

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

**Present**

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| (AM) Alan McCarthy   | Chairman                                       |
| (MW) Michael Wilson  | Chief Executive                                |
| (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**

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| (GFM) Gillian Francis-Musanu | Director of Corporate Affairs |
| (SJ) Sue Jenkins (Item 4.1)  | Director of Strategy          |
| (SMB) Sacha Beeby            | Notes                         |

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| <b>1.</b> | <b><u>General Business</u></b> |  |
|           | <b>1.1</b>                     | <b>Welcome and Apologies for absence</b><br><br>The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public.<br><br>No apologies for absence were noted.   |
|           | <b>1.2</b>                     | <b>Declarations of Interest</b><br><br>The Chairman asked if the Board members had any declarations of interest.<br><br>No interests were recorded.  |
|           | <b>1.3</b>                     | <b>Minutes of the last meeting – 30<sup>th</sup> October 2014</b><br><br>The minutes of the meeting held on the 30 <sup>th</sup> October 2014 were reviewed and the following amendment noted for correction.<br><br>Item 3.2 Finance & Workforce Committee Update: In relation to the national procurement benchmarking report the saving opportunity should be recorded as £80K and not £800K.<br><br>Item 4.2 Adult Safeguarding Annual Report<br>Adult Safeguarding clinical audit outputs to be discussed further outside of the meeting as an Action for: PL/FA<br><br>With the changes noted the minutes were agreed as a true and accurate record. |
|           | <b>1.4</b>                     | <b>Action Tracker</b>  |

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|     |  | The outstanding actions were completed and now closed.  |
| 1.5 | <b>Chairman's Report for Assurance</b>       | <p>The Chairman reported that the Board to Board meeting held with the Trust Development Authority (TDA) on 20<sup>th</sup> November 2014 went very well and informal feedback from the TDA was very positive. The TDA were complimentary of the Trust's operational performance, its governance and the role of the board whilst recognising the huge challenges it faced by the increasing levels in activity and financial constraints. Formal feedback is expected following the TDA Board meeting in January, after which the Trust hopes to progress through to Monitor for the final stage in the FT application pipeline.</p> <p>The Chairman shared some reflections from the HSJ Annual Summit conference held in November. The Trust was not alone in the challenges it faced by increasing levels in activity, particularly in emergency activity. However, due to the Trust's significant improvements over recent years, the organisation appears to be attracting a disproportionate level of activity.</p> <p>It was apparent from those in attendance, that the need to look at innovative ways to respond to these challenges was at its highest and there is scope for real change within the Five Year Forward View which the Board will discuss in detail in December.</p> <p>The report was duly noted by the Board.</p>  |
| 1.6 | <b>Chief Executives report for Assurance</b> | <p>The board received and noted the Chief Executive's report in advance of the meeting.</p> <p>MW presented the report and highlighted the following;</p> <p>Data for Consultant Surgeon Outcomes has been published, showing whether clinical outcomes for each consultant are within expected limits. The overall results are expected to reassure patients, with mortality rates for almost all surgeons at SASH being within the expected range. This data will be published on MyNHS, where patients and professionals can compare the performance of their local hospital, their care services and their local authority in a simple format. MW congratulated the Cardiologists who were recognised as positive outliers. This is a good mark of quality for the organisation.</p> <p>MW congratulated all nominees and winners of the annual Staff Excellence Awards which were held on 6<sup>th</sup> November. The event gave recognition to those who go above and beyond their usual duties to provide the very best service. The team are now planning for next year.</p> <p>MW further highlighted that the Lane Fox Remeo Respiratory Centre at East Surrey Hospital was officially opened in October by Baroness Martha Lane-Fox, co-founder of Lastminute.com and House of Lords peer. The unit will be run solely by Guys &amp; St Thomas however, SASH will work jointly to provide clinical support for the centre and a better experience for those patients who require access to specialist treatment much closer to home.</p> <p>Capacity for the unit totalled 20 patient beds. Technology for medical reviews and assessment at the centre was innovative and includes virtual ward rounds and prescribing. It is intended that patients will be referred directly to the unit from across</p> |

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|     |   | <p>Kent, Surrey and Sussex after the initial year establishing the unit. There are currently 2 patients occupying the centre and the clinical synergies and partnership between SASH and Guys &amp; St Thomas had been very positive so far. AM congratulated and commended the partnership-working of both organisations.</p> <p>The annual volunteers meeting was held in October and members of the Executive Team attended the event to pay special thanks to those giving up their free time throughout the hospital to improve the experience for patients, staff and visitors.</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. Following review by the Executive Committee, changes made to reflect conversations at the October public board, November Audit &amp; Assurance committee and those identified through reports to the Executive Committee were agreed.</p> <p>The Significant Risk Register details all risks on the Trust Risk Register which are recorded as significant and links the Board Assurance Framework. Two new risks have been escalated for discussion and approval in relation to potential impact of elective activity (1480) and potential financial consequence of complexity of the maternity pathway (1645).</p> <p>The board agreed to discuss the two escalated significant risks in more detail at agenda item 3.1.</p> <p>The board noted the following inaccuracies:</p> <ul style="list-style-type: none"> <li>• 5A2 Divisional overspends – board agreed a score revision of 4x4</li> <li>• 4A – target and risk scores to be reversed</li> </ul> <p>PS reported a good position for month 7 in relation to the financial risks for divisional overspends and shortfall of income against the maternity pathway. This is due to improved activity recording and efficient administrative processes by community midwives. PS highlighted the effort and time involved for community midwives to capture and accurately record such activity. PS is now comfortable that the financial risk can now be managed and mitigated.</p> <p>The board resolved to approve the report.</p> |
| 2.  | <b>Safety, Quality and Patient Experience</b> |  |
| 2.1 |   | <p><b>Patient Story for Assurance</b></p> <p>The board received and noted a summary of a patient story in advance of the meeting.</p> <p>AM welcomed Veronica Nelson to the meeting and thanked her for giving up time to share her father's story.</p> <p>Ms Nelson shared a photo of her late father, Fritz Niedermeier, an 89 year old German prisoner of war who lived locally. Mr Niedermeier was re-admitted to East Surrey Hospital on New Years day 2014. He had previously been discharged just before Christmas 2013 after a 3 week admission with a severe bladder infection.</p>   |

Mr Niedermeier was treated for a chest infection on Godstone ward. During this time, his family reported his experience of indignity and inconvenience for the loss of his false teeth.

On 8<sup>th</sup> February, he was visited by his son who was increasingly concerned for his father's health. Having left the ward, his son received a phone call from the ward Sister informing him that his father was being moved to Dorking rehabilitation unit. The son expressed his concerns at this and requested a further review by the doctor. After some time and no phone call, the son called the hospital and was informed that his father was on transport to Dorking hospital.

The following morning, Dorking Hospital called Mr Niedermeier's son informing him that his father was very unwell and was being returned to East Surrey Hospital, where he was later transferred onto a ward. The experience of his death was traumatic. Mr Niedermeier died as he was transferred to the bed and the family were not informed. Speaking to staff at the desk, they appeared unaware that a patient had died on the ward.

Following this tragic incident, the family spent considerable time talking to clinicians, namely Dr Ben Mearns who was extremely thorough, open and honest in his approach to the investigation. The family would like to understand the actions which have been taken to mitigate further incidents and assurances that families are listened to when they raise concerns regarding health or experience.

AM conveyed his apologies on behalf of the hospital for their father's experience on the ward and his subsequent death. The Board will seek assurance that this event will not be repeated.

Nicola Shopland, Divisional Chief Nurse for Medicine and a member of the investigating team confirmed that one of the key issues resulted from poor communication.

- When relaying the son's concerns for his father's health and requesting a further medical review by the doctor to prevent discharge to Dorking Hospital, the staff nurse was not assertive in conveying this message to the clinician and was quickly overruled. This doctor is now under supervision of a senior clinician and junior nurses have been introduced to a new check list for patient transfer criteria and this is being embedded within the division.
- Staff shortfalls and demand on wards prevented the availability of staff to enable better communication with the family. Junior nurses also feel less empowered and confident in talking to relatives. Staffing compliance and training is being addressed locally in order to address these issues.
- The site team were not clearly informed of the state of the patient's health when admitted to AMU from the Emergency Department. Clinicians and nursing teams should better inform the clinical operational team of patients who are at the end of life in order to accommodate a side room and most appropriate environment.
- The family raised concerns regarding the hygiene and cleanliness of their father during his stay in hospital. Guidance has been introduced to nursing teams for nail care and cleanliness, protective meal times re-enforced to monitor patient weight loss and deterioration.

AM challenged how the team failed to deliver genuine compassion, something of which should not require process. The ward environment, resource, team motivation and leadership played a considerable role in some of the failings. Ward manager leadership programme is being rolled out across the hospital and it is expected that

the majority of these issues will be addressed by this programme.

Regular audits are undertaken, with members of the board participating in the 15-steps challenge: Quality Walks. Patient experience and feedback is actively sought and the environment assessed.

FA added that nursing candidates are assessed for their values at the very early stages of interview. Intentional-rounding provides structure for assessing patients and recognising any deterioration. An integrated document will prompt assessment and accurate recording of patient needs, including diet and any specific wishes they have in relation to their care and hygiene. There was acknowledgement that there was more work to be done in order to improve patient experience and learn from lessons.

MW highlighted some of the challenges around end of life care. Often, patients are not given the option to discharge to their homes. Relatives will soon be offered the opportunity to take the patient home.

The board challenged the communication and articulation of the relative's telephone message and request to conduct a further medical review of the patient in order to prevent discharge to Dorking hospital. The investigation concluded that the staff nurse did not listen to and understand the relative's anxieties concerning the patient's deteriorating condition. A clinical judgment should have been made by the staff nurse to determine the obvious state of the patient in order to better articulate and defend these concerns to the clinician.

The investigation concluded that the decision to discharge to Dorking Hospital was not in the best interest of the patient. The Trust has been honest in admitting this failure. The incident was promptly escalated as a Serious Incident (SI) which has now been closed and concluded.

**ACTION:DH agreed to meet with Dr Ben Mearns outside of the meeting to better understand the reasons for the decision to discharge over the Christmas period. DH will then formally write to the family to provide this explanation.**

Management of unavoidable weight loss in deteriorating patients should be done through intervention by the dietician but concerns must be raised by nursing staff. MUST scores, completed weekly by the nursing team, are regularly monitored and captured during intentional-rounding. These scores will trigger any need for intervention when they reach a high level.

PL assured the family that the lessons learnt from this incident and the experience of their father will be shared with colleagues across the Trust.

Noting the risk in relation to staffing levels on the SRR, RD challenged the environment on Godstone Ward, which has received criticism in the past and asked what changes had been made in the last 12 months to improve the experience for both patients and staff. DH described some of the improvements made, including changes to the Junior Doctor's rota which is less demanding with fewer patients to see on ward rounds, encouraging reactive and proactive response to clinical needs of patients. Nursing resource and senior clinical presence during weekends has increased and from December, a large proportion of beds will be managed by Surgery.

The Board thanked Veronica Nelson for sharing the patient story.

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|  |                   | <p>The presentation was duly noted by the board.</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 Level 3 Multidisciplinary Training in Child Protection.</p> <p>The board noted the Trusts overall score for staffing compliance remained &gt;95.33%, with Registered Nurse compliance at 97.5% during the day and 98.33% at night – an improved picture from last month.</p> <p>FA further highlighted that 105 members of staff from the Trust attended Level 3 Multidisciplinary Training in Child Protection training in November, ranging from Consultants to Nurses and Midwives. The seminar provided detailed information with regard to non-accidental injury, child sexual exploitation, female genital mutilation, domestic abuse and fabricated and induced illness.</p> <p>DH continued to present the second half of the report focusing on Physicians Associates training for HEKSS, actions in relation to the Methotrexate Never Event and General Surgery service improvement proposals.</p> <p>Due to the success of the Trusts training and employment of physician’s associates (PAs), we have been asked to lead on a roll out of training and placement of this staff group within Kent, Surrey and Sussex. HEKSS will lead the programme nationally and have agreed funding for a project manager at SASH to support the programme locally. The trust has been recognised as the only hospital to employ PAs in the region.</p> <p>DH summarised some of the actions in response to the Methotrexate Never Event. The investigation has not yet formally closed however, mitigating actions and lessons learned are already being implemented. Methotrexate has now been moved to a controlled drug status and patients own drugs are removed for the duration of their stay. Administration of the drug has been moved to 6pm on the day of taking the medication. This is a time which tends to see family and visitors at the bedside and therefore is regarded as an additional safety step.</p> <p>The near-miss occurred at a time when the drug was being delivered to the ward the day before it was due for administration. Changes made to the delivery time of the drug and the roll out of electronic prescribing should eliminate any further incidents.</p> <p>DH highlighted some of the ideas and proposals discussed by consultants and trainees to improve the experience of surgical patients, noting the recent increase in demand on unplanned activity and pressures to cancel elective care. The meeting focused on Hot Clinics as an alternative to admission and delivered by Consultants, more timely review of patients by senior personnel and working patterns at weekends. A formal proposal will be shared with the Board in December.</p> <p>DH updated the board on the Ebola virus and any impact on the Trust to date. There have been no referrals resulting from Gatwick Airport passenger screening and an extraordinary Clinical Effectiveness Committee will be approving the operational policy in November. The capacity of the decontamination unit will be</p> |

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|     |  | <p>limited to 1 patient. Any additional patients will be a challenge to manage due to demand on resource to care for the patient and isolation requirements. The Trust has approved costs of up to £50,000 to upgrade the Decontamination Unit to ensure it is fit for purpose.</p> <p>The Board duly noted and took assurance from the report.</p>  |
| 2.3 |  | <p><b>Safer Staffing Report Update for Assurance</b></p> <p>The board received and noted the report in advance of the meeting.</p> <p>FA presented a review of the Safer Nursing Care Tool, current establishments and nurse sensitive indicators. The National Quality Board paper published in November 2013 requires nursing staff levels to be reviewed twice a year to demonstrate that they are staffed appropriately.</p> <p>FA highlighted the following key points from the report;</p> <ul style="list-style-type: none"> <li>• The funded nursing establishment for the Trust is sufficient to meet the acuity and dependency needs of the patients once the agreed increase in establishments has been recruited.</li> <li>• The integrity of data in relation to patient group and staffing allocation needs further development so that assurance of accuracy is achieved</li> <li>• There is evidence on some wards that the relationship between staffing levels and performance outcome data needs further interrogation as there is no clear correlation between staffing levels, performance indicators and leadership. The data suggests that the quality and seniority of staff on a particular ward has as much impact as the quantity of staff available.</li> <li>• The trust is managing a significant amount of nursing vacancies covered by bank and agency staff. This could also affect the team dynamics within any ward environment.</li> </ul> <p>PB challenged the need for higher staffing levels on wards accommodating patients who are medically fit for discharge, compared to surgical wards. FA responded that the types of patients demanding this level of care are often elderly and have multiple medical conditions, therefore often requiring more care and rehabilitation. The tool is very limiting and does not provide for detailed description of the patient's health.</p> <p>DH further added that, despite the data suggesting a total of 8 nurses short of full establishment, this was a reassuring picture overall. The establishment and nursing provision for each ward can be managed in response to demand and capacity throughout the hospital. This model supports Ward Managers being flexible with their resource to manage activity and staff absence throughout the week. It is recognized that those wards which have maintained a consistent leadership team are more resilient to pressures. However, there is an increased focus on developing junior Ward Sisters.</p> <p>FA confirmed her assurance that a twice-yearly review is both achievable and sufficient. Despite the data providing more information than what the Trust has ever seen, it still does not provide complete assurance around consistency of accuracy and translation when interpreting written detail in respect of patients. The tool will however help to inform the business planning process for next year and budget requirements.</p> <p>AM re-enforced the importance of managing nursing staff levels across the organization to respond to activity pressures and adapt to acuity changes in</p> |

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|           |                                       | <p>patients. AM further noted that overall, planning and assurance around safer staffing was improving.</p> <p>AH commented that he was not assured by the safer staffing data and questioned what exactly the board was assuring itself on. AM responded that the board should be assured by the journey the organisation is taking to respond to the requirements of the hospital in terms of safe staffing levels.</p> <p>PS clarified that the Trust has acted on advice given in terms of nursing staff provision and the numbers needed to provide safe care. The board agreed the trajectory and target, which has now been tested and data has revealed sufficient resource and target achievement. This should therefore provide the assurance needed.</p> <p>AH further challenged that the data was highly subjective and that the board should be careful when confirming its assurance based on unreliable data. MW added that the data was based on professional judgment until the tool had been further developed.</p> <p>AM further summarised on behalf of the board their assurance at the level of nursing staff committed for the organisations acute wards is consistent with the evidence available to us. The board recognizes that there is further work needed to maintain this and granularity of data will be needed for individual wards.</p> <p>The Board duly noted the report 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>RS summarised some of the key discussions from the Safety &amp; Quality committee meeting held on 6<sup>th</sup> November.</p> <p>The committee took reassurance from resolved issues in data quality and the impact on Dr Foster benchmarking. The committee will receive its next CQC quarterly report in January 2015.</p> <p>The committee was reassured that agency staff usage did not represent a clear risk to quality of care and noted incidents where nursing cover was at a significantly higher level of experience than plan.</p> <p>The committee received a clinical audit presentation regarding the maternal mental health pathway which presented a picture of significant difficulty and risk associated to the management of patients on the pathway. Since the report was written, a Consultant has been appointed to lead on Maternal Mental Health on behalf of the trust to ensure safe management of patients in this respect.</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>PB highlighted some of the key themes in relation to operational performance and</p>  |

activity pressures.

The board noted the increasing backlog of elective patients and challenged the actions being taken to address this.

PB summarised that the month of October was challenging with increasing levels of acute patients expected to continue through quarters 3 and 4. An increase of 20 additional ambulance attendances each day and emergency activity continuing to peak throughout the weekend period has forced the organisation to prioritise non elective activity. The TDA have instructed that Trust's must sacrifice operational performance in order to reduce the elective backlog, however this has proved particularly challenging during times of increased demand. The Trust remains a high performing organisation however, the position is likely to worsen as winter approaches.

Actions have been put in place to support the increasing demand for capacity including changes to Senior House Officer (SHO) working patterns, implementation of the discharge-to-assess programme and ward moves to create additional capacity for winter and improve efficiency. Medihome have increased the number of beds they will manage, with a trajectory totalling 29 and the integrated discharge team are currently under review whilst the Trust works closely with community partners to look at improved systems to support hospital flow. Senior clinical presence at weekends and the number of ward rounds have also been increased.

MW highlighted the local and national issue surrounding the availability of paediatric beds. However, the Trust has put every effort into creating additional capacity in order to sustain the pressures and asked the board to commend the operational teams for their efforts in difficult circumstances.

PB summarised the position on elective patient cancellations against 2013 statistics;

| <b>2013 Quarter</b> | <b># of cancellations</b> | <b>2014 Quarter</b> | <b># of cancellations</b> |
|---------------------|---------------------------|---------------------|---------------------------|
| Q1                  | 92                        | Q1                  | 101                       |
| Q2                  | 75                        | Q2                  | 184                       |
| Q3                  | 103                       | Q3                  | 110                       |

Cancellations are made on clinical priority and ring-fencing of Woodland ward will protect some capacity for elective surgery.

IC24 continue to operate out-of-hours GP services from the hospital which has helped reduce ED waiting time but has not affected admissions. Resource available will not allow the trust to pursue the proposal to provide community geriatrician care for patients in their home or nursing care establishment. However, plans for district nurse training in intravenous antibiotic administration and SASH@Home are being developed.

The Trust has actively sought media attention in raising awareness of winter pressures at the hospital and promoting advice on when to avoid hospital A&E departments.

MW further highlighted the pressures faced by local councils to reduce funding for community healthcare due to funding cuts, influence of the Better Care Fund and CCG commissioning. The Trust will be responding to the consultation of two nursing care home closures.

The team will continue to scrutinise internal efficiencies in order to achieve the

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|                   | <p>national priority to reduce the backlog.</p> <p>The number of completed and returned staff surveys is at a similar level to the previous year and all efforts are being made to achieve the target 69% response rate. There is increased focus on those harder to reach staff groups whilst not neglecting those easier to reach groups. The Medical Director has written to all doctors encouraging completion and return.</p> <p>PS reported that the Trust is in surplus for month 7 and on plan at £0.1m surplus YTD. The YTD position includes an accrual in respect of challenge to CCGs over the level of emergency activity and the withheld marginal rate budget. It also includes the proportion of the first tranche of winter resilience funding and includes the use of contingency from the balance sheet.</p> <p>The Trust forecast remains at £2.3m surplus however, the risks to this position are significant and have been estimated at £8.5m, mainly due to the impact of emergency activity.</p> <p>The cost improvement plan YTD target of £5.0m has been achieved at month 7.</p> <p>The cash balance at the end of October was £3.84m, slightly below the planned position due to the delay in receiving contract over performance money from CCGs. The cash position will become more challenging as expenditure continues adverse to plan and with delays to payments possible from commissioners.</p> <p>The capital forecast spend is £19.4m, reflecting the additional funding for chemo prescribing.</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 25<sup>th</sup> November 2014.</p> <p>The committee received the month 7 finance, workforce, capital and IT performance reports for discussion and noted that the Trust was on plan for month 7, as described above.</p> <p>Delivery of key elements for next year's Cost Improvement Plans were discussed and noted. The committee will review as budgeting progresses.</p> <p>The committee noted that sickness absence was at its highest for the year, with a fall in appraisals completed and a decrease in the number completing training. The Director of HR took an action to discuss with the Executive Team whether these indicators correlated with the peak in activity throughout the hospital.</p> <p>MW added that he was confident an improved position will be returned once activity pressures settle. However, workforce measures were an obvious indicator of pressures within the system.</p> <p>The Board duly noted the report.</p>  |

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| 3.3 | <p><b>Audit &amp; Assurance Committee Update for Assurance</b></p> <p>The Board received and noted the update in advance of the meeting</p> <p>PBi highlighted some of the key points of discussion from the AAC meeting held on 11<sup>th</sup> November 2014.</p> <p>The committee discussed the draft Board Assurance Framework for public board and confirmed the rating of financial risks, gained assurance on the effect of agency usage on quality and requested updates prior to November board.</p> <p>The Charitable Funds audited accounts have been signed off and strong assurance was provided that recommendations made by Internal Audit were being resolved effectively. The committee requested further consideration of internal controls associated with clinical governance systems recorded on the internal controls map by the Safety &amp; Quality committee prior to AAC in January 2015.</p> <p>The committee discussed issues raised in the project management audit and gained assurance from management that supporting systems were being developed to support local project implementation.</p> <p>The Board duly noted the report.</p>   |
| 3.4 | <p><b>Charitable Funds Committee Update for Assurance</b></p> <p>The Board received and noted the update in advance of the meeting</p> <p>YR summarized some of the key discussion points from the meeting held on 5<sup>th</sup> November.</p> <p>The committee is stepping up its ambitions in relation to fundraising, with the appointment of a fundraising coordinator and Charity Launch in December. Charitable donations will be used to help the Trust excel from Good to Outstanding, for example, enabling health research and improving service provision.</p> <p>FT members and staff have been invited to the launch and targeted marketing will reach external organisations across Surrey and Sussex.</p> <p>YR responded to the challenge of an ambitious £250k fundraising target. Other trusts have had fundraising coordinators employed for a long time and have established their branding over the years.</p> <p>YR confirmed that a local organization has committed to SASH being their charity of choice for fundraising.</p> <p>The accounts have been audited without conditions and were signed off subject to receiving the certificates from the independent examiners.</p> <p>YR further added that the charity continues to seek funding to support the larger initiatives it has committed to, including the Your Care Matters survey, Falls Nurse Specialist and Dementia Nurse.</p> <p>The Board duly noted the report.</p> |
| 4.  | <p><b><u>Risk, Regulatory and Strategy Items</u></b></p>  |

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| <p>4.1</p> | <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>AM asked whether progress had worsened, with the number of Amber-rated actions increasing. SJ responded to some of the Amber-rated actions as follows;</p> <p>1.2 – Issues relating to the relocation of Diabetes and Endocrinology services to Earlswood have been escalated to the landlord and CCG.</p> <p>1.5 – Refurbishment has been delayed later in year than planned</p> <p>1.6 – Chemotherapy repatriation of clinics – contract issues expected to resolve this week</p> <p>KPI's are measurable by the reduced number of canceled clinics, number of calls received by the booking-office and patient experience.</p> <p>SJ added that the refurbishment of the Estate to accommodate medical record storage was a longer plan for 15-16 and the medical administration roll out continues albeit at a slower pace than originally planned. Implementation of Dictate IT remains a key focus and the measurement of quality remains paramount to its success.</p> <p>The board requested a further update on progress in relation to Dictate IT and other actions once the programme has completed. <b>ACTION: SJ</b></p> <p>The board duly noted the report.</p> |
| <p>4.2</p> | <p><b>Foundation Trust Governance Update For Assurance</b></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>MW presented an update of progress against the current milestones of the governance activities for the Foundation Trust application.</p> <p>The board noted that membership recruitment had slowed, with an overall membership currently totalling 8,187 against a target of 9,500. An engagement plan is being developed which includes increasing membership early in the new year. .</p> <p>Implementation of the action plan for both the Board Governance Assurance Frameworks (BGAF) is on-going. Deloitte have refreshed the external re-assessment of the Quality Governance Assurance Framework with an outcome score of 3.5. A report on progress against the action plan will be presented to Safety &amp; Quality Committee and Executive Committee for Quality &amp; Risk.</p> <p>The process for the financial due diligence review is currently being revised by Monitor with details of the likely process and timing not yet known. However, the</p>   |

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|     |  | <p>TDA have confirmed that the Trust will undergo Historical Financial Due Diligence as part of the Monitor assessment phase.</p> <p>The FT governance programme remains on plan with good progress against agreed milestones and other key activities as described below.</p> <p>The board duly noted the report.</p>   |
| 4.3 |  | <p><b>Rules of Procedure Annual Update For Approval &amp; Approval</b></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>GFM presented the report which provided an annual update of the Trust Board of Directors integrated governance systems for approval.</p> <p>Updates included;</p> <ul style="list-style-type: none"> <li>• Revised terms of reference for the Executive Committee and the Executive Committee for Quality &amp; Risk and removes references to Management Boards.</li> <li>• Changes the divisional management board to divisional governance throughout</li> <li>• Removes the table that specified which week of the year each meeting would be held</li> <li>• Minor changes to relevant terms of reference to sub-committees mainly relating to membership</li> </ul> <p>The board noted and agreed the following additional amendments to be included;</p> <ul style="list-style-type: none"> <li>• Charitable Funds committee – membership changes and articulation of its role in relation to fundraising</li> <li>• Divisional Clinical Chiefs to be included as full members of Safety &amp; Quality Committee</li> </ul> <p>The board duly noted the report for assurance and approved the updates noting the above.</p> |
| 4.4 |  | <p><b>Annual Plan Quarterly Update For Assurance</b></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>MW presented the report which provided an update on progress against each of the 116 actions for quarter 2 within the Operating Plan, following approval by the Board in August 2014.</p> <p>MW recommended to the board the removal of objective 2.2 in relation to a reduction in non-elective activity which has not been realised nor is it anticipated in light of the current YTD position. In response to this, the Trust has updated its IBP and LTFM to reflect a more realistic growth in non-elective demand.</p> <p>RD challenged the change in ownership relating to objective 4.13 and where the responsibility lies. MW agreed to clarify this outside of the meeting.</p> <p>YR challenged whether the introduction of orthopaedic beds will further reduce SSI's. DH responded that due to the low numbers this affects, it will be hard to determine whether structural changes will reduce numbers further.</p>   |

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|           |                           | The board duly noted the report for assurance.  |
| <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><br><br>The minutes of the committee were noted with no questions raised.   |
|           | <b>5.1.2</b>              | <b>Audit &amp; Assurance Committee to receive and note</b><br><br>The minutes of the committee were noted with no questions raised.                               |
|           | <b>5.2</b>                | <b>Any Other Business</b><br><br>No further business was discussed by the Board.  |
|           | <b>5.3</b>                | <b>Questions from the Public</b><br><br>There were no questions raised from members of the public.  |
|           | <b>5.4</b>                | <b>Date of the next meeting</b><br><br><b>Thursday 18<sup>th</sup> December 2014</b> at 10.00am 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.*

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| <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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