

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

**Present**

(AM) Alan McCarthy	Chairman
(YR) Yvette Robbins	Non-Executive Director & Deputy Chair
(PS) Paul Simpson	Chief Finance Officer & Deputy Chief Executive
(PBo) Paul Bostock	Chief Operating Officer
(DH) Des Holden	Medical Director
(FA) Fiona Allsop	Chief Nurse
(PBi) Paul Biddle	Non-Executive Director
(PL) Pauline Lambert	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

**In Attendance**

(GFM) Gillian Francis-Musanu      Director of Corporate Affairs

<b>1.</b>	<b><u>General Business</u></b>	
	<b>1.1</b>	<p><b>Welcome and Apologies for absence</b></p> <p>The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public.</p> <p>Apologies for absence were noted from Michael Wilson and Alan Hall.</p>
	<b>1.2</b>	<p><b>Declarations of Interest</b></p> <p>The Chairman asked if the Board members had any declarations of interest. In relation to agenda items 4.3 and 4.4, Pauline Lambert reminded the Board of her previously declared interest as a Safeguarding Nurse at an NHS Community Trust.</p> <p>No other interests were recorded.</p>
	<b>1.3</b>	<p><b>Minutes of the last meeting – 25<sup>th</sup> September 2014</b></p> <p>The minutes of the meeting held on the 25<sup>th</sup> September 2014 were reviewed and amendments noted for correction.</p> <p>Item 1.6</p> <ul style="list-style-type: none"> <li>• Minor typing correction noted</li> </ul> <p>Item 1.7</p> <ul style="list-style-type: none"> <li>• Risk 5A3 – Risk is in delivering the plan</li> <li>• Risk 5A2 – Remove paragraph</li> <li>• Challenge by AH – PS agreed should be consistent in likelihood. PS to confirm wording revision</li> <li>• Risk 4E – Remove 'where turnover challenge was given'</li> <li>• Risk 5A1-4 – Updated paragraph noted.</li> </ul>

	<p>Item 2.1</p> <ul style="list-style-type: none"> <li>• Additional text added to para 4 – ‘and those due for discharge’.</li> </ul> <p>Item 3.1</p> <ul style="list-style-type: none"> <li>• Minor text amendment ‘reduced nursing <b>agency</b>’</li> </ul> <p>Item 3.2</p> <ul style="list-style-type: none"> <li>• Minor text amendment ‘AH <b>asked</b> what had changed so quickly to support the development of the <b>Decant Ward</b>’</li> </ul> <p>Item 4.2</p> <ul style="list-style-type: none"> <li>• Minor amendments to text noted.</li> </ul> <p>With the changes noted the minutes were agreed as a true and accurate record.</p>
<b>1.4</b>	<p><b>Action Tracker</b></p> <p>The outstanding actions were completed and now closed.</p>
<b>1.5</b>	<p><b>Chairman’s Report for Assurance</b></p> <p>The Chairman reported on the successful launch of the Butterfly Scheme, founded by Barbara Hodkinson to raise awareness of dementia in elderly patients. Barbara fed back to the Trust that East Surrey Hospital had been the most welcoming organisation and that staff were friendly and accommodating.</p> <p>The scheme intends to be user-friendly and promote interaction with patients at the bedside by recognising and being able to respond to patients with dementia or those in need of memory support, whatever the roles of staff within the organisation. 60 champions have been identified across all levels of disciplines within the Trust and the official rollout will commence in the next couple of months. The team are confident that quality of care and length of stay will be greatly improved as a result. Steve Adams, Dementia Nurse Consultant and the Falls team have been actively involved.</p> <p>As a way of showing their appreciation for the hard work and efforts of everyone during the recent CQC Inspection Programme, The Chief Executive invited all staff to join the Executive Team for Crispy Cream Doughnuts and refreshments in the PGEC.</p> <p>Finally, on behalf of the board, the Chairman will be joining the Drop-In Surgery programme, an open invitation for all staff to come and talk to the Chairman informally. Dates and times will be circulated by the Communications Team in advance this coincides with the recent launch of the Board to Ward briefing which enables staff to hear about the key decisions of the board on a monthly basis.</p> <p>The report was duly noted by the Board.</p>
<b>1.6</b>	<p><b>Chief Executives report for Assurance</b></p> <p>The board received and noted the Chief Executive’s report in advance of the meeting.</p> <p>PS presented the report and highlighted the following;</p> <p>Simon Stevens, Chief Executive of NHS England has published the Five Year</p>

		<p>Forward View which sets out the vision for the future of the NHS. It is intended that the Board will soon discuss this publication in more detail and consider the part it has to play and the short and longer term strategic impacts. There is a strong recognition of the financial challenges and increasing level of demand across the healthcare system nationally and more emphasis is needed on local issues. The report proposes an opportunity to increase the 2% efficiency saving to 3% and a benefit in the tariff system to support small Trusts.</p> <p>AM indicated that it will be important for the Board to understand how it will position itself and how it will create opportunities against the actions and proposals identified within the report, ahead of its Board-to-Board meeting with the TDA.</p> <p><b>ACTION: GFM agreed to adapt the Board Development Session agendas to accommodate these discussions.</b></p> <p>RD noted that in relation to the some of the key themes within the report the board should also look at models of care, pathway integration and productivity as well as consider its IT strategy.</p> <p>PS further reported that the Trust was one of ten organisations chosen to join the Mutuals in Health National Pathfinder Programme. The programme will allow the Trust to explore the viability and feasibility of becoming a mutual organisation. This is a true reflection and recognition of where the Trust has got to in the last couple of years. Sue Jenkins, Director of Strategy will be project leading this initiative.</p> <p>AM confirmed that this exploration will consider how a potential Staff Council will sit alongside the Council of Governors in terms of its statutory duties to work together, as an Foundation Trust.</p> <p>PS added that whilst the view was broad, it would draw on experiences of other Mutual organisations both locally and internationally.</p> <p>PBi added that there was a lot of frustration and a lack of clarity within the health system in regards to what is expected from the Council of Governors as their role had significantly increased in line with the Health Act changes. PS responded that the Mutuals programme will provide greater opportunity to engage with patients and the public in a new way and enhance what it has to offer its Governors. It is an opportunity to be clear on what the role of the Governor is and what is expected of them.</p> <p>Finally, David Flory, Chief Executive of the Trust Development Authority visited the Trust at the beginning of October and was impressed by the significant improvements the Trust had made. He commended the enthusiasm and commitment of the staff.</p> <p>The report was duly noted by the board.</p>
	1.7	<p><b>Board Assurance Framework and Significant Risk Register for Approval and Assurance</b></p> <p>GFM introduced the BAF and SRR for discussion and approval by the Board.</p> <p>GFM highlighted that the BAF now presents 5 red risks, 12 amber risks and 2 green risks. The red risks relate to finance and IT. Following review by the Executive Committee, the following recommendations were made for board discussion;</p>

		<p>Risk 4.a Failure to maintain Emergency Department performance Increased to a risk rating of 16 to reflect noted changes in performance throughout September and increased risk as the winter season approaches.</p> <p>Risk 1.a. The Trust will not meet its objectives to deliver continuous improvement in reducing avoidable harm had been updated to include the breadth of controls and actions that detail the Trust's patient falls management risk management and therefore the residual risk had reduced.</p> <p>Financial risks have been updated following discussion by the Finance and Workforce Committee and Trust Board in September.</p> <p>Two risks have been escalated including; patient admitted to the right bed and; failure of ED performance. One new risk has been identified in relation to demand and pressures on temporary staffing.</p> <p>In relation to 1501 – PB clarified the risk relates to patient experience, not patient safety.</p> <p>DH commented that there had been improvements in respect of Fractured Neck of Femur and Stroke patients getting to the right bed. No further outcomes of adverse care have been affected.</p> <p>In relation to Risk 5A2 and recognising the risk structure and detail of the finance report discussed by FWC, PS agreed to reduce the risk to 4:4.</p> <p>Risk 5A1 FA agreed to review the BAF risk in line with the SRR to demonstrate progress made in relation to recruitment and retention. Despite progress to be made, FA felt that the risk did not require an increase to 5 as the risk is being mitigated.</p> <p>RS challenged the reduction in the risk relating to patient falls, recognizing that there has been a lot of work done to reduce the number of falls, it remains the most likely form of harm coming to patients in hospital. After discussion the Board agreed to reduce the risk but to keep falls under regular review.</p> <p>GFM confirmed that the TDA will be challenging the Trust on a later version of the BAF/SRR during its formal Board to Board however, the board will be able to articulate its argument, after sharing the latest version informally.</p> <p>The Executive Committee continues to review the BAF in detail, on a regular monthly basis.</p> <p>The board resolved to approve the report.</p>
<b>2.</b>	<b>Safety, Quality and Patient Experience</b>	
	<b>2.1</b>	<p><b>Urology Review Report for Assurance</b></p> <p>The board received and noted the report in advance of the meeting.</p> <p>DH presented the report which provided an update in relation to the Urology Review of the care of 1200 patients affected by prostate or bladder cancer which was initiated as a consequence of an invited review by the Royal College of Surgeons. The review focused on patients seen by Mr Paul Miller, Consultant Urologist at SaSH since 2006.</p>

	<p>DH highlighted that 200 phone calls to the Helpline had been received and this was being managed by the Communications team. Letters to affected patients and their families are now being sent and some additional Outpatient reviews have been needed, with the anticipation of seeing all patients within 4 weeks. The Trust has received a number of compensation claims from affected patients.</p> <p>PL commended the management of this review, highlighting the duty of candour and managing the situation as safely as possible. Patients and members of public have been able to make contact for advice through the Helpline and seen by a clinician as soon as possible where this was relevant. The organisation has taken its responsibility seriously and tremendous efforts have been made by the Communications team, Cancer Nurse Specialists and Clinicians. AM echoed this feedback and agreed that the process has been very well managed.</p> <p>The board duly noted and took assurance from the report.</p>
<p><b>2.2</b></p>	<p><b>Chief Nurse and Medical Director's Report for Assurance</b></p> <p>The board received and noted the report in advance of the meeting.</p> <p>FA presented the first half of the report focusing on safer staffing compliance and the introduction of ultra-low patient beds.</p> <p>FA highlighted that overall staffing compliance was not achieved on Brockham ward during September and this was attributed to recruiting pressures within the Division of Women and Children. The situation is improving but this is indicative of the pressures across all health care organisations.</p> <p>FA further highlighted that the Trust have invested in 40 ultra-low patient beds to support the reduction of falls. The impact of these beds will be measured and reported to the Board in due course.</p> <p>DH presented the second half of the report focusing on the new Medication Safety guidance for wards and the Ebola virus.</p> <p>DH highlighted the focus on the safety of drug administration adding that the time and method of administration was often critical. The Pharmacy department have issued new guidance to ward areas to help improve safety.</p> <p>DH further highlighted that London Gatwick Airport will now be screening for passengers potentially infected by the Ebola virus. Passengers will be screened for high temperature and symptoms of the virus before being asked a range of questions to determine their health and recent travel history. Those screened with confirmed high temperatures will be instructed to attend East Surrey Hospital for further investigations.</p> <p>Senior medical advisors from Public Health England visited the Trust in October and held a meeting with front line staff, allaying fears for Emergency Department (ED) and Intensive Care Unit staff and leading to an in house set of slides developed for the Emergency Department. Staff are now reassured and confident in handling presenting patients with suspected Ebola.</p> <p>DH added that patients presenting with a high temperature but no further symptoms such as vomiting and diarrhoea are not contagious. Therefore, isolation and protective suits are only required when additional symptoms are presented.</p>

	<p>However, the Trust have chosen to take the pragmatic approach to isolate all presenting patients whether symptoms are apparent or not. The Decontamination room in ED, usually used for managing incidents such as chemical spillage, will be used for initial isolation.</p> <p>Mike Rayment, Quality Manager for Pathology Services confirmed from the audience that procedures and protective equipment was in place to avoid cross-contamination of the virus within Pathology, recognising the expected increase in urgent blood samples from potentially infected patients.</p> <p>The Board duly noted and took assurance from the report.</p>
<p><b>2.3</b></p>	<p><b>Quality Governance Assurance Framework for Assurance</b></p> <p>DH gave a verbal update in relation to the self-assessment exercise undertaken by the Trust and by Deloitte ahead of the assessment made by Monitor as part of the Foundation Trust process.</p> <p>The Trust had undertaken an internal assessment and achieved a score of 2, recognising the CQC's good inspection rating for SASH. The requirement is for Trusts to score 3.5 or less in order to move forward in the FT process and Deloitte have confirmed their final external assessment score of 3.5 following challenge and review of evidence provided by the Trust which supported a better outcome than their original draft assessment score of 4.</p> <p>The board will discuss in detail the outputs of the assessment in the private part of the meeting and will develop an action plan to ensure the recommendations from the report are fully implemented.</p> <p>The Board duly noted the verbal update for assurance.</p>
	<p><b>2.4 Safety &amp; Quality Committee Update for Assurance</b></p> <p>The board received and noted the report in advance of the meeting.</p> <p>The report summarised some of the key discussion points of the last committee meeting held on 2<sup>nd</sup> October 2014. The committee received quarterly reports and detailed analysis on patient safety and experience performance metrics, complaints and PALS enquiries as well as Serious Incident reporting and investigating by the Trust.</p> <p>The Quality Report and Quality Scorecard gave assurances of an improving picture in the delivery of patient safety and experience metrics across the organization. Discussions focused on patient flow through the hospital and the operational pressures faced within ED and throughout the organization to place patients in the right bed first time.</p> <p>A quarterly analysis of complaints and concerns raised through PALS showed a 15% reduction in complaints about appointments, although this remains the most common issue raised. The committee were pleased to hear that 250 staff have completed training in Customer Care and this is expected to increase to 500 by March 2015.</p> <p>A quarterly report and detailed analysis of trends relating to serious incidents declared by the Trust was discussed by the Committee, noting an increase in reporting of minor and near-miss incidents.</p>

		<p>The committee further discussed a report which looked beyond performance target returns to understand potential impacts on the quality of care for patients. The outputs of this exercise was supported by a patient story of an elderly patient who was moved three times during her stay as a result of bed occupancy pressures.</p> <p>FA commented that these discussions demonstrated maturity for the Committee and PL added that the patient stories and 15 step Challenge quality walks were very helpful in understanding the pressures of the hospital and provided the means to measure and also to help understand discussed by the board.</p> <p>The board duly noted the report for assurance.</p>
<b>3.</b>	<b><u>Operational Performance</u></b>	
	<b>3.1.</b>	<p><b>Operational and Quality Key Performance Indicators</b></p> <p>The board received the Integrated Performance report in advance of the meeting.</p> <p>PBo highlighted that the non-admitted standard (outpatient waits) was not achieved in September, with a number of specialty failures as work is undertaken to reduce the number of patients waiting over 18 weeks for treatment. PB clarified that the RTT standard is measured from the time the referral is received.</p> <p>There is an operational drive to reduce the 18-week backlog, as instructed by the TDA, at the detriment of achieving other performance standards. As a result, we expect to fail the standard in October and November. A small number of patients are being outsourced to further reduce the backlog.</p> <p>PBo added that the cancer access standard was measured quarterly nationally and affected a very small number of patients referred from screening. Performance against this standard will not affect the Trust's Care Quality Commission (CQC) profile. DH added that the CQC Intelligence Monitoring will be refreshed in the next quarter.</p> <p>YR challenged the correlation of Ambulance Handover performance against the VTE and Safety Thermometer metrics. FA responded that the Safety Thermometer was a point prevalence and PBo added that the VTE standard was expected to be achieved.</p> <p>PBo further confirmed that the cancellation of operations at East Surrey Hospital would continue through October to November in order to manage activity and demand. However, additional theatre lists are being put on at Crawley hospital in order to increase the number of available beds at ESH during winter.</p> <p>PBo stressed that the ED standard would not be achieved for October. Growth in the number of ED attendances during quarter 2 remains the same as that in quarter 1. Escalation has been open; with an increase in agency spend as a result of activity.</p> <p>PL recognised the reduction in patient experience response and feedback ratings and added that the Patient Experience Committee should continue to analyse the detail behind the metrics and monitor progress. It is understood that stability in ED and effective targeting within postnatal is needed to achieve the maximum response rate patient feedback. Overall, performance is good and the ability to respond to feedback is positive.</p>

	<p>RS questioned what the model and impact of Discharge-to-Assess was and PBo responded. The objective is to assess patients at home, before being admitted to hospital thus reducing emergency activity and improving patient flow. This model is being supported by community nurses and social care services. This is a multi-agency project which adopts the “Sheffield” Model however, full support is still needed from Sussex providers.</p> <p>PBo added that a recent contractual meeting described the variances across Sussex and Surrey health care communities. However, processes are improving and beginning to align and it is recognised that partners need to work as a health system and the Better Care Fund (BCF) is key to Clinical Commissioning Groups (CGs) and councils working together for a better health system. There is also recognition and agreement over activity and performance data which is a significant improvement however, explanation of such data remains an issue.</p> <p>PS highlighted the Trust’s financial position for the month of September. The Trust remains on plan at Month 6 with a £1.3m deficit year to date. Emergency activity pressures remain and are more visible at month 6. The underlying forecast position has been adjusted to £1m surplus from a £3.4m surplus reflecting increased non-recurrent (balance sheet and income from past years) in the reported year to date position. The position continues to include an accrual in respect of the challenge to CCGs over the withheld funding from application of the emergency marginal rate tariff.</p> <p>The level of emergency activity is exemplified in a 9% increase in A&amp;E attendances compared to last year and a similar increase in patients whose length of stay is 2 days plus. This is driving divisional overspending (agency costs, eg: for escalation, but also other indirect impacts) and is absorbing capacity that restricts elective activity (where income was the lowest since the start of the year). The Trust’s liquid ratio has improved only as a result of fluctuations on the balance sheet and will return to its base level once capital funds are spent.</p> <p>Overall, cash balance is ok and is being managed well despite operational and financial pressures, but non payment of invoices by commissioners is starting to be noticed.</p> <p><b>Action</b> PS agreed to advise the non recurrent balance sheet item as a helpful detail for the board in future reports.</p> <p>The Board duly noted and took assurance from the report.</p>
<p><b>3.2</b></p>	<p><b>Finance &amp; Workforce Committee Update for Assurance</b></p> <p>The Board received and noted the update in advance of the meeting</p> <p>RD highlighted some of the key points of discussion from the FWC meeting held on 28<sup>th</sup> October 2014.</p> <p>The EPR Implementation will soon commence and the committee have asked for assurances that learning from other IT projects is being integrated. The committee will review and discuss the action plan following the post-implementation review of PACS/RIS at its next meeting.</p> <p>The committee discussed a report on a national procurement benchmarking</p>

		<p>exercise which compares prices being paid by NHS Trusts. This exercise has identified an £800,000 saving opportunity which will be included in next year's CIP.</p> <p>The workforce report highlighted a change in the way appraisals will now be undertaken and the new format will embed the Trust's objectives into the process. The report also highlighted an increase in sickness levels amongst staff.</p> <p>PS allayed concerns raised by RS with regard to appraisal performance. It was expected that the new model would take some time to implement however feedback on progress will be discussed by the committee.</p> <p>The committee noted intentions to recruit 240 nurses to the permanent establishment but recognizes the pressures within the hospital and the availability of nurses, nationally. Efforts continue to improve recruitment and retention and work continues. AM added that Provider Chairs across Surrey and Sussex recognize the same challenges in recruiting nursing staff.</p> <p>The Board duly noted the report.</p>
<b>4.</b>	<b><u>Risk, Regulatory and Strategy Items</u></b>	
	<b>4.1</b>	<p><b>Serious Incidents Report for Approval and Assurance</b></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA presented the report which is being published in public for the first time. It informs the board of serious incidents occurring within the Trust which have been declared to CCGs. It also compares SI themes with non-SI incidents over the last 12 months. The number of SI's against the total number of incidents which include low-level and near-misses is low in comparison and a process for learning from incident themes is now well established. The report will be presented quarterly to the board and confidential information will be protected from public view.</p> <p>PL asked how SaSH compared to other organisations in respect of serious incidents. FA agreed to share a benchmark within the next report, with the assistance of the new Quality and Risk Lead, Cathy Horner.</p> <p>In response to question by YR, DH confirmed that the Urology review had been declared as an SI.</p> <p>FA confirmed that the Clinical Diagnosis figures were due to be reported in detail but due to their complexity, an analysis will be presented in the New Year. DH added that, typical SI's were not investigated by CCGs and acknowledged that the Surrey Health, Adult and Social Care committee may not have been adequately informed of serious incidents declared by the Trust.</p> <p>There is sufficient confidence in the robustness of systems in place to review incidents and the timeframe for root cause analysis (RCA) reporting. However, the Trust will explore designing its own trigger list for non serious incidents in order to prioritise quality of care, followed by outcome.</p> <p>The Board duly noted and took assurance from the report.</p>
	<b>4.2</b>	<p><b>Saville Action Plan for Assurance</b></p>

	<p>The board received and noted the report in advance of the meeting.</p> <p>FA presented the action plan following a national investigation in relation to Jimmy Saville's association with 28 NHS Trusts which makes recommendations as a result of the investigation reports recently published. Review of those recommendations and population of the action plan has highlighted no concerns with Trust process or practice.</p> <p>The action plan and progress against recommendations will continue to be monitored by the Adult Safeguarding Committee and evidence of whistleblowing has been demonstrated by the recent Urology Review. DH added that staff are more aware of the whistleblowing policy and are less tolerant of inappropriate behavior.</p> <p>In response to a question by AM regarding access to clinical areas, FA added that access to ICU is challenged by staff managing the unit and any concerns should be reported to senior management.</p> <p>The report board duly noted and took assurance from the report.</p>
<p><b>4.3</b></p>	<p><b>Adult Safeguarding Annual Report for Assurance</b></p> <p>The board received and noted the report in advance of the meeting.</p> <p>FA highlighted that Trust was compliant in respect of adult safeguarding and was able to evidence systems in place to manage safeguarding concerns.</p> <p>FA further highlighted that 251 safeguarding alerts had been raised in the last 12 months. These alerts primarily involve neglect and care in the community (including pressure damage). Recent changes and subsequent impact of the Deprivation of Liberty Safeguards (DOLS) guidance are expected to cause delays in assessments. It is not clear whether social services have the required resource to deal with the number of applications they are likely to receive as a result of DOLS but they have agreed to prioritise applications from Acute organisations.</p> <p>With extensive experience and interests in safeguarding within another organisation, PL acknowledged the helpful detail provided within the report. The report also helped the Board to better understand how the systems work and the Trusts direction of travel.</p> <p>FA confirmed that the learning and development strategy relating to child and adult safeguarding for staff was incorporated into the training plan. In addition, targeted training is given to those staff members who have a significant role to play in safeguarding children and adults. Completion and benefits of training will be monitored through the appraisal process and will be evidenced by the increased number of referrals.</p> <p>The Action plan will be monitored by the Adult Safeguarding Committee, picking up key themes for referrals and improving integrated pathways with the community.</p> <p>The Trust will continue to manage any increase in referrals in relation to the deprivation guidance appropriately and FA confirmed that the Trust does have a Prevention Lead to help take forward safeguarding initiatives.</p> <p>The Audit Plan is being managed through the Adult Safeguarding Committee and the output of this will be shared with the Board.</p>

	<p>FA was assured that any gaps in ensuring referrals were actioned and responded to appropriately by social services would be escalated and the Safeguarding Leads do regularly follow up on referrals which have not been closed.</p> <p>FA agreed that the Annual Reports will be presented to Safety &amp; Quality Committee prior to board and after ratification from Patient Safety and Safeguarding Committees.</p> <p>FA agreed to bring a quarterly report to the board to address any gaps identified within the Internal Controls map regarding regular reporting of Safeguarding activities. DH added that triangulation of the various sources for reporting would evolve as consideration is taken to align strategies and annual plans.</p> <p>The board duly noted and took assurance from the report.</p>
<p><b>4.4</b></p>	<p><b>Children’s Safeguarding Annual Report for Assurance</b></p> <p>The board received and noted the report in advance of the meeting.</p> <p>FA highlighted that assurance in relation to child safeguarding was given from self-assessment by the local safeguarding board. Further monitoring and endorsement is through CQC channels.</p> <p>FA further highlighted that 1400 referrals had been made year to date, this is a 50% increase on the previous year. This is due to the high numbers of vulnerable children presenting at the Hospital.</p> <p>Training is well established and all relevant staff (including ED and Paediatrics) are trained at level 2 Multidisciplinary Safeguarding Children with an expectation for those staff to be level 3 trained by the end of November 2014.</p> <p>There have been no serious case reviews to report during 13/14 however, there is 1 case in progress for 2014/15.</p> <p>FA was pleased to confirm that issues relating to the availability and access to child safeguarding medical notes within ED were now resolved and processes have been changed to prevent further problems in obtaining paediatric notes.</p> <p>FA confirmed that the Trust holds a protocol for managing non-mobile infant bruising and both ED and ward staff are knowledgeable and skilled to manage this.</p> <p>A recent peer review from the Local Safeguarding Children’s Board (LSCB) looked at two sets of medical notes to measure compliance and evidence before making recommendations for further improvement. FA recognized that there were improvements to be made in accurate recording of training and the team now have resource to manage and improve data systems. The issue remains capturing the most appropriate staff groups.</p> <p>In response to a question by PL the board were informed that the significant increase in referrals was a national trend and there was no obvious reason for the sudden peak. 6% of the increase may be attributed to electronic reporting and a further element attributed to increased awareness.</p> <p>DH challenged whether the increased referrals were due to demographics of our population or whether our safeguarding team was particularly proactive. FA</p>

		<p>assured the board that all referrals were made appropriately and were supported by strong evidence. The number of referrals was not considered an area of concern for the Safeguarding Committee.</p> <p>Safety &amp; Quality Committee will consider the best form of reporting to the Board and ensure that SASH was not an outlier in terms of referrals, when benchmarked against our peers.</p> <p>The board duly noted and took assurance from the report.</p>
4.5		<p><b>Care Quality Commission Actions Plan Update</b></p> <p>The Board received and noted the report and action plan in advance of the meeting.</p> <p>Sue Jenkins, Director of Strategy presented the CQC Action Plan which was developed following a visit by the Chief Inspector of Hospitals in May 2014 and in response to their findings in relation to service improvement. The board receives monthly updates on progress against the action plan.</p> <p>The board challenged what the Trusts view was on vision, benefit and outcome for its Outpatient Department. SJ added that it was trying to understand and manage supply and demand and will explore different models of care and joint services. <b>ACTION: SJ further agreed to bring a summary of metrics to the board, describing progress and what the Trust is trying to achieve.</b></p> <p>CCGs have been fully engaged in the Action Plan and the TDA continue to monitor progress, with high level discussions at Chief Officer meetings.</p> <p><b>ACTION: PS agreed to bring a report back to the board, summarizing the November CQPRM meeting and CCGs formal response in relation to alignment of discharge processes.</b></p>
4.6		<p><b>Foundation Trust Update For Assurance</b></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>PS presented an update of progress against the Stage 2 milestones of the Foundation Trust application and other key activities.</p> <p>The Board noted and agreed that the name of this report should be titled 'FT Governance Update.' <b>ACTION: GFM will take this action forward for future reports.</b></p> <p>PS highlighted that the formal Board to Board meeting between the TDA and the Trust is due to be held on 20<sup>th</sup> November – noting the change of date from the written report. This will be the final stage (3) of the TDA assessment and approvals phase.</p> <p>GFM highlighted that the Trust continues to do well in membership recruitment, working with MES to target areas of population considered harder to reach.</p> <p>The process for the financial due diligence review is currently being revised by Monitor and the TDA have advised the Trust to take no further action whilst Monitor</p>

		<p>goes to tender.</p> <p>AM clarified the authorisation timescale to the board, with an expected 3-4 month process prior to formal Board to Board with Monitor. However, our hope is that this would be brought forward in order to maintain momentum. The TDA Board to Board will provide greater insight into this timescale in November.</p> <p>The board duly noted the report.</p>
<b>5.</b>	<b><u>Other Items</u></b>	
	<b>5.1</b>	<b>Minutes of Board Committees to receive and note</b>
	<b>5.1.1</b>	<b>Finance and Workforce</b>
		The minutes of the committee were noted with no questions raised.
	<b>5.1.2</b>	<b>Safety &amp; Quality Committees to receive and note</b>
		The minutes of the committee were noted with no questions raised.
	<b>5.2</b>	<b>Any Other Business</b>
		No further business was discussed by the Board.
	<b>5.3</b>	<b>Questions from the Public</b>
		There were no questions raised from members of the public.
	<b>5.4</b>	<b>Date of the next meeting</b>
		<b>Thursday 27<sup>th</sup> November 2014</b> 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.*

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