

**Minutes of Trust Board meeting held in Public
Thursday 28th January 2016 from 11:00 to 13:30
Room AD77, Trust Headquarters, East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer / Deputy Chief Executive
(DH) Des Holden	Medical Director
(FA) Fiona Allsop	Chief Nurse
(AS) Angela Stevenson	Chief Operating Officer
(PB) Paul Biddle	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(AH) Alan Hall	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

In Attendance

(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(SJ) Sue Jenkins	Director of Strategy (agenda item 4.4)
(AA) Azhar Ansari	Consultant Gastroenterologist (agenda item 2.1)
(CP) Colin Pink	Head of Corporate Governance (Notes)

1.	<u>General Business</u>	
	1.1	Welcome and Apologies for absence The Chairman opened the meeting by welcoming Trust Board members, members of the public, shadow governors and staff. The Chairman also extended a special welcome to Mark Preston, the new Director of Organisational Development and People. Apologies for absence were noted from Pauline Lambert.
	1.2	Declarations of Interest No declarations of interest were declared.
	1.3	Minutes of the last meeting – 17th December 2015 The minutes of the meeting held on 17 th December were discussed and approved as a true and accurate record.
	1.4	Action Tracker
	1.4.1	GFM updated the Board on the following actions: <i>TBU-01 is not due until 31.03.16</i> <i>TBU-02 is not due until 31.03.16</i> <i>TBU-03 Update annual plan is complete on the agenda for discussion</i> <i>TBU-04 Update finance BAF risks is complete on the agenda for discussion</i> <i>TBU-05 FA provided a verbal update. The SASH+ guiding team had considered the possibility of adopting and transitioning the 15 Step Challenge. There was agreement that this would be an effective use of time and there is value in both</i>

	<p><i>observing the working environment before and after changes have been made.</i> <i>TBU-06 is not due until 31.03.16</i> <i>TBU-07 is not due until 28.02.16</i></p> <p>There were no other matters arising.</p>
1.5	<p>Chairman's Report for Assurance</p> <p>The Chairman thanked all those involved in the opening of the new East Surrey Macmillan Cancer Support Centre on the 27 January. It is a fabulous facility for our patients and growing development of the Trust's network of partner organisations. It is also good to see that in such challenging times that the project was delivered on time and on budget.</p> <p>The Chairman went on to discuss the completion of the Integrated Reablement Unit (IRU) which had been opened to patients earlier in the week. The Unit has not yet been opened formally but the Trust has kindly been allowed to use the bed capacity and some 19 patients are already under our care within the unit. This short term extra bed capacity will be of significant benefit to the Trust.</p> <p>The Board duly noted the report.</p>
1.6	<p>Chief Executives report for Assurance</p> <p>The Board received and noted the Chief Executive's report in advance of the meeting.</p> <p>MW introduced the report highlighting some key issues including Lord Priors visit to the Trust, he had met clinical teams and visited frontline services including the Emergency Department. The visit had been very positive.</p> <p>The Trust has been in period of black escalation and had initiated its internal business continuity processes. It is important to note this this reflects the whole system; GP, community providers and social care.</p> <p>MW commented on the IRU stating that it was an exciting development for Surrey and would see improvements in pathways for patients who are medically ready for discharge transitioning into primary care. It's important to remember that this unit is not an enlarged discharge unit and that other discharge pathways will remain. The criteria for transfer to the unit will be key to its success.</p> <p>The junior doctor strike is still planned for the 10th February. It is expected that this strike will go ahead and the Trust has learnt from recent cancellation of industrial action and will put in mitigation to reduce the impact.</p> <p>The Board duly noted and took assurance from the report.</p>
1.7	<p>Board Assurance Framework (BAF) and Significant Risk Register (SRR) for Approval and Assurance</p> <p>GFM introduced the board assurance framework and significant risk register.</p> <p>The BAF detailed 13 risks to the trusts strategic objectives which had been updated by the Executive team through January.</p> <p>It was proposed that the BAF risk '5.2 Failure to stop divisional overspending</p>

		<p>against budget' is reduced to reflect revised forecast as expenditure is on track. The Board discussed the proposal and agreed to keep the risk at 15. The significant risk register lists 10 operational risks which were duly noted.</p> <p>The Board duly approved and took assurance from the report.</p>
2.	Safety, Quality and Patient Experience	
	2.1	<p>Clinical Presentation – <i>for Assurance</i></p> <p>DH introduced Dr Ansari (AA), Consultant Gastroenterologist who gave a presentation on the innovative chronic bowel disease service that he had been piloting. This is an exciting pilot and may well be adopted by other chronic illnesses such as diabetes.</p> <p>AA introduced his supporting team including Mr Campbell-Smith and the senior nursing team including Branita Mills. Chronic bowel disease effects a significant proportion of the Trust's patient demographic as such AA has developed a new patient centred pathway with East Surrey CCG. The service improves access to specialist advice, empowers patients to self-manage, reduces flare ups, complication rates and outpatient appointments. There has been significant impact on numbers of appointments and reduced the need for surgical intervention.</p> <p>The pathway enables direct patient contact with consultant physicians and their teams and allows for greater speed of assessing symptoms and monitoring condition, by reducing the need for face to face consultations. The model has been developing over 6 years during which time the number of patients has increased with minimal impact on the service and there is significant patient demand for the model.</p> <p>Recently the team had started to pilot an App developed by Johnson and Johnson. This provides more information and opportunities for contact between consultant and patient.</p> <p>DH stated that the local Academic Health Science Network (AHSN) had agreed to buy time to explore how this could impact on other long term chronic conditions.</p> <p>AM asked why it was only Surrey patients, AA confirmed that although the lead for development had been Surrey CCG the service was offered to all appropriate patients.</p> <p>MW highlighted that it was a very promising model but reminded the Board that we need to ensure its appropriately funded. PS and AA confirmed that the tariff for phone consultations was been applied but this is not a true alignment of the level of care been provided.</p> <p>Mr Tim Campbell-Smith confirmed that there had been a reduction in complications of surgery particularly colitis.</p> <p>AM thanked AA and the MDT for the presentation stating that the potential improvements for outcomes for patients was very welcome.</p> <p>The Board noted and took assurance from the report.</p>

	2.2	<p>Chief Nurse and Medical Director's Report <i>for Assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA presented the Chief Nurse's report highlighting that the first 11 nurses from the Philippines had commenced work, the Trust had developed its methodology for reporting establishment and would commence new agency reporting regime in April. Revalidation would commence in April and the corporate team had good assurance over systems to support the Trust's first 90 nurses. The ward accreditation CQUIN pilot is very positive and it is expected that the process will develop and strengthen throughout.</p> <p>AH asked for assurance on the Trust's 'glide path' to meet the new agency cap. FA state that there was risk to delivery of the 12% agency target at the end of March; the Trust is currently running at 20% and moving in the right direction. Going on to highlight that recruitment drives often have double running cost as new staff need to be supported.</p> <p>RS asked what the impact of revalidation could be for the Trust. FA confirmed the process and evidence requirement, highlighting that this was a formalisation of elements of continuous professional development which are already in place. FA went on to highlight that should a nurse fail to meet the expectation of revalidation they would only be able to work at Band 2 level until requirements had been met.</p> <p>DH presented the Medical Directors report commenting on the appointment of a new clinical lead for imaging who has links with the AHSN and a strong informatics background. This is a very positive appointment for the Trust. The Trust had been in negotiation with the University of Surrey and had agreed the funding for 6 academic posts (2 Professors, 2 Lectures and 2 Students) which is a very exciting development for the Trust and will look at new models of care in alignment with the 5 year forward view.</p> <p>The AHSN is negotiating with the Trust to develop models for testing industry innovation across Kent, Surrey and Sussex. MW has been appointed as chair of the steering group which will look to run industry pilots across the local health economy.</p> <p>The Board duly noted and took assurance from the report.</p>
<p><u>Operational Performance</u></p>		
3.	3.1	<p>Integrated Performance Report (M09) <i>for Assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p>
	3.1.1	<p>Operational & Quality Key Performance Indicators</p> <p>AS spoke to the access elements of the report, highlighting ED performance, continuing challenges with ambulance handover which is improving and efforts to reduce outliers and get patients in to the right bed first time. The Trust had achieved 62 week and 2 week cancer access targets but not met the 31 day diagnosis target, related to a short-term issue in dermatology. RTT remains very challenging with increased patient cancellation rates before Christmas impacting on surgical lists.</p>

	<p>RS asked for assurance on actions to mitigate against ambulance handover issues. AS stated that following review the capacity to open 4 extra assessment areas had been developed. This is to be used at times of peak demand and is proving successful it does however require that nursing staff move swiftly between models of assessment and is embedding.</p> <p>The Board discussed increases in non-elective admissions noting specific increases in emergency attendances from Crawley and Horsham. MW stated that the Trust was in regular conversation with the local CCGs noting that there had been an observed reduction in use of out of hours 111 calls, and foot fall at minor injuries units which correlated with non-elective attendances. MW went on to reflect that with the recent announcement that a proportion of NHS pharmacies could be closing indicated that the situation would only become more challenging.</p> <p>DH highlighted that the Trust's mortality indicators continued to provide good assurance, going on to note that in the last published data the Trust had been not seen the reduction in mortality indicators which had been achieved by a handful of similar organisations.</p> <p>The Trust declared 6 cases of C. difficile in December and the number of Trust apportioned cases is higher than last year's overall numbers. The Board noted that of the cases reviewed by the CCG only 2 had identified lapses of care against a ceiling target of 15 cases. The Trust had also not identified any cases of cross infection, based on results of laboratory tests.</p> <p>FA discussed the recent cluster of serious incidents linked to falls with harm. The Trust was providing support and education to the teams involved.</p> <p>Overall patient experience remains positive but there are ongoing issues in elements of Friends and Family Test.</p> <p>3.1.2 Workforce Key Performance Indicators</p> <p>FA presented the workforce elements of the report highlighting improvements in sickness absence, achievement review and staff turnover rates. The Board noted that 60 international nurses had joined the Trust since August and that the overall picture was improving. The Finance and Workforce Committee had reviewed these KPI in detailed and noted wide variation in completion of achievement reviews, the Medicine Division had achieved circa 90% compliance.</p> <p>3.1.3 Finance Key Performance Indicators</p> <p>PS introduced the financial elements of the report. The Trust is £5.3 million pounds in deficit at the end of Month 9 which is £4.0 million adverse to the revised TDA plan. This is assuming an accrual of £0.4 million relating to reimbursement from the TDA following the Junior Doctors industrial action in December. Agency costs reduced in month but are still high. The Women and Children's division and Estates are adverse to their financial plan.</p> <p>The Trust base forecast is now a £3.0 million deficit which has been acknowledged by the TDA. This includes £3.0 million non-recurrent funding from a capital to revenue transfer and assumed funding in respect of the lost income from the junior doctors strike. The TDA have been advised that lack of funding will mean the forecast deficit will worsen to £4.2 million to reflect the impact of 3 days cancelled activity from the Junior Doctor's dispute.</p>
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	3.2	<p>Finance & Workforce Committee Chair Update – for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RD presented the report. The FWC had reviewed and agreed with the financial report received as part of the IPR 3.1.3. It had considered the draft 2016/17 revenue budget and agreed the addendum and final payments of the power network capital project.</p> <p>RD went on to highlight review of workforce issues seeking assurance on delivery of achievement reviews and training provision.</p> <p>The FWC took assurance from the successful upgrade of Cerner.</p> <p>The Board noted that the Trust had delivered £3.2 million of its savings.</p> <p>The Board duly noted and took assurance from the report.</p>
	3.3	<p>Audit & Assurance Committee Update– for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>PB introduced the report. The Committee had discussed financial risk and issues in detail and considered plans to apply for a £9.6 million loan. The Trust's Standards of Business Conduct had been reviewed and agreed in principal for Board ratification in February.</p> <p>Management confirmed that RSM had successfully been appointed following tendering to provide internal audit and counter fraud services. It is anticipated that closer working will be beneficial for the Trust.</p> <p>PB highlighted that the Committee had adopted the three lines of defense model of assurance as best practice and will start to seek and identify all levels of assurance.</p> <p>The Board duly took assurance and approved the report.</p>
4.	<u>Risk, Regulatory and Strategy Items</u>	
	4.1	<p>Review of Quality Impact Assessments for 2015/16 - for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>DH introduced the paper which looked to review the quality impact of Trust's CIP</p>

		<p>program. Each CIP had been reviewed to form a judgment of degree of delivery versus impact. DH stated that no adverse impact on quality had been identified and went on to highlight that in the case of the high risk drug CIP the delivery had been faultless which had delivered a saving and increased quality benefits to patients.</p> <p>The Trust continues to learn from its implementation of CIPs, clinical engagement was proving to be the key to success of plans.</p> <p>RD asked for assurance that all lessons are being learnt and there is greater assurance on feasibility of 2016/17 plans. PS assured the Board that the Trust had learnt valuable lessons throughout 2015/16.</p> <p>The Board duly took assurance from the report.</p>
4.2		<p>Emergency Preparedness Resilience Plan – for Approval</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>AS provided the annual assurance report to the Board. Governance processes had strengthened and known issues are being resolved this includes elements of training and strengthening telecoms resistance.</p> <p>The Board discussed and approved the report and took assurance that appropriate systems are in place and mitigating actions are achievable and realistic.</p>
4.2.a		<p>NHS England Major Incident Assurance Return – for Approval</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>AS introduced the assurance return, which detailed the Trust’s assessment of its preparedness to a specific set of questions for a major incident.</p> <p>The assessment detailed issues that the Trust was still resolving with local partners. The main issues of note are the development of plans to support reduction of public transport services and provide specialist training/briefing for the management of ballistic injuries.</p> <p>The Board duly approved and took assurance from the report.</p>
4.3		<p>NHS Planning Guidance 2016/17 – 2020/21 - for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>MW introduced the which details the requirements for the Trust prepare plans to support a local health and care system ‘Sustainability and Transformation Plan’, and reflect the national plan.</p> <p>In order to start to flesh out the details the Trust needs to first review detail of national contract and tariff plans.</p> <p>The report details all national and local health economy priorities that need to be considered and the Trust’s initial issues to address.</p> <p>The Board duly noted the report.</p>

4.4		<p>Annual Plan Update – Q3 - for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>SJ introduced the quarterly update highlighting that actions relating to enhanced recovery programs for C-section had been achieved. In total 78 actions had been completed and there was expectation that the majority of actions would be delivered by the end of March 2016.</p> <p>The Board noted that there were 2 actions recorded as red, reduction in non elective demand and HCAI. Both issues are well known to the Board as are actions to militate against impact of growing non elective demand.</p> <p>DH indicated that once all necessary reviews are complete the HCAI action plan delivery may well be moved to amber.</p> <p>The Board duly took assurance from the report.</p>
<u>Other Items</u>		
5.1		Minutes of Board Committees to receive and note
5.1.1		<p>Finance and Workforce to receive and note</p> <p>The minutes of the Committee were noted with no questions raised.</p>
5.1.2		<p>Audit and Assurance</p> <p>The minutes of the Committee were noted with no questions raised.</p>
5.2		<p>Any Other Business</p> <p>No AOB was raised.</p>
5.3		<p>Questions from the Public</p> <p>There were no questions raised.</p>
5.4		<p>Date of the next meeting</p> <p>Thursday 25th February 2016 at 11.30am in Room AD77, Trust Headquarters, East Surrey Hospital</p>

Note: This is a public document and therefore will be placed into the public domain via the Trust's website in the interests of openness and transparency under Freedom of Information Act 2000 legislation.

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