

**Minutes of Trust Board meeting held in Public  
Thursday 24 April 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
(DH)	Des Holden	Medical Director
(FA)	Fiona Allsop	Chief Nurse
(YR)	Yvette Robbins	Non-Executive Director
(RD)	Richard Durban	Non-Executive Director
(RS)	Richard Shaw	Non-Executive Director
(RC)	Richard Congdon	Non-Executive Director

**In Attendance**

(SB)	Sacha Beeby	Note taking
(IM)	Ian Mackenzie	Director of Information & Facilities
(SK)	Sally Knight	Deputy Director of Human Resources
(GFM)	Gillian Francis-Musanu	Director of Corporate Affairs
(CW)	Cathy White	Patient Experience Survey Manager

<b>1.</b>	<b><u>General Business</u></b>	
	<b>1.1</b>	<b>Welcome and Apologies for absence</b>  The chairman opened the meeting by welcoming Trust Board members, staff and members of the public.  Apologies for absence were noted from John Power (Non Executive Director) and Alan Hall (Non Executive Director).
	<b>1.2</b>	<b>Declarations of Interest</b>  The Trust Board members confirmed that they had no additional interests to declare.
	<b>1.3</b>	<b>Minutes of the last meeting held on 27<sup>th</sup> March 2014.</b>  RD to confirm additional wording for minutes in relation to Capital Budget (reference page 9)  The minutes of the meeting held on 27th March were then approved as a true record.
	<b>1.3.1</b>	<b>Action Tracker</b>  <u>Action 1</u> Corporate Rules of Procedure update GFM to update ROP to reflect accurate requirement of CEO attendance at board committee meetings (not a full member)

		<p><u>Action 2</u> Board attendance record GFM to update record of attendance relating to YR in respect of September board and remuneration committee meetings.</p> <p><u>Action 3</u> IM to consider how the board can demonstrate that it has listened to patient experience and how it responds to feedback received</p> <p><u>Action 4</u> The board should consider how the Patient Experience Strategy should be more explicit in articulating that the in-patient survey guided action and that specific KPIs should be developed. FA to consider this.</p> <p><u>Action 5</u> GFM agreed to share with the board a copy of the trusts response to CCG comments in relation to the FT Project Boards recommendation to revise the council of Governors.</p> <p><u>Action TBPU-04</u> Maternity survey to be presented to the SQC in May.</p> <p>All other actions completed or due to be presented by exception report at this meeting.</p>
1.4	<b>Chief Executives Report</b>	<p>MW assumed the Chief Executives Report as read and invited further questions from members of the board in relation to national and local issues highlighted within the report,</p> <p>On behalf of the board, AM extended congratulations to Abhay Rane for his OBE award for services to laparoscopic surgery and to Rachel Forbes-Pyman who was awarded National Physician Associate of the Year.</p> <p>The report was duly noted by the board.</p>
1.5	<b>Board &amp; Committee Attendance Report</b>	<p>GFM assumed the Annual Review of Board and Sub-Committee Attendance as read and invited comments from members of the board in relation to the analysis.</p> <p>RD noted that the Annual Report recorded the Chief Executive as a full member of the SQC and FWC. This should be corrected to reflect his attendance is 'as required'.</p> <p><b>Action:</b> GFM agreed that the Rules of Procedure should be updated to reflect this.</p> <p>YR noted an inaccuracy within the report in relation to her own attendance; 'In-Attendance' for Sept 13 Trust Board but 'Non-Attendance for Remuneration Committee on the same date.</p> <p><b>Action:</b> GFM agreed to look into this and make the necessary corrections.</p> <p>The report was duly noted by the board.</p>
2.	<b><u>Safety, Quality and Patient Experience</u></b>	

2.1	<p><b>Presentation - Patient Experience</b></p> <p>IM and CW presented an update to the board in relation to Patient Experience and the trusts recent achievements and future ambitions in this respect. The analysis was drawn from various data sources including; PALS, Complaints, Your Care <b>Matters and Patient Opinion.</b></p> <p>YR sought assurance on how the Trust ensured those high performing areas/wards were helping those less performing areas/wards and how this learning was being utilised throughout the organisation.</p> <p>IM confirmed that this was easily measured by tracking response rates to survey requests. Less performing areas/wards can be easily identified and targeted to encourage staff within that area to engage with patients and promote feedback. The board recognised that the results from patient surveys and direct feedback received needed to be owned by staff members in order to achieve greatest impact. This data is promoted on the staff Intranet and comparisons can be made between wards; this may serve a purpose to encourage those less performing areas to achieve better results.</p> <p>FA confirmed that Patient Experience and data from the various patient feedback sources was discussed regularly at divisional governance meetings and would provide assurance to the Patient Experience sub-committee. However, it was accepted that further links to ensure greater oversight and assurance to the board could be developed.</p> <p>RS agreed that staff engagement was key in driving the improvements in patient experience. Referring to recent staff comments and feedback, RS questioned how the improvements across the trust were so recognisable by staff.</p> <p>IM recognised and attributed this to the general improvements across the organisation over the last 2 years and agreed that initiatives such as 'SenSASHional' which promotes and encourages staff commendations from patient feedback have created a positive environment. IM further added that Patient Experience and patient feedback was discussed with staff in many forums and we are now able to better articulate what we have done and show demonstrable differences made in improving both staff and patient experience throughout the organisation. We are able to demonstrate our response and action as a result of direct feedback and staff are now seeing changes in their areas as a result.</p> <p>RS sought assurance around the governance structure in place to analyse responses from the various data sources, for both staff and patients and how the organisation will refocus its attention in line with monthly reporting.</p> <p>IM confirmed that the trust will continue to monitor and manage areas of improvement identified by patient feedback and that the structure was well suited and supported by the Capital Group, Patient Experience sub-committee and Trust Board.</p> <p>AM questioned how the board was able to demonstrate its involvement and oversight of Patient Experience and how it listens and responds to what patients are saying.</p> <p><b>Action:</b> IM agreed to consider how best to deliver this at board-level.</p> <p>RD added that the board should be provided with the assurance that the</p>
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		<p>organisation is embedding what patients are saying. He further noted the importance of making a greater number of 'small' differences alongside fewer 'large' differences.</p>
<p><b>2.2</b></p>	<p><b>Patient Experience Strategy</b></p>	<p>FA assumed the Patient Experience Strategy 2014-2017 as read and invited comments from members of the board, prior to approval.</p> <p>RC agreed to discuss comments and observations with FA in relation to opportunities to enhance patient experience as an FT, the role of the board in relation to patient experience and the information it should receive in order to deliver its objectives, board sight of PALS analysis, improving the detail provided in relation to Complaints and identifying KPIs to better evidence learning.</p> <p>AH sought clarification that the trust will work with CCGs and proactively engage with stakeholders, including GPs to determine views of patients. FA confirmed this was correct and that active engagement with GPs would be made.</p> <p>RD noted that the Communication Strategy should be explicit in relation to external communications and this should align with the Patient Experience Strategy.</p> <p>PS informed the board that presentations had been made to various forums throughout the organisation relating to our Patient Experience Strategy and asked members to consider whether the board should look at how its strategy is more specific to KPIs and how it is assured by improving links to organisations such as Ipsos Mori, therefore improving the quality of our strategy and outputs.</p> <p>PS further noted that the in-patient survey was not visible within the Strategy and that this should link as a substantial measure of what we do. FA confirmed that the Your Care Matters survey was built on the in-patient survey and correlates the questions from this.</p> <p><b>Action:</b> The board agreed that the Strategy should be more explicit in articulating that the in-patient survey guided action and that specific KPIs should be developed.</p> <p>The board resolved to approve the Patient Experience Strategy with comments noted.</p>
<p><b>2.3</b></p>	<p><b>Chief Nurse &amp; Medical Directors Report</b></p>	<p>FA and DH assumed the joint Chief Nurse and Medical Directors report as read and invited comments from members of the board.</p> <p>DH highlighted an area of challenge in relation to HCAs and a proposal for discussion by the board will be made to evidence board involvement.</p> <p>RS asked for clarity around the shift in improvement for performance in CDiff and MRSA which has led the Surrey Health Community to suggest a move to standardised RCA methodology by all providers.</p> <p>DH confirmed that this standard methodology would allow providers to easily take understanding and learning from other organisations in order to improve infection control measures.</p> <p>The improvements are likely to be owed to a nationally raised profile around infection control awareness and increased focus by individual trusts.</p>

		<p>MW added that the trust had empowered its infection control team to be more innovative and encouraged their ideas for improvement to be implemented. Some of the key initiatives implemented include a new smartphone App for current and up-to-date antibiotic prescribing policies, additional isolation side rooms to contain outbreaks and the virtual nurse stations which encourage visitors to clean their hands on entry.</p> <p>FA highlighted that data in relation to staffing levels within the trust is available to the board and NEDs are encouraged to login when prompted by email.</p> <p>RD queried the number of qualified nurses which will need to be recruited this year in order to meet the required ratio of staff:patient and sought assurance around the robustness of the plan to reach the desired target.</p> <p>FA confirmed that 45 qualified wte nurses would need to be recruited however, the current workforce will need invigorating and the current variation was 4-11% , depending on ward.</p> <p>YR questioned how equipped the staff were to communicate or raise a concern in relation to staffing levels.</p> <p>FA confirmed that the data entry toolkit allowed for additional commentary where it can be noted sufficient/insufficient staffing levels at that time and was supported by an operating procedure. Any additional information provided is picked up by the Operational management team for immediate response and action.</p> <p>The board duly noted the report.</p>
	<p><b>2.4</b></p>	<p><b>Safety &amp; Quality Committee Chairs Update</b></p> <p>RS assumed the SCQ Chairs report as read and invited further comments from members of the board.</p> <p>It was noted that the new committee structure for the organisation was proving helpful and productive in gaining assurances in relation to safety and quality throughout the trust.</p> <p>DH acknowledged that the board would need to understand the step-change in the risk relating to Dr Foster CQC metrics and agreed that the trust board was the appropriate forum for escalation and discussion.</p> <p>The board duly noted the report.</p>
	<p><b>3. <u>Operational Performance</u></b></p>	
	<p><b>3.1</b></p>	<p><b>Integrated Performance Report (M12)</b></p> <p>PB assumed the Integrated Performance Report as read and invited further comments from members of the board.</p> <p>The performance report was presented in a format which was in line with sub-committee reporting as seen by the Executive Committee.</p> <p>Overall, good operational performance was noted during the month of March and the Trust continued to be the best performing trust across Surrey and Sussex for the</p>

	<p>second quarter running.</p> <p>AM noted a disappointing performance in relation to FFT results but was assured that this was being discussed by divisions at divisional board meetings.</p> <p>AM further acknowledged that sickness levels had reduced significantly and wondered whether this was linked to staff flu vaccinations.</p> <p>YR challenged the increase in number of SIs 'per 100 bed days' between Feb and Mar and was assured that this was due to process changes in the recording of SIs and did not reflect an actual increase in SIs.</p> <p>RS questioned whether the metrics relating to staff appraisals would pick up those completed during March to account for those undertaken within the 12 month cycle.</p> <p>PS summarised the financial performance of the organisation at Month 12 and confirmed that the savings plan had been delivered and the trust would end the year with sufficient cash to see it through to April 2014.</p> <p>However, the Better Payment Practice Code (liquidation) had not been delivered and £11.6m had been spent on agency during 2013/14 (£6.5m attributable to nursing agency). Despite this being a much improved position, helped by investments in ward improvements, focus was still needed in order to further decrease agency usage and recruit to vacancies.</p> <p>PS highlighted that the trust had not yet signed an MOU with East Surrey CCG in relation to income for the year and a formal dispute will result.</p> <p>AM challenged what would happen to the accounts if payments due up to month 9 are unresolved/unpaid and PS confirmed that the trust would have to accrue for what may impact into financial year 2014/15.</p> <p>RD added that the AAC had formally approved the Annual Governance Statement and draft Annual Report and Accounts for 2013/14 with a small number of comments made by committee members.</p> <p>RC recognised the remuneration achievement delivery result.</p> <p>RD further paid thanks to the finance team for the turnaround of the financial accounts and financial reporting and the board fully supported and echoed this.</p> <p>The Board duly noted the report.</p>
<p><b>3.2</b></p>	<p><b>Interim Budget 14/15</b></p> <p>PS assumed the Interim Budget 2014/15 as read and invited further comments by members of the board.</p> <p>PS reminded the board that it had signed an interim budget at the board meeting in March which noted the CCG dispute and subsequent financial risk of £22m.</p> <p>The paper now presented to the board accounts for a signed contract with Crawley &amp; Mid Sussex CCGs and the outputs of the arbitration which resulted in favour of the Trust. The level of risk has therefore significantly reduced (to £8m) and the board was recommended to sign off the final budget, noting a reduced outlying financial risk and further work to be done with CIPs.</p>

	<p>RD confirmed that the FWC had discussed in great detail the trusts red rated risks and challenged reassessment of risks where appropriate (from red to green) or the requirement to demonstrate clear mitigating actions otherwise. How assured were we as a board that the budget presented was realistic.</p> <p>PS responded that the recommendation remained that the board should approve the budget as presented and that it was a realistic assumption.</p> <p>AM challenged the language used in relation to the arbitration outcome and PS accepted that "the outcome was a balanced articulation and the position of the trust was accepted".</p> <p>AM noted the trusts income plans were clearly above CCG expenditure plans. PS confirmed that there were areas known and discussed by CCGs in this respect and elective activity would be paid for by PbR. The detailed schedule has been discussed by FWC.</p> <p>RD noted that the Capital Budget had been approved by the board in March.</p> <p>RC accepted that the budget which the board are asked to approve has been presented to the TDA and the level of financial risk in respect of savings also, has been declared.</p> <p>AM assured the board that the budget can be changed at a later stage if it is required to.</p> <p>The board resolved to approve the budget on recommendation by the FWC.</p>
<p><b>3.3</b></p>	<p><b>Quality Impact Assessments</b></p> <p>PS assumed the Quality Impact Assessments as read and invited further comments from members of the board.</p> <p>AM recognised that the QIA process had been successful so far in identifying gaps in savings and challenged how well this process was received by the Medical Director and Chief Nurse.</p> <p>DH added that it was not a fundamental change in process to chase savings, but more a trimming of current practice than redesign.</p> <p>AM challenged lack of a proactive approach to help redesign processes and transformation by housekeeping staff and PS confirmed that the trusts ability to enforce this with staff ratios as they currently are and it's ability to be flexible in the current environment would be a challenge.</p> <p>AM further challenged the boards integration agenda and our approach to working with community providers, GPs and clinicians to identify and drive savings through clinical pathways.</p> <p>PS added that this was a transformational process and activity reductions would not count as they are not considered a saving to the trust.</p> <p>RD informed that the FWC had recently discussed core skills for the trusts future success in enabling change and concluded that it needed to consider operationally</p>

		<p>the IT skills it would require in order to enable change.</p> <p>YR challenged whether the trust is considering how services can be redesigned in partnership with CCGs and community providers in line with affordability.</p> <p>MW added that the tariff was based on an average price and the trust is having to rely on those less complex patients to help fund the complex patients.</p> <p>DH challenged whether the organisation had capacity and skill set to redesign its services and the capacity to deliver what it wants to achieve. MW responded that it was a wider health-system responsibility to deliver such significant changes and redesign.</p> <p>The board were assured by the process of the Quality Impact Assessments.</p>
	<p><b>3.4</b></p>	<p><b>Finance &amp; Workforce Committee Chairs Report</b></p> <p>RD tabled the FWC Chairs Report at the board meeting due to the timing of the committee meeting from which it summarised.</p> <p>FA agreed to update the board on the Your Care Matters patient experience feedback in relation to Hospital at Home.</p> <p>PS added that the Workforce sub-committee of the Executive Committee have been asked to consider and strengthen the indicators it reports on and to return to the Executive Committee in one month with a proposal for a much improved set of metrics.</p> <p>The Board duly noted the report.</p>
<p><b>4.</b></p>	<p><b><u>Risk, Regulatory and Strategy Items</u></b></p>	
	<p><b>4.1</b></p>	<p><b>FT Consultation and Trust Response</b></p> <p>GFM assumed the FT Consultation Outcome and Trust Response as read and invited further comments from members of the board.</p> <p>GFM confirmed that objections had been received by CCG colleagues in respect of the recommendations by the FT Project Board to change the composition of the Council of Governors. The trust has responded to those objections, clarifying the requirements and explaining why this decision was made and the role of the CCGs on the Council of Governors.</p> <p><b>Action:</b> GFM agreed to circulate share a copy of the trusts response with the board.</p> <p>The board discussed the decision of the FT Project Board for the name of the organisation to remain unchanged, following consideration of consultation feedback. IM added that the cost implications of changing the name of the Trust would be significant and must be fully understood by the board.</p> <p>The board resolved to delegate further consideration by the FT Project Board in relation to the organisational name which currently refers to 'Healthcare' and to consider specific reference to 'Hospital' within its title. It is also asked to clarify procedural issues in this respect, since the board has concluded its consultation and consideration of feedback.</p>

		<p>RS commended the work which has been undertaken to consult on governance issues and recognised a great achievement in the response it had received.</p> <p>The Board resolved to approve the report.</p>
4.2		<p><b>Staff Survey Results</b></p> <p>SK assumed the 2013 Staff Survey Results as read and invited further comments from the board.</p> <p>SK confirmed that the full report was available on request and presented summary of the results. An organisational Action Plan would return to the board later in the year to respond to the results.</p> <p>AM recognised that the results were generally good and felt representative.</p> <p>RD added that the report had been well received by the FWC and acknowledged a good set of actions will now be implemented. The trust should focus on the key priority areas for improvement.</p> <p>PS recognised a trend improvement in staff motivation and satisfaction at work and suggested a link to a reduced level of sickness absence.</p> <p>AM challenged whether the staff groups which relate to third-party bullying as identified by the feedback received was known.</p> <p>IM responded that action had been taken in relation to violence and aggression toward staff, particularly within A&amp;E and training was being offered to help staff manage and avoid confrontational situations.</p> <p>PS further added that funding for such training had been found and Richard Bridgeman was approaching the department with further ideas to support A&amp;E staff at the forefront of this issue.</p> <p>RS commended such good results and recognised the staff engagement made by the trust. He further sought assurance around what action had been taken to achieve an improved trend in feedback relating to bullying by staff.</p> <p>Contributing factors to this improved picture include the GE Leadership programme which has focused on values and behavioural indicators and has given managers and staff members a better understanding of when and what behaviour is acceptable. The programme has engaged managers and provided the tools needed to better prevent and mitigate problem areas.</p> <p>It was also noted that bullying by staff was often an issue of perception where assertiveness has been used.</p> <p>The board were assured by the actions and response by the trust in relation to bullying as identified within the report</p>
4.3		<p><b>End of Life Care Strategy</b></p> <p>FA assumed the End of Life Care Plan Documentation as read and invited further comments by members of the board.</p> <p>The EOLC documentation support the withdrawal of the LCP and have been trialled extensively by wards across the organisation.</p>

	<p>AM sought assurance that carers and patient representative groups had been consulted prior to implementation.</p> <p>FA confirmed this was the case and that the accountability lied with the clinician responsible for the patients care, however the Palliative Care team will provide additional support towards end of life.</p> <p>PS further added that the board should assume some level of accountability in addition to this.</p> <p>PB added that the Clinical Effectiveness Committee had received a presentation in this respect and this was well received.</p> <p>RS commented that the report was thorough and thoughtful and challenged what considerations had been given to other patients on the ward where distressing situations for end of life care patients was present and whether such patients were offered alternative, private, accommodation at a distressing time.</p> <p>FA confirmed that such situations were managed compassionately with patients by the nursing staff and supported by the Palliative Care team. Every effort is made to manage EOLC patients in the comfort of their own home or in a side room.</p> <p>FA further added that counselling and support sessions were available to both staff and patients/relatives affected by terminal illness and end of life for patients.</p> <p>The board resolved to approve the documentation as presented to support end of life care.</p>
<p><b>4.4</b></p>	<p><b>Management and Delivery of RTT Pathways</b></p> <p>PB assumed the RTT and Cancer Access Standards and Management of Pathways Assurance Report as read and invited further comments from members of the board.</p> <p>RS challenged in respect of DNAs, whether patients were discharged, unless in the case of exceptional circumstances, on clinical decision. PB confirmed that the patient notes were considered and reviewed by a clinician before a decision is made to discharge.</p> <p>YR questioned whether patients were made aware of the implications and forfeit of treatment should they 'DNA'.</p> <p><b>Action:</b> PB confirmed that the DNA rate was in fact very low (5%) and agreed to confirm what level of communication was given to patients in this respect.</p> <p>The board were assured by the effective management and delivery of RTT pathways in response to David Flory's letter dated 25th March 2013 requesting board approval.</p> <p>PB provided further assurance that cancer patients will not be referred back to their GP should they miss a hospital appointment. However, should a second appointment be unattended, a clinical decision will be made as to whether it is appropriate to refer back to GP.</p>

<b>5.</b>	<b><u>Other Items</u></b>	
	<b>5.1</b>	<b>Minutes from Board Committees</b> The board received minutes from the SQC and FWC meetings during the month of February for information.
	<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 by members of the public.
	<b>5.4</b>	<b>Date of the next meeting</b> <b>Thursday 29<sup>th</sup> May</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.*

<p><b>These minutes were approved as a true and accurate record.</b></p> <p><b>Alan McCarthy</b></p> <p><b>Chairman:</b> <span style="float: right;"><b>Date:</b></span></p>
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