from Clinicians</b></p> <p>Dr Barbara Bray introduced the presentations by two consultants, Edward Cetti and Sarah Rafferty.</p> <p>Following a selection process earlier in 2013, GE Healthcare was invited in by the Trust to review and assess senior clinical staff in the Trust for developmental and leadership needs and to run developmental programme which started in July 2013.</p> <p>From Edward Cetti's personal perspective, he believes that the Trust has a priority to be</p>

	<p>more clinically led and therefore it is crucially important for the Clinical Leads to be helped and supported to develop to lead effectively and to manage the performance of their staff. One of the key tangible outcomes of the programme has been the clinical leads developing a core set of values and behaviours where more effective appraisals and talent spotting will be achieved. The GE %SaSH Plus+programme has been instrumental in engaging clinical leads in all aspects of the programme.</p> <p>Over the last couple of years, the Consultant body has changed perspective and is striving for greater excellence. In the future they, rather than Managers, will be leading in the area of service development and will have more accountability and autonomy. .</p> <p>Sarah Rafferty became involved in the GE process on educational elements. This programme will enhance the Trust's reputation in this area and help to attract the best trainees. The workshop, where the Trust's values and behaviours were written down, was very beneficial and this could be used for training in the PGEC. Workshops will continue to be part of the process. Mentoring could also be used which would give practical rather than theoretical experience. In the past, behaviour was worked around rather than being addressed.</p> <p>Senior and lead nurses are also part of the development programme.</p> <p>In the future Doctors' appraisals will not only be based on job planning and performance review, as values and behaviours will also form part of the appraisal process.</p> <p>Although the Trust has made a big investment in this clinical leadership programme, the return will be better engagement, fewer behavioural problems and more staff wanting to be leaders as they see the value of the support given.</p> <p>One of the key aims of the programme is to improve the overall quality, safety and patient experience by having clinical leaders who are well equipped.</p> <p>In summary, the process will give clarity, manage behaviours in a better way, spot talent, develop and enable individuals resulting in significant changes throughout the whole organisation.</p> <p>The Trust Steering Group will now take forward the next steps of the programme.</p> <p>The Board thanked Ed Cetti and Sarah Rafferty for their input and presentation.</p>
<p><b>2.2</b></p>	<p><b>Patient's Story</b></p> <p>FA presented the report and outlined the response, actions taken and lessons learned from this patient's story which related to a stay in the maternity unit. Some of the key lessons learnt in this case are that it is now part of the Ward Manager's role to go round to ensure that any concerns raised by patients are immediately addressed. Communication is vitally important. The patient was visited by the Matron and gave immediate feedback, which the patient viewed very positively.</p> <p>It was questioned if the behaviour highlighted in this case was replicated elsewhere. FA confirmed that a maternity survey has been carried out and the results are being reviewed. An action plan for necessary improvements will be developed and implemented. Additional maternity services are one of the areas included in speciality %leep dives+ and there may also be actions for inclusion.</p> <p><b>Action: FA to present the findings of the maternity survey to the Safety and Quality Committee</b></p>

<p><b>2.3</b></p>	<p><b>Joint Chief Nurse &amp; Medical Director's Report</b></p> <p>The Chief Nurse and Acting Medical Director introduced the report. Key areas of note were:</p> <p>The Learning Disability Peer Review:</p> <p>The report detailed information from the learning Disabilities Peer Review undertaken in January 2014. The Trust was assessed under 3 domains and was judged as being overall fully compliant with only 2 areas of partial compliance regarding signage and compliant information. The Trust was considered to be in a good position.</p> <p>Deep Dive Specialities:</p> <p>The Deep Dive process started in December 2013. All of the clinical services will be reviewed by the end of April 2014. Each Speciality has been holding a workshop and the results are then presented to a minimum of two members of the Executive team.</p> <p>No services reviewed to date have been rated as red. None of the reviews have been formally graded as this is not the purpose of the deep dive. The review is not intended to be seen as punitive but to identify areas on which to build.. No details will be published until all specialties have been reviewed. Each specialty will produce an action plan, which will be fed back to the Divisions for implementation.</p> <p>There has been no cases of MRSA or C-Diff since the last report. The Trust currently stands at 23 cases for C-Diff which is well within trajectory at the end of month 10. The Trust has implemented a revision to the antibiotic prescribing policy and patients with diarrhoea are given an extra clinical review.</p> <p>In response to a question about resistance to antibiotics, it was confirmed that no new antibiotics have come out in the last 20 years and that this is a national challenge not just one for our Trust.</p> <p>An Infection Control meeting has been held with the Trust Development Authority (TDA), and actions have been implemented. A new App has been made available to junior doctors.</p> <p>Mr Praveen Panose, who has been working as the Trust's locum Consultant Trauma &amp; Orthopaedic Surgeon, has been appointed to the substantive position.</p> <p>The Board received and noted the joint Chief Nurse and Medical Director's report.</p>
<p><b>2.4</b></p>	<p><b>Safety &amp; Quality Committee (SQC) - Update from Committee Chair</b></p> <p>The SQC Chair confirmed that the right issues and actions are being taken from a safety and quality perspective.</p> <p><u>Pressure damage</u></p> <p>The SQC committee has received a report on the recent Quality Review meeting with community partners. It noted that constructive discussions have begun to reduce the incidence of patients being admitted with existing pressure damage, and that attempts were also being made with partners to align approaches to the benchmarking of national standards data. It is not clear who in the community is sending patients with pressure damage to the hospital. The community is keen to receive the data to analyse/establish this. Pressure damage is not always about bed care but includes other factors, such as the underlying condition of the patient and the physical environment also have an effect.</p> <p>Getting to grips with making sense of what comes out of patient survey . triangulating the</p>

		<p>relevant data.</p> <p><u>Divisional Audit Programme</u></p> <p>There is concern about the number of audits set at the beginning of the year and the number of audits actually carried out and completed.</p> <p>It was confirmed that a report will be produced on the achievement of the Clinical Audit programme. The report will look at the 4 Divisions and the issues which are being followed up. The Clinical Leads go through the audit programme at their Divisional meetings. There is a need to get the right balance between the National Mandatory Audit programme and those that are carried out internally, with an emphasis on focusing on the important issues.</p> <p>The Board noted that a presentation at the February SQC from the Patient Experience sub-group had been very well received by the Committee and the process for reporting from the task and finish groups seemed a good example for replication elsewhere.</p> <p>The Board received and noted the SQC Chair's report.</p>
<p><b>3. <u>Operational Performance</u></b></p>		
<p><b>3.1</b></p>		<p><b>Integrated Performance Report (Month 10)</b></p> <p>ED performance against the 4 hour standard was maintained in January at 95.7%, although this week had been more difficult.</p> <p>18 weeks referral to treatment delivery continues to be delivered with the exception of two specialties.</p> <p>Outcome metrics . the key driver for being below the 92% standard is patients who are being admitted with existing pressure damage (amber rating). The Trust is working to record where patients have been admitted from with existing pressure damage to facilitate governance across the local health community.</p> <p>Maternity . a positive performance with no service concerns raised. C-sections rose from 16% to 23% in January.</p> <p>Discharges - there is still difficulty in getting patient placements into the community due to a shortage of beds, which is slowing the expedition of discharges. Half term might have had an impact but a number of nursing homes have also closed down which has meant our community partners are finding it difficult to place patients. This has resulted in a number of operations being cancelled.</p> <p>Complaints . 56% of complaints are processed in 28 days. This is longer than the Trust would like. There are no outstanding complaints in Surgery. In some cases, complaints are not completed because the questions asked are not being answered. The Trust continues to drive improvement in the quality of complaint responses and ensure learning from complaints is shared across the Trust.</p> <p>Finance Key Performance Indicators -</p> <p>The overall Trust position at month 10 remains at a £0.3m surplus . a very slight improvement on the position from previous months. The Trust continues to forecast a £0.3m surplus. Savings are above plan with £8.6m (77%) achieved to date.</p> <p>Capital spend forecast is now rated red due to the phasing of stage 2 theatres which means that the Trust will spend less than planned. The Trust is discussing with the TDA plans to carry this forward into 14/15.</p>

		<p>There is a fundamental issue with the CCGs payments and increased spending in the final couple of months of the year to meet standards. The dispute regarding the readmission audit is now with the Trust Development Authority. Overall £2m is at risk to the Trust. The Trust is still waiting to hear from NHS England what the mediation process will actually comprise so no date can be given for the resolution of this dispute.</p> <p>In response to a question about the impact of the risk on the annual accounts, PS confirmed that the Trust will have to make a judgement when completing this year's accounts which will be subject to review by external audit.</p> <p>The Board received and noted the Integrated Performance report.</p>
3.2		<p><b>Finance &amp; Workforce Committee (FWC) – Update from Committee Chair</b></p> <p>The Chair of the FWC summarised some of the key discussions of the committee meeting held on 28th January 2014.</p> <p>The Trust is experiencing pressure from expenditure in the Divisions, particularly in Clinical Support Services (CSS). This is largely due to the high usage of agency staff.</p> <p>The workforce report was generally positive. The number of appraisals completed is largely on track but there is a need to focus on the quality of the appraisals.</p> <p>Electronic Patient Records (EPR) -</p> <p>The outline business case was presented to the Finance &amp; Workforce committee. There were basically 3 options. The committee approved option 2, a like for like replacement, to proceed to procurement and a Full Business case. This business case should include an additional section on benefits, fully involve clinical staff and take an overall IT programme view. The Business case will be presented at the May meeting and will be required to be submitted to the Trust Development Authority (TDA) for approval.</p> <p>Electronic Prescribing &amp; Medicines Administration (EPMA)</p> <p>The full business case was signed off last year but an addendum to the business case to procure additional functionality was presented. The committee requested that an implementation plan and updated business plan was presented to the next committee meeting.</p> <p>It was noted that Cost Improvement Programme had been discussed at the meeting but was not included in the written report. There had been general agreement that a longer term view should be taken and the scope of what was included in cost improvement programmes should be included.</p> <p>The Board received and noted the FWC Chairs report.</p>
4.	<b><u>Risk, Regulatory and Strategy Items</u></b>	
4.1		<p><b>Foundation Trust (FT) Update</b></p> <p>The board received and noted the FT Progress Update in advance of the meeting.</p> <p>The last Foundation Trust Project Board meeting was cancelled at short notice but a meeting will be rescheduled in the next couple of weeks.</p> <p>Public consultation meetings have been held in various venues across the district and the Trust has attended a variety of health, community and voluntary sector events. The consultation period ends on the 28<sup>th</sup> February, when the feedback will be reviewed and a decision taken on any resultant changes to the proposed governance arrangements.</p> <p>Staff will be auto-registered at the end of the consultation period, after feedback has been reviewed. An updated figure of 730 patient and public members have been recruited to date.</p>

		<p>The target aimed for is 5500. Recruitment is currently via face to face, postal and online. The Trust is also in the process of tendering for membership services support through the NHS procurement framework.</p> <p>A review of the membership and number of Governors will be undertaken once the consultation has ended.</p> <p>The Trusts Readiness review meeting with the TDA takes place on 13<sup>th</sup> March.</p> <p>The Board received and noted the FT update report.</p>
	<b>4.2</b>	<p><b>Deloitte Feedback on Board Governance Memorandum (BGM) &amp; Quality Governance Framework (QGAF)</b></p> <p>The external assessment of the Board Governance Memorandum and the Trusts Quality Governance Framework was undertaken by Deloitte LLP in December 2013 and January 2014.</p> <p>Of the 15 areas RAG rated by the Trust in its self-assessment, 11 were confirmed by Deloitte and 4 areas were scored differently, being changed to amber/green.</p> <p>One of the requirements for authorisation is to have a Quality Governance score of 3.5 or below and an overriding rule that none of the 4 categories of the QGAF to be entirely amber/red rated.</p> <p>The summary conclusions of the overall assessment give the Trust a score of 7.0 (against a self-assessment of 6.5).</p> <p>The Trust now has 6 months in which to achieve a score of 3.5 or below and the Executive team were confident that this can be achieved.</p> <p>In relation to the recommendation relating to updating the Trusts QIA; it was confirmed that was approved by the Board on 5<sup>th</sup> December and has been updated following feedback from the TDA.</p> <p>It was noted that the recommendations from both reports would be incorporated in the Trusts action plans and that oversight of implementation of the QGAF action plan will be led by the Medical Director and the BGAF action plan would led by the Director of Corporate Affairs.</p> <p>The Board received the report and approved the BGAF and QGAF recommendations..</p>
<b>5.</b>	<b><u>Other Items</u></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>• Safety and Quality held on 20-January 2014</li> <li>• Finance and Workforce held on 28-January 2014</li> </ul>
	<b>5.2</b>	<p><b>Any Other Business</b></p> <p>There was no other business</p>
	<b>5.4</b>	<p><b>Questions from the Public</b></p> <p>There were no questions raised by members of the public.</p>
	<b>5.5</b>	<p><b>Date of the next meeting</b></p> <p><b>Thursday 27<sup>th</sup> March 2014</b> 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.*

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

**Alan McCarthy**

**Chairman:**

**Date:**