

**Minutes of Trust Board meeting held in Public
Thursday 27th March 2014 from 10:30 to 13:00
Room 7/8, PGEC East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer
(PB) Paul Bostock	Chief Operating Officer
(BB) Barbara Bray	Deputy Medical Director
(FA) Fiona Allsop	Chief Nurse
(AH) Alan Hall	Non-Executive Director
(JP) John Power	Non-Executive Director
(RD) Richard Durban	Non-Executive Director

In Attendance

Sacha Beeby	Note taking
(IM) Ian Mackenzie	Director of Information & Facilities
(YP) Yvonne Parker	Director of Human Resources
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs

1.	<u>General Business</u>	
1.1	Welcome and Apologies for absence	
	<p>The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public.</p> <p>Apologies for absence were noted from Yvette Robbins (Deputy Chair), Des Holden (Medical Director), Richard Shaw (NED) and Richard Congdon (NED).</p> <p>The Chair welcomed Simon McCreary to the audience, observing as a representative of Cerner Ltd.</p>	
1.2	Declarations of Interest	
	<p>The Trust Board members confirmed that they had no additional interests to declare.</p>	
1.3	Minutes of the last meeting – 27th March 2014	
	<p>The minutes of the meeting held on 27th March 2013 were approved as a true record.</p>	
	1.3.1	Action Tracker
		<p><u>Action 2</u> YP confirmed the staff survey results will be presented to the Board in April 2014.</p> <p>All actions from the meeting held on 27th February 2014 have been 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>MW confirmed the Trusts support for the recommendations made by the Secretary of State to better protect the rights of NHS health and social care employees in relation to whistleblowing, following the Francis report.</p> <p>MW confirmed that existing processes for whistleblowers were not as effective as they should be, nor were they universally accepted. However, SASH promotes and encourages open and transparency when it comes to patient care; therefore it fully endorses these recommendations and will cooperate to ensure that staff feel confident in raising any concerns relating to patient care. However, it encourages staff to feel comfortable in discussing those concerns openly without fear of repercussion.</p> <p>Following the publication of the never events policy framework in October 2012, the NHS Commissioning Board set up a taskforce to look at surgical never events in order to make sure that these events are eradicated from NHS surgery. The Trust will consider and endorse recommendations made by the Taskforce.</p> <p>On behalf of the board, MW paid thanks to the Communications team and the staff involved in a recent visit by the Secretary of State Jeremy Hunt. During his visit he worked on Capel ward over the busy lunchtime period helping to prepare patients for lunch, took the opportunity to do some filming with a patient and her family and friends and also did an interview in the Histology lab. The SoS's Private Secretary was also made to feel very welcome by the team on Godstone ward.</p> <p>The Trust recently held a Mock Inspection in preparation for the real CQC Inspection on 20th May 2014. An external panel of clinicians and NHS staff carried out the mock visit and will provide feedback to the Board on the areas of high quality care we provide as well as any areas where we need to focus for quality improvements. A lot can be learnt from the process and findings from the visit will be shared with the board in the second part of this meeting.</p> <p>AM extended the board's thanks to all panel members, including Frimley Park Hospital.</p> <p>The Trust still awaits formal feedback from the TDA following a Readiness Review meeting in March, as part of the FT application process and in preparation for the formal board-to-board meetings with TDA and Monitor. Informal feedback has provided some guidance and a development plan to put in place.</p> <p>On 27th February the Trust held its second 'Hot Topic' event on care of the elderly and dementia care. It was a very good turn-out with many of our medical and nursing staff on hand to answer questions. This event was organised on the back of the success of a similar event we held for GPs and Councillors at the end of last year. On behalf of the Board, MW paid thanks to all clinical staff for their valuable contribution.</p> <p>The Trust has invited the Executive Team from BT Global Health to meet with members of the SASH Board, clinicians and senior representatives from the local health economy including CCGs, GPs and community providers. The objective of bringing together these stakeholders is to explore appetite to work together in developing and improving the way in which the health economy use technology.</p>
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		The report was duly noted by the board.
2.	Safety, Quality and Patient Experience	
	2.1	<p>Clinical Presentation – A Patient Story</p> <p>The board received a summary in advance of the meeting, describing lessons learnt from a complaint raised by a patient which demonstrated poor patient experience resulted from poor communication.</p> <p>The patient and her husband kindly agreed to attend the meeting to present their story.</p> <p>The patient was admitted to East Surrey Hospital with abdominal pain which started to settle after treatment and she was discharged after 5 days.</p> <p>Unfortunately, she deteriorated at home and returned to hospital 2 days later with serious complications of her disease.</p> <p>She and her husband complained about the first discharge and after an exchange of letters attended a meeting with the CFO and the Clinical Lead for the specialty to receive an explanation and reassurance.</p> <p>The patient felt that the lack of information around symptoms of potential complications following her illness, provided at the point of discharge meant that she returned to hospital only when those symptoms were severe and on instruction from her GP.</p> <p>She felt inadequately prepared to respond to the illness she had been diagnosed and was not fully medicated on discharge (the provision of a laxative could have avoided bowel perforation).</p> <p>BB confirmed that the division have since taken away actions from this incident to develop better consistency in the information and assurance patients are provided with on discharge. There would be even greater benefit in ensuring the information given to patients and relatives/carers was understood and clearly articulated.</p> <p>The trusts complaints procedure also failed this patient when her complaint was not responded to within an acceptable timeframe.</p> <p>A review into the Trusts complaints procedures is currently underway, led by the Chief Nurse and proposals for improvement will be presented to the board over the coming months.</p> <p>JP questioned whether the decision to initially discharge the patient was correct, recognizing the symptoms being displayed by the patient at that time. PS confirmed that this decision had since been scrutinized and verified as clinically appropriate by the Lead Clinician. There is a lot of evidence to prove that an acute hospital surrounding is not the safest environment for patients who are medically fit for discharge.</p> <p>AH questioned what evidence there was to provide assurance to the board that lessons learnt from this incident, and others alike were being embedded within the organization. PB confirmed that;</p> <ul style="list-style-type: none"> ▪ The Complaints Department is now using a much improved tracking system

		<p>of complaint letters received. There is already evidence of significant improvement in the turnaround of responses by Executive Directors.</p> <ul style="list-style-type: none"> ▪ Through its Executive sub-Committees, the trust is actively reviewing the information it hands to patients on discharge and verbal information should be considered alongside this. Patients are being invited to contribute to these discussions. ▪ Patient survey results – the trust will consider an audit of patient feedback on discharge. <p>The board thanked the patient for their involvement in helping the trust embed learning from this incident and develop improved processes.</p> <p>The presentation was duly noted and gratefully received by the Board.</p>
2.2		<p>Board Assurance Framework & Significant Risk Register</p> <p>The board received the BAF and SRR 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 BAF details a total of 21 risks to the four Trust objectives.</p> <p>The Significant Risk Register (SRR) details the highest rated operational risks that have been raised by the Executive Team and Divisional Management. The SRR is reviewed and moderated by the Executive Team on a monthly basis to ensure alignment with the BAF and other key risks to the Trust.</p> <p>The risks were reviewed and challenged by the Executive Committee on 11th March to ensure risks are being appropriately managed.</p> <p>At present four risks have been managed to their target risk, four risks have reduced since the last review at Board and 13 risk scores have not changed but the assurances and actions have been updated to reflect progress.</p> <p>AH recognized that the risk had reduced in relation to Right Bed, First Time however, the evidence to support the justification for reducing the risk was not reflected within the performance report. FA explained that the risk score had been recalibrated on the basis of evidence, acknowledging recommendations of the Mock Inspection.</p> <p>The justification for the reduced risk in relation to infection control was recognition of the performance by the team and improved IC processes. The risk is therefore considered to be lower.</p> <p>PS confirmed the additional risk to reflect the CSS overspend should be identified and managed within the divisional risk register.</p> <p>PB agreed that considerable time had been spent with the Executive Team and divisions to develop a robust system and process for identifying and managing risks for the organization. Going forward, the board will be better placed to articulate and explain the justification for reducing or increasing risk scoring.</p> <p>The Board noted the current updated report and confirmed its agreement with the</p>

		existing controls and assurances and that the mitigating actions are acceptable for the target risk score.
	2.3	<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>BB reported that since the last Board report, 5 departments have presented their 'Deep Dive' to members of the Executive team. These are Obstetrics & Gynaecology, Dermatology, Emergency Department, Stoke and Neurology. Every presentation has highlighted areas of high quality care and will produce a detailed action plan where improvements are required. The board agreed that it would be valuable consideration to continue these forums on an annual basis to review actions in place and developments resultant to the exercise.</p> <p>Bruce Stewart, Acting Director of Infection Prevention and Control, was able to reassure the Board that the Infection Control Team had recognised an infection risk from carbapenemase-producing Enterobacteriaceae and the increased risk of the Trust admitting patients with infections from multi-resistant bacteria for which no currently available antibiotics are effective and had produced a policy and process for recognising and managing at risk patients (primarily those who had been in hospital abroad). Further work has started to raise awareness across the Trust.</p> <p>BB confirmed that the Trust appointed two Histopathologists this week; Dr Rinsey Kurian who is working with us as a locum and will take up her appointment with immediate effect and Dr Faiza Rashid who will start in August following completion of her training.</p> <p>FA highlighted that the primary objective of the Whiteboard project is to ensure that an integrated system is deployed to meet the operational requirements of the Trust to improve the current methods of recording the live Bed State.</p> <p>The Integrated Whiteboard system will allow a Trust wide view of ward activity, and will enable the management of a variety of processes aimed at improving daily performance and operational management of emergency and elective admissions. It is expected that these will be piloted at the end of March.</p> <p>It was noted that the quality of the information available on the live bed boards would be reliant on the person putting it on. FA confirmed that by October 2014, all wards will be dependent on the information available from Cerner.</p> <p>FA confirmed that Place Assessments will be undertaken shortly. Excellent progress has been made against the action plan formulated following the previous assessment in relation to estates and facilities. In addition the Trust now has a Consultant Nurse for Dementia and Older People who has commenced a bespoke training package for staff along with training within the MAST programme. The National Team have taken the decision not to assess dementia services this year and this means that the Trust can continue working towards achieving a good score in relation to this criterion at the next assessment.</p> <p>FA reported that the Trust continues to achieve 95% harmfree care for 'new harms' however, for 'all harms' the Trust achieves 90%-93%. This is predominantly related to the community acquired pressure damage however there are also concerns related to VTE and Falls.</p> <p>Actions are being undertaken in relation to the Falls and VTE pathways. This</p>

		<p>includes improved training and awareness, pro-active engagement with the dementia specialist nurse, audit of falls and VTEs and the introduction of a part time VTE specialist nurse.</p> <p>The report was duly noted by the Board.</p>
	2.4	<p>Right Staffing Report</p> <p>The board received an update in relation to the National Quality Board report published by the Chief Nursing Officer in advance of the meeting.</p> <p>FA presented an update to the board on the Trust's current position in relation to the guidance presented in the National Quality Board report regarding '<i>How to ensure the right people, with the right skills, are in the right place at the right time</i>' developed by the Chief Nursing Officer, Jane Cummings, and published by the National Quality Board in November 2013, in response to the Francis Inquiry.</p> <p>FA asked the board to note the expectations identified within the guidance (with specific attention to expectations 1; 2; 3; 6 and 7), the trusts position in respect of those expectations and the actions needed to meet those expectations.</p> <p>MW highlighted that the Trust should engage in conversations with both commissioners and NHS England in relation to funding and specialised commissioner expectations.</p> <p>RD recommended that the revised workforce and organizational development report should be integrate and considered in line with this report and should incorporate budget establishment as part of the current process. The board should agree a reporting and governance structure, perhaps utilizing the current mechanisms used by FWC.</p> <p>AH asked for clarity around the assumption/evidence which has determined the recommendation of 1:7 (optimal day) and 1:10 (at night) and whether this is what is required in order for the Trust to operate a safe standard of care. FA confirmed that this ratio will simply provide greater capacity to free up direct clinical care and enable leadership development. It is not an instruction to determine or improve safe levels of care and the board were assured that this was not an area of concern for the organization.</p> <p>The board resolved to approve the recommendations made by the Chief Nurse to move towards a nursing ratio of 1:7 (day) and 1:10 (night) on all applicable wards.</p>
	3.	<u>Operational Performance</u>
	3.1	<p>Integrated Performance Report (Month 11)</p> <p>The board received the Integrated Performance report in advance of the meeting.</p> <p>For February 2014, the Trust is expecting to be overall rated as 'performing' for the quality of services based on the DH framework and the Trust's core objectives.</p> <p>PB summarised that ED Performance against the 4 hour target was not delivered in February, missing the target by 11 breeches. This was driven by the growth in admissions, most notably patients aged over 75, which has placed more operational pressure on the Trust driving a reduction in the ED performance. However, performance throughout March has been good.</p>

PB highlighted that SASH attends to fewer minors, in comparison to other Trusts and does not operate a UTC on site. The focus will remain in ensuring admissions are clinically justified. PB also highlighted that the Trust sees a higher level of majors in comparison to similar organisations. The board noted that the period of December 2013 to February 2014 saw a significant change in the acuity of patients.

18 weeks referral to treatment delivery remains favourable to expected standards at aggregate level but admitted performance was not achieved in T&O and General Surgery. Non-compliance in T&O and General Surgery was driven by theatre capacity issues as well as bed availability resulting from the growth in emergency activity during the winter.

In February 2013, all Cancer standards except the "62 Day Urgent referral" and the "62 Day Referral to Treatment from Screening" were achieved.

For the "62 Day Referral to Treatment" standard, 10 out of the 60 patients treated in February breached the standard. Reasons for the breaches included fitness for treatment, delays due to complexity of pathways as well as capacity issues at tertiary centres.

For the "62 Day Referral to Treatment from Screening" standard, 1 accountable patient out of 1.5 total treatments achieved the standard. The breach was due to the timing of the referral from the Colorectal screening service. The Trust has received support from the TDA in recognising the challenges of achieving this target when it is so reliant on the referring Trust.

The latest HSMR data and SHMI data both show overall trust mortality is lower than expected for our patient group. 30 day readmission rates remained below trigger levels. Data quality work regarding re-admissions is on-going and prior months are re-stated as this takes effect.

The Trust had no MRSA bloodstream infection cases in February. With no cases in February, C-Diff is 5 cases below trajectory with 23 cases YTD

Maternity indicators continue to show positive performance with no service concerns raised although the increase in the emergency C-Section rate is being examined.

The Friends and Family Test score in February 2013 for Inpatients is +74 and for the Emergency department is +78. National Friends and Family Test (FFT) data for January was released in early March. The +80 January FFT score for the Emergency Department (ED) placed it 5th best in the country. The January inpatient score of +76 meant that the Trust score was above the national average of +73.

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

AM noted that the staff appraisal rate was below trajectory and recognised the focus that would be needed to improve performance.

JP requested a metric within the performance report which accurately describes the use of escalation in month. PB agreed to consider a measurement to better

	<p>articulate bed occupancy and escalation.</p> <p>The board recognised the performance from colleagues during the difficult winter period.</p> <p>PS summarised that at month 11 the Trust continues to report a £0.3m surplus year-to-date, and a £0.3m surplus forecast outturn. Savings are slightly ahead of plan with £9.9m achieved year to date.</p> <p>PS further highlighted that the on-going operational pressures within the hospital impacted on budgets this month, with all clinical Divisions except WaCH overspending. The overall Trust position was maintained through underspends on reserves and central budgets.</p> <p>The key risks continue to be around income and CCG payment and increased spending in March to cope with operational pressures. A formal dispute with East Surrey CCGs continues in relation to contract contributions however, arrangements have been reached with Surrey Downs and Crawley & Mid-Sussex CCGs.</p> <p>The cash balance at the end of February was a very healthy £8.3m, £3.6m above the plan mainly as a result of the receipt of the temporary PDC in advance of the non recurrent support payment. The year end cash position is being closely managed to ensure we hit the year end target. CCG payments remain intermittent.</p> <p>The dispute over the readmission audit is still waiting for mediation by NHS England and the TDA.</p> <p>The overall risk level reported has been reduced, noting some greater certainty, but remains high at this point in the year.</p> <p>JP highlighted that in recognition of the risk removed from the SRR in relation to medical staff overspend (removed as a result of a control total agreement), should the risk surrounding CSS overspend be re-considered to reflect current position? PS agreed that CSS had agreed a control total and this will need to be reflected within the SRR.</p> <p>PS confirmed that the month 11 detailed financial report was discussed at the FWC meeting and is confident in the delivery of month 4 position.</p> <p>The report was duly noted by the board.</p>
3.2	<p>2014/15 Interim Revenue Budget and final 14/15 Capital Budget</p> <p><u>Interim Budget 14/15</u></p> <p>PS summarised that the 14/15 financial plan is based on the long term financial model (LTFM) approved by the Board and submitted to the Trust Development Authority in February 2014.</p> <p>The Board was asked to approve an interim budget because contract negotiations between both CCGs and NHS England have not been completed.</p> <p>PS confirmed that the original position of the contract gap in dispute with CCGs was £22m. However, at the time of this meeting, this has reduced to £14m, with further reductions expected.</p> <p>PS reported that the interim budget assumes no non-recurrent financial support and</p>

	<p>a cost improvement plan (CIP) of £11.0m. The Board has approved a robust and detailed quality impact assessment (QIA) process that all CIPs must pass. PS confirmed that the QIAs will be presented to the board in April</p> <p>The income plan reflects CCG demand growth assumptions, the tariff deflator and reduction in non-elective activity from CCG Quality Innovation Productivity & Prevention (QIPP) plans, offset by assumed growth in demand for other activity in line with CCG assumptions and to deliver 18 weeks standards for elective work.</p> <p>Reserves include non pay inflation and funding to pay for cost pressures, but the tariff includes only £0.6m to cover costs associated with the Francis and Keogh reports around staffing and 7 day working.</p> <p>There is significant risk over the delivery of savings and the costs associated with Francis and Keogh. However the main risk is over the contract income. The CCG spend plan (income for the Trust) is £22.0m lower than our plan, the CIP target is challenging and the costs of Francis/ Keogh may be greater than the £0.6m available from the tariff. The risk means that it is recommended that the Board reviews the interim budget in April 2014.</p> <p><u>Capital Budget 14/15</u> The final Capital Budget for 14/15 is based on the plan submitted within the Estates strategy/ IBP and LTFM with some adjustments for business cases which have since been finalized. PS summarised the changes to the Capital Budget.</p> <p>The planned capital spend (excluding donated assets) for 14/15 is £19.2m. However the capital resource limit will not be confirmed by the DH until all 14/15 plans have been signed off.</p> <p>RD confirmed that the Capital Budget had been discussed at the FWC meeting and recognized the high level of risk in relation to CIPs. He agreed the condition that this must be verified by the QIAs in April. The committee challenged and debated the approval of an interim budget recognizing the level of risk (at £22m). However, PS confirmed that an interim budget was needed in order to manage month 1 and 2 14/15. The level of risk was also expected to reduce at that time.</p> <p>Members of the board noted their discomfort in approving an interim budget however, recognized the difficult situation the Trust was in and the assumptions that the risks would significantly reduce.</p> <p>The board resolved to approve an interim revenue budget (with a review in April 2014) and capital budget as presented by the Chief Finance Officer.</p> <p>The board also resolved to confirm the Contract with CCGs once negotiations are complete.</p>
3.3	<p>Finance & Workforce Committee</p> <p>The board received a verbal update from the Finance & Workforce Committee Chair.</p> <p>RD highlighted key discussions from the committee meeting held on 25th March 2014.</p> <p>Key themes of discussion at the meeting include the 2014/15 budget update, draft communications strategy, M11 performance reports, business planning & market</p>

		<p>development and committee membership.</p> <p>RD summarized that the draft 2014/15 Financial budget was presented and discussed by the Committee. The budget forecasts a £2.3m surplus for 2014/15.</p> <p>The draft Communications strategy was presented to the Committee and was well received. The final iteration of the strategy will return to the committee in April.</p> <p>RD highlighted that the Committee discussed the Chemotherapy partnership with Royal Surrey County Hospital and were advised that the contract has now been agreed.</p> <p>The Committee received the Annual Market Development Action Plan and M11 performance reports for Finance, Workforce and Organisational Development, Capital and IT.</p> <p>The Trust has received confirmation that it can undershoot its Capital Resource Limit by £900k.</p> <p>It was agreed that Paul Bostock would be invited to be a member of the Finance and Workforce Committee to input into the discussions on service development and cost improvements.</p> <p>The report was duly noted by the board.</p>
3.4		<p>Audit & Assurance Committee Update</p> <p>The board received an update from the Audit & Assurance Committee Chair in advance of the meeting.</p> <p>JP (on behalf of RC) highlighted key discussions from the committee meeting held on 11th March 2014.</p> <p>Key themes from the committee's discussions focused around risk management, a review of internal controls and internal audit recommendations into the Trusts complaints managements and response.</p> <p>The March draft BAF and SRR were reviewed by the committee and several comments and suggestions were made for consideration prior to the final versions presentation to Public Board. Notably the risks linked to the management of end of life care and complaints' management generated the most challenge.</p> <p>The committee considered the Internal Controls map and its linkage to the Trust's committee structure. With some amendments this was agreed</p> <p>The Internal Audit of complaints' management demonstrated concerns over the systems that support complaints' management. It highlighted several concerns for which the timeliness of responses, evidence of lessons learnt and annual reporting were discussed at length. Management provided strong assurance that it had agreed the recommendations of the report and was taking steps to carry out actions to improve the system. Management provided assurance that although the system did not document lessons learnt the Trust was learning from complaints which is demonstrated by Your Care Matters, the Friends and Families Test and improvements in patient opinion.</p>

		<p>The committee received a report prepared by the Chief Financial Officer providing a review of internal audit's effectiveness. This stated that the Trust's opinion of the service was that it was performing and added value</p> <p>The report was duly noted by the board.</p>
	3.5	<p>Charitable Funds Committee Update</p> <p>The board received an update from the Charitable Funds Committee Chair in advance of the meeting.</p> <p>JP (on behalf of YR) highlighted key discussions from the committee meeting held on 5th March 2014.</p> <p>The committee was pleased to learn of the progress made by the Consultant Nurse Specialist for Dementia (funded by the charity for one year) and agreed to support other elderly care initiatives where possible in recognition of the Trust large population of elderly patients. The committee reviewed a proposal for a Falls Nurse Specialist.</p> <p>The Committee received a clean external audit report of its statutory accounts and financial report with no recommendations and the charity's online return to the Charities Commission was submitted by the due deadline.</p> <p>The committee agreed to fund the employment of a fundraiser coordinator to generate additional income and implement a fundraising strategy for the charity.</p> <p>The committee reviewed a proposal to extend its funding of the Patient Experience Survey into 2014/15 but requested that its costs and funding alternatives be considered.</p> <p>The committee reviewed its achievements against its 2013/14 workplan and concluded that it had met its performance and stewardship targets.</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>MW reported that the Trust's 12 week statutory public consultation closed on 28th February 2014. The Trust is now in the process of collating the response to the consultation process in order that we can review the proposed Governance structures in light of the feedback from our key stakeholders and staff</p> <p>Recruitment of FT members is in progress with face to face, postal and online recruitment also taking place. To date the Trust has recruited over 1000 patient and public members</p>

		<p>MW confirmed that the Trust has now awarded a contract for provision of Membership Services to an external provider who will support the Trust over the next year to recruit additional members across our geographical constituency.</p> <p>We are also now in the process of tendering for election services support through the NHS procurement framework.</p> <p>The Trust is on plan with all current milestones and actions. The Readiness Review which took place on 13th March, marks the start of Stage 2 in which the FT application is further developed. This stage culminates in the final submission to TDA for their formal assurance and approval process.</p> <p>The Stage 2 Milestones are:</p> <ul style="list-style-type: none"> • Inspection by the Chief Inspector of Hospitals • Historic Due Diligence financial review • Submission of formal FT application to TDA for assurance and approval. <p>The report was duly noted by the board.</p>
	<p>4.2</p>	<p>Corporate Objectives 14/15 – sign off</p> <p>The board received the Corporate Objectives 14/15 and recommendations in advance of the meeting.</p> <p>GFM confirmed that as part of the Business Planning process and to aid further development of the Trusts five year Integrated Business Plan and Long Term Financial Model, the Trust has undertaken a detailed assessment of its strengths, weaknesses, opportunities and threats as well as the external environment.</p> <p>Flowing from the development of our strategic intent, the Trusts direction is based on the delivery of four strategic themes: <i>excellence, locally based services, affordability and leadership</i>. These themes have been developed by the Board into five strategic objectives. Based on the Care Quality Commission’s Framework and hospital inspections model the Board has given a clear focus on how Surrey & Sussex Healthcare NHS Trust intends to achieve these domains over the next five years.</p> <ul style="list-style-type: none"> • Safe: Deliver safe services and be in the top 20% against our peers • Effective: Deliver effective and sustainable clinical services within the local health economy • Caring: Ensure patients are cared for and feel cared about • Responsive: Become the secondary care provider and employer of choice for the catchment populations of Surrey & Sussex; and • Well-led: Be an organisation that is Well-led <p>The board resolved to approve the Corporate Objectives for 14/15 as detailed in the report and agreed that the Director of Strategy would begin to develop a specific plan which will support and monitor the delivery of these objectives and ensure they are updated in the IBP.</p>
	<p>5.</p>	<p><u>Other Items</u></p>
	<p>5.1</p>	<p>Any Other Business</p> <p>No further business was discussed by the board.</p>

5.4	Questions from the Public There were no questions raised by members of the public.
5.5	Date of the next meeting Thursday 24^h April 2014 at 10.30am in Room 7/8, Post Graduate Education Centre, East Surrey Hospital

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.

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