

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

Present

(AM) Alan McCarthy	Chairman
(MW) Michael Wilson	Chief Executive
(YR) Yvette Robbins	Deputy Chair
(PS) Paul Simpson	Chief Finance Officer
(DH) Des Holden	Medical Director
(FA) Fiona Allsop	Chief Nurse
(AS) Angela Stevenson	Deputy Chief Operating Officer
(AH) Alan Hall	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director
(JP) John Power	Non-Executive Director
(PB) Paul Biddle	Non-Executive Director
(PL) Pauline Lambert	Non-Executive Director

In Attendance

(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
Sacha Beeby	Note taking

1.	<u>General Business</u>	
	1.1	<p>Welcome and Apologies for absence</p> <p>The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public.</p> <p>On behalf of the Board, AM thanked JP for his contributions and enthusiasm as a Non-Executive Director for the Trust, before his official departure in August 2014. JP added that he was proud to have been a part of such a great team and strong leadership and will be sorry to no longer be a part of this.</p> <p>AM continued by welcoming newly appointed Non-Executive Directors Paul Biddle and Pauline Lambert.</p> <p>Apologies were noted from Paul Bostock, who was represented at this meeting by Angela Stevenson - Deputy Chief Operating Officer.</p>
	1.2	<p>Minutes of the last meeting – 26th June 2014</p> <p>The minutes of the previous meeting held on 26th June were approved as a true record.</p>
	1.3	<p>Action Tracker</p> <p>Action 11 - complete</p> <p>Action 12 - reviewed and updated by Chief Nurse. Agenda item for discussion later in meeting.</p>

1.4	<p>Chairman's Report for Assurance</p> <p>AM highlighted the Trust's phenomenal achievement following its CQC inspection, resulting in an overall score classification of 'Good'.</p> <p>A key message from the Chief Inspector of Hospitals judgement (Quality Summit) was the recognition of the moral and commitment amongst staff and the Board acknowledges that it owes staff a debt of gratitude for the work and commitment shown.</p> <p>YR added that the Quality Summit praised the trust on so many aspects, it was a joy to be a part of. CCG and Stakeholder colleagues were also very complimentary of the findings and agreed to continue supporting the trust in its aspiration to achieve an Outstanding classification.</p> <p>The Deputy Chief Inspector of Hospitals was also particularly complimentary of the Trust, adding that it was a place they would be very happy to work and send family for treatment and care.</p> <p>AM thanked MW and the team for their efforts and leadership in getting the Trust to such a great position.</p>
1.5	<p>Chief Executives report for Assurance</p> <p>MW presented the paper which was received by the board in advance of the meeting for assurance and information purposes.</p> <p>MW highlighted some of the local and national issues affecting the health system at the current time.</p> <p>MW commented that he was confident that the new legislation for Fundamental Standards for Health and Social Care Providers would pass Parliament.</p> <p>MW further highlighted that the Trust has been recovering costs from overseas travelers and identifying patients for repatriation. It will continue to work with the Department of Health in the effort to recover these costs in the future more efficiently across the wider health economy. It was noted that recovery from patients outside of Europe was extremely difficult.</p> <p>MW added that the Trust continues negotiations with CCGs to agree additional funding to support the Trust in maintaining ED performance this winter. Additional funding has also been agreed to support the trust in maintaining RTT 18-week standards during the winter period and to undertake additional elective work to reduce the back log.</p> <p>YR questioned whether the national expectation to clear the RTT 18-week backlog by August 2014 was realistic, taking into consideration the holiday season. MW was confident that this would be extended to September/October and may continue to be renegotiated depending on pressures across the health system. Additional bed capacity was being created in order to support this work.</p> <p>MW further added that winter pressure funding was also being allocated to Ambulance Trusts, Social Care and Community providers as well as CCGs. Chief Executives across the local health system have agreed with the Trust how the additional winter funding will be used.</p>

	<p>MW reported that IC24 are now operating an Out of Hours GP service from the Fracture clinic at East Surrey Hospital. Since relocating from Caterham Dean, the service provision is working well for patients. Initial concerns relate to streaming patients from ED whose needs better fit primary care rather than emergency ED treatment.</p> <p>RS welcomed the new Out of Hours service and would be interested in receiving updates on progress and performance as the service develops.</p> <p>The board duly noted the report for assurance.</p>
<p>1.6</p>	<p>Board Assurance Framework & Strategic Risk Register</p> <p>GFM presented the paper which was received by the board in advance of the meeting for discussion and approval purposes.</p> <p>The Board discussed the BAF and SRR in its latest version as part of its monthly review to consider and approve its alignment to strategic objectives. Risk scores relating to Recruitment & Retention have been reviewed and revised as recommended by the Board in June 2014.</p> <p>In response to RS, PS confirmed that the Finance & Workforce Committee discussed and agreed that the IT strategy should be refreshed to better demonstrate patient benefit and IT capability of programmes such as the EPS and should ensure the right level of clinical engagement is sought.</p> <p>YR welcomed new ways of working to better identify opportunities and best practice.</p> <p>PS agreed that the Trust was keen to improve on how it adapts behaviour towards the systems it invests to ensure they are clinically efficient and supportive.</p> <p>The board accepted that the Trust would need to invest in external leadership and project management in order to support the capability and capacity of its IT department in progressing some of the broader IT developments being introduced (collaboration with BT, PACS RIS, EPMA etc.).</p> <p>PS acknowledged that, those projects which have heavily engaged clinicians and been supported by Clinical Chiefs of Services have proved most successful, user friendly and better supported by clinicians.</p> <p>Action: the board requested further discussion and update of IT project support at a future meeting.</p> <p>JP recognised and thanked PS for revision of the risk which now clarifies alignment of Trust and CCG intentions following discussion at AAC.</p> <p>AM questioned whether the board was content to accept a tolerated risk of Amber against Hospital Acquired infections, noting previous conclusions by the board that the Trust would always expect a Green rating under the category of Safe. DS clarified that due to the dynamic nature of probability against HAI's, the trust should be assured that all efforts will be put into mitigating the Risk. MW added that new infections will evolve and this made the probability score very difficult to reduce.</p> <p>PS concluded that financial risks were not linked to patient safety and quality. Such risks are being contained as financial risks and being managed to ensure safety and</p>

		<p>quality is not compromised.</p> <p>RS requested an update on the work which has been done to improve controls and alerting systems in relation to child abuse cases. IM responded that processes have been improved within Paediatrics and ED to ensure greater visibility and accurate recording of child ED attendances within hospital notes. IM assured the board that he felt satisfied the risk has been mitigated within the Trusts control, however was unable to assure the board that the wider health systems processes were as effective when linking child attendances in isolation between other providers. The CQC have concluded that the Trusts processes in place and action undertaken is safe.</p> <p>The board resolved to approve the BAF and SRR.</p>
<p>2. Safety, Quality and Patient Experience</p>		
	<p>2.1</p>	<p>Patient story</p> <p>DH presented a paper which was received in advance of the meeting for assurance purposes.</p> <p>The board welcomed Kim Rayment (Patient Safety and Risk Lead) and Elizabeth Choate (Physiotherapist) to the meeting to describe an incident reported on DATIX in relation to the care pathway of a patient and the lessons which have since been learnt from this event. In conclusion, the incident review team agreed this was not a Serious Incident to declare as it did not meet criteria however, points of learning would be shared with the Board, divisional Governance Team meetings and the Medical division mortality and morbidity meeting.</p> <p>Key themes from the lessons learnt include;</p> <ul style="list-style-type: none"> - Specialist opinion and effective communication - Thorough assessment of pain management and prompt escalation for senior clinical review - Maintain accurate record and rationale for clinical decisions - Better challenge of patient assessment in relation to pain threshold and management. <p>YR questioned whether the introduction of the ward round checklist was in full practice and whether this provided sufficient and explicit prompt to the clinician to challenge and assess pain threshold.</p> <p>DH confirmed that the focus should remain on improving culture throughout the organisation and enabling effective escalation of concerns raised by nursing and clinical teams. Patients are expected to be coherent and able to respond to clinical assessment and challenge regarding their current state of health and fitness.</p> <p>DH further clarified that there were no care failings in this case, sufficient for the patient's fracture to not resume normal function.</p> <p>JP felt assured by the review process of this incident.</p> <p>PS asked the board whether it was being hard on itself if the patient in this case was informing the assessing doctor she was not in pain. DH reminded the board that patients often had tendency to tell the doctor what they believe they want to hear. This also proves problematic and unreliable when considering the patients changing pain threshold at the time of assessment, and where there are learning difficulties to consider.</p>

		<p>The board duly noted the presentation for assurance.</p>
	<p>2.2</p>	<p>Chief Nurse and Medical Directors report</p> <p>FA presented the Chief Nurse report which was received by the board in advance for assurance purposes.</p> <p>FA provided an update of ongoing work in relation to safe and quality patient care, including monthly Safer Staffing data, the new legal judgement affecting DOLS assessments within the trust and the appointment of a Consultant Nurse for Falls and Patient Safety.</p> <p>FA highlighted that staff compliance for the month of June was 97%, noting that Burstow and Outwood wards did not consistently achieve actual staffing against planned for untrained staff due to availability. An exception report for WACH division was presented to the board to provide further assurance that this did not impact on patient safety or outcome and was effectively managed at the time. A plan is in place to address staffing issues within WACH by September 2014.</p> <p>AM questioned the reason for staff compliance failings within WACH. FA confirmed that there were vacancy issues within maternity however, community and support workers were being brought in to supplement the team and a time lag will affect reporting figures. The availability of skill mix is a national issue.</p> <p>Escalation processes are effective, with daily site team meetings to discuss staffing against capacity and demand. The senior nursing team have proven to be extremely adaptable and flexible to meet unexpected peaks in activity or increased staff absence.</p> <p>FA highlighted the recent changes to the Mental Capacity Act and the reporting of DOLS (Deprivation of Liberty Safeguards) and how this will impact on the Trust. Community partners are struggling to interpret the legislation and understand what the means for assessment are.</p> <p>Action: FA agreed to provide a further update to the potential impact on DOLS following a meeting with community partners to discuss implementation and process.</p> <p>Chief Nurse further reported that the Consultant Nurse for Falls & Patient Safety has now been appointed and the successful candidate comes with a wealth of experience and will be the first Filipino Consultant in the country.</p> <p>The Medical Director provided an update to the board on the spread of the Ebola virus in West Africa. There are no reports of British citizens being affected to date and the UK government are taking precautionary measures and looking at capacity to respond to an outbreak within the UK.</p> <p>Four suspected cases at London Gatwick Airport resulted as false alarm. However, processes are fully in place for airports, ambulance and health care providers.</p> <p>The Trust recognises that staff may require support and guidance at the current time and several staff forums have been arranged in order to provide staff the opportunity to ask questions in relation to the virus and the Trusts protocol.</p> <p>PS felt assured by the processes in place to respond to any viral event and lessons</p>

		<p>will be learnt from events outside of the Trust.</p> <p>Public Health England are expected to lead all system wide plans and remain involved in local issues. MW further added that negotiations were underway with PHE for the Trust to play a role in an exercise which will test the systems and processes in place to respond to a suspected Ebola case in the UK. This exercise will bring learning to the Trust and all local providers involved.</p> <p>DH further highlighted that the Trust declared a Never Event in July. The incident related to administration of oral Methotrexate on three consecutive days, in error. As a result of this incident the Trust has now made this drug a controlled medication, requesting higher standard of prescribing and a minimum of two nurse checks before administration. The patient is unlikely to suffer harm from the incident and both the patient and family are informed of our investigations.</p> <p>DH added that this event would not have occurred if electronic prescribing was in place. EPMA will also make it harder to avoid safety measures in place for specific drugs.</p> <p>The board duly accepted the report for assurance purposes.</p>
2.3		<p>Safety & Quality Committee update</p> <p>RS presented the paper which was received by the board in advance of the meeting for assurance.</p> <p>RS summarised key discussions from the Safety & Quality committee meeting in July 2014.</p> <p>The committee was observed by Dr Stephen Dunn from the TDA and attended by East Surrey and Crawley, Mid-Sussex & Horsham CCGs.</p> <p>RS highlighted that the committee considered a report on incidents for the final quarter of 2013/14 and discussed the need to improve reporting of SI's to the CCG within the national timeframe.</p> <p>It also received an improvement plan and update on progress of work being undertaken for Outpatient services.</p> <p>The committee focused its discussions on the pressures on the hospital, reflected in numbers presenting at A&E, ambulance handover times and delayed discharges.</p> <p>AM recognised effective links between the Safety & Quality committee and the Executive committee. Following observation, the TDA are now recommending others to attend the Trusts Safety & Quality committee meetings as an example of good practice.</p>
2.4		<p>Safety & Quality Committee Annual report</p> <p>RS presented the paper which was received by the board in advance of the meeting for assurance and approval.</p> <p>The Safety & Quality Annual Report for 2013/14 summarises the achievement of the committee during 2013/14 and sets out the challenges for 2014/15.</p> <p>The Safety & Quality committee recommended to the board a proposal to approve</p>

		<p>clinical Chiefs of Service to become full members of the committee.</p> <p>The board resolved to approve this recommendation.</p> <p>A wider review of the committee will be undertaken following FT status.</p>
3.	Operational Performance (Month 1)	
	3.1	<p>Integrated Performance report - month 3</p> <p>AS presented the paper which was received by the board in advance of the meeting.</p> <p>AS highlighted that the Trust has declared a Never Event in June and immediate actions have been put in place to mitigate further risk whilst the investigation is undertaken.</p> <p>Two cases of Trust-acquired Clostridium difficile were identified in June. Following discussion and challenge by the Executive committee, all infection, prevention and control measures were felt to have been taken.</p> <p>In June, 96.6% of patients were admitted or discharged within 4 hours, with no 12 hour trolley wait breaches reported. The Cardiology non-admitted RTT standard was not achieved, due to validation issues.</p> <p>AM requested an update on actions in place to address patient opinion scores on post natal wards, which appear consistently low. FA confirmed that the issue related to data capture and the time at which patients are asked for their recommendation. Cathy White is working with the team to capture this information in a better way.</p> <p>AS confirmed that there were no RTT patients waiting over 12 months for treatment. Patients continue to be tracked up to 6 months and regularly reported to the TDA.</p> <p>YR recognised the improved performance and reduction in serious incidents reported per 1000 bed days and challenged whether this was related to data quality or the result of improved performance in June. FA confirmed that more efficient reporting processes were in place and the team were improving communication of SI's. However, there remains work to be done and continued focus to maintain efficiency.</p> <p>RS referred to the Trusts approach and actions in relation to recruitment and retention and challenged the increasing measures against vacancy and turnover levels as well as agency usage, particularly after noting the Chief Nurse report on the Safer Staffing programme. FA confirmed that actions were in place to recruit to vacancies, with regular PMO meetings in place to manage and control agency use. Better training and education is also being considered to attract retention.</p> <p>FA assured the board that great efforts were being put into recruitment and retention by divisions and the numbers seen in month 3 were not reflective of quarter 1 figures. Delivery of benefits will be visible in quarter 4 figures. FA further confirmed that turnover and stability was a key focus for the Trust and the board accepted that there was insufficient information at the current time to determine the driver of high turnover figures.</p> <p>MW added that there were over 9000 new nursing vacancies nationally and trusts were competing with substantial offers to attract good candidates in order to</p>

		<p>increase staffing levels and meet safer staffing guidelines.</p> <p>PS reported that assumptions on emergency activity would need to be revised following evidence of increased ED attendances during the winter period. This increased activity will continue to put significant pressure on the financial position of the Trust and will affect income improvement plans. For this reason, the Trust has decided not to close a ward at the current time as this may compromise patient safety.</p> <p>PS further reported that the Trusts position in respect of cash and the Capital Programme was on track. 19 Trusts were being referred to the Secretary of State for Health, due to historic agreements for those trusts reporting deficit. PS high listed that SASH have reported a break even position since 2007 and it's referral to the SOS is technical issue which cannot be reversed.</p> <p>The board duly noted the report for assurance purposes.</p>
3. 2		<p>Finance & Workforce Committee update</p> <p>RD presented the paper which was received by the board in advance of the meeting for assurance.</p> <p>RD highlighted some of the key discussions from the FWC meeting held in July 2014.</p> <p>There was confidence that the £3.9m of capital funding would be received to support the Cardiology Angiography FBC.</p> <p>RD further recommended that non committee members review the SASH Plus paper presented by the Medical Director for interesting reading. This paper describes the clinically-led GE Healthcare work and outlines benefits to date and future challenges and plans. GE will continue to support the Trust this year in order to ensure the 3 year leadership programme is embedded within the organisation.</p> <p>The committee will consider appropriate updates in relation to MSK and the Pathology joint venture for the public part of the committee meeting, following discussions by the committee in private.</p> <p>PS confirmed that's AS has been appointed as Responsible Officer for managing the LTFM's table of financial approvals, as described in the IBP.</p> <p>The board duly noted the report for assurance purposes.</p>
3.3		<p>Audit & Assurance Committee update</p> <p>RD presented the paper which was received by the board in advance of the meeting</p> <p>RD summarised some of the key discussions of the meeting held in July.</p> <p>The committee reviewed and challenged the BAF and SRR with recommendations made prior to board submission and approval.</p> <p>Following external audit review of the Trusts Quality Account, recommendations were received to improve response time and escalation of serious incidents, as well as improving VTE processes.</p>

		<p>The committee will receive a plan of Local Counter fraud Specialist provisions for the following year in August 2014 by the Chief Finance Officer. This will also detail financial support and mechanisms.</p> <p>The report was duly noted by the board for assurance purposes.</p>
	3.4	<p>Charitable Funds Committee update</p> <p>YR presented the paper which was received by the board in advance of the meeting.</p> <p>The report summarised some of the key discussions of the committee meeting held in July 2014.</p> <p>YR highlighted that the committee were pleased to announce the appointment of a new fundraising manager, Bernard Graham. This role will undertake raise funding for medical equipment, as well as raise the profile for SASH.</p> <p>PB added that the Trust should consider involvement by Governors, utilising skills, experience and enthusiasm of. Those willing and able to support.</p> <p>The report was duly noted by the board for assurance purposes.</p>
4.	Risk, Regulatory and Strategy Items	
	4.1	<p>Chief Inspector of Hospitals report</p> <p>MW presented the paper which was received by the board in advance of the meeting.</p> <p>The action plan resulting from the CQC Chief Inspector of Hospitals visit will be discussed in detail within the Private part of this meeting.</p> <p>AM asked the board to consider what the organisation needed to do in order to maintain momentum and continue to drive improvements to achieve Outstanding classification.</p> <p>The board acknowledged the challenges and achievement of maintaining Good accreditation whilst pressures within the Trust continue to increase.</p> <p>The board duly noted the report for assurance purposes.</p>
	4.2	<p>Annual Audit report</p> <p>PS presented the paper which was received by the board in advance of the meeting.</p> <p>The Annual Audit report or 2013/14 presents an overall positive conclusion and acknowledges where the Trust has been, where it is now and where it is going.</p> <p>PS further added that it was helpful and effective to receive reported from the Trusts main regulators in conjunction (i.e. CQC and Auditors).</p> <p>The board duly accepted the report for assurance purposes.</p>

	4.3	<p>FT update</p> <p>MW presented the paper which was received by the board in advance of the meeting.</p> <p>RS questioned whether the recruitment of 1550 public members was on track. GFM confirmed that it was and that the Trust was now working with a membership recruitment and promotional organisation MES in order to support this recruitment drive.</p> <p>It is expected the Trust will recruit an additional 3,000 members by the end of September 2014. MES continue to work within the hospital and the community to achieve its membership goal.</p> <p>MW added that a date had now been confirmed for the TDA board-to-board - 20th November 2014.</p> <p>PB challenged the mechanisms in place for communication with members as they are recruited. GFM confirmed that the membership and communication policies were fully operational and the Trust will be hosting Governance Awareness sessions for member participation.</p> <p>The board duly noted the report for assurance purposes.</p>
	4.4 and 4.5	<p>4.4 Resilience Policy and Chemical Incident Plan</p> <p>AS presented both papers which were received by the board in advance of the meeting.</p> <p>The Resilience Policy for business continuity and major incident planning has been revised to reflect changes in NHS structure and core standards.</p> <p>AS confirmed that both system-wide and local resilience policies existed. National exercises such as Ebola, will be instructed by NHS England and the Trust will take learning from such exercises</p> <p>It is not felt that the Trusts ability to implement the policy across two counties will be problematic because NHS England chair both Surrey and Sussex populations.</p> <p>The Resilience and Chemical Incident Policies were approved by the board.</p>
5.	Other Items	
	5.1	Minutes of Board Committees to receive and note
	5.1.1	<p>Finance and Workforce 24th June 2014</p> <p>The minutes of the committee were noted with no questions raised.</p>
	5.1.2	<p>Safety and Quality 5th June 2014</p> <p>The minutes of the committee were noted with no questions raised.</p>
	5.1.3	<p>Audit and Assurance 30th May 2014</p> <p>The minutes of the committee were noted with no questions raised.</p>

5.1.4	Charitable Funds 3rd July 2014	The minutes of the committee were noted with no questions raised.
5.2	Any Other Business	AM confirmed that the Trust will host its Annual General Meeting on 25th September 2014 at 17:00. The format for the meeting is to be agreed. No further business was raised by members of the board.
5.3	Questions from the Public	There were no questions raised by members of the public.
5.4	Date of the next meeting	Thursday 28th August 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.

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