

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

Present

(AM) Richard Durban	Non-Executive Director and Deputy 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
(PL) Pauline Lambert	Non-Executive Director
(PB) Paul Biddle	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
(MP) Mark Preston	Director of Organisational Development and People
(KH) Katharine Horner	Patient Safety & Risk Lead (2.1)

1.	<u>General Business</u>	
	1.1	<p>Welcome and Apologies for absence</p> <p>The Deputy Chairman opened the meeting by welcoming Trust Board members, members of the public, shadow governors and staff. Penelope Green from the Department of Health Challenged Providers Success Regime was welcomed as she was shadowing Michael Wilson.</p> <p>Apologies for absence were noted from Alan McCarthy.</p>
	1.2	<p>Declarations of Interest & Annual Declaration of Interests Register – For approval</p> <p>The Deputy Chairman asked whether any of the Board members had any additional declarations of interest; none were recorded.</p> <p>Annual Declarations of Interest Report <i>for assurance and approval</i></p> <p>GFM presented the report for assurance. The Board was assured that the report provided an accurate reflection of their statutory obligation to declare all external interests which are relevant and material to the Trust.</p> <p>The Board approved the report.</p>
	1.3	<p>Minutes of the last meeting held on 31st March 2016</p> <p>The minutes of the meeting held on 31st March were discussed and approved as a true and accurate record.</p>
	1.4	<p>Action Tracker</p>
	1.4.1	GFM updated the Board on the following actions which were due:

		<p>TBPU-01: DH confirmed that 20 sets of notes have been reviewed and audited with no specimens showing any signs of cancer and no concerns in relation to the results. Action is now closed.</p> <p>TBPU-02: Action is now closed.</p> <p>TBPU-03: Action is now closed.</p> <p>There were no other matters arising.</p>
	1.5	<p>Deputy Chairman's Report <i>for Assurance</i></p> <p>There were no specific areas to report this month.</p>
	1.6	<p>Chief Executives report <i>for Assurance</i></p> <p>The Board received and noted the Chief Executive's report in advance of the meeting.</p> <p>MW brought to the Boards attention the launch of the national Freedom to speak up whistleblowing policy for the NHS. This would be for use across the NHS to make the process for raising concerns more straight forward and transparent. The policy was one of the recommendations of Sir Robert Francis' review of whistleblowing in the NHS.</p> <p>RS asked what implications this would have for the Trusts whistleblowing policy. In response MP confirmed that the Trust is currently undertaking a review of our local policy to ensure alignment with the national policy and also looking to put in place the "guardian" role. This would also provide an opportunity for direct reporting of concerns to the Board. The outcome of the review would be reported to the Board. Action: MP</p> <p>MW also noted that from 1st April 2016 NHS Improvement (NHSi) would be responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. The following organisations have been brought together under the umbrella of NHSi include Monitor, NHS Trust Development Authority, Patient Safety including the National Reporting and Learning System, Advancing Change Team and Intensive Support Teams.</p> <p>The Board recognised Katie Child at Radio Redhill who recently won a silver award for the best newcomer at the National Hospital Radio Awards and Kirsten McHale, Paediatric nurse specialist for epilepsy and neuro-disability, who has been nominated for the Young Epilepsy Champions Awards.</p> <p>The Board duly noted and took assurance from the report.</p>
2.	Safety, Quality and Patient Experience	
	2.1	<p>Clinical Presentation - Complaints Process – <i>for Assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>DH introduced the report which provided an overview of the number of patient complaints that are re-opened or fail to adequately meet the expectations of the patient or their family. The Trust has recently redesigned the process and the presentation set out the new process and some early feedback on progress to date.</p>

KH gave a background to the presentation outlining that in response to feedback from the Complaints Feedback Survey report in January 2016 the team undertook a best practice review of the complaints management process within the Trust.

Using best practice tools and models which had been endorsed by the CQC and the Parliamentary Health service Ombudsman (PHSO) and had been previously implemented at United Lincolnshire Hospitals NHS Trust, our processes, mechanisms and formats were revised in February 2016.

An overview of feedback from our complainants were reviewed and some of the key issues identified were, the wording of our responses appeared defensive, respondents felt their questions were not being answered, complainants wanted to be kept up to date on the progress of their complaint and the Trust needed to improve the process of assuring the complainant that lessons had been learnt. A clear need for change and improvement was required.

A number of key changes were put in place for patients and for staff which included a simplified process, a phone call from the complaints manager, clear communication and agreement on the format of the response. Clear accountability for addressing each point of the complaint, recording on the Trusts Datixweb system to give Divisions and the Trust a clear record of learning and improvements made to patient experience and a new response template was designed.

Initial feedback from patients indicated appreciation of the telephone contact from the complaints manager and this has led to at least six complaints being resolved at the telephone call stage. Though it is early in the process there appears to be a reduction in the number of re-opened complaints, staff have reported that the new template has allowed greater focus on addressing specific concerns. More work is required on assurance that lessons are being learnt from complaints.

PB asked about the clinical skill of the telephone call handler. In response KH indicated that this first point of contact focused on addressing the process and what the patient wanted to be investigated and therefore in-depth clinical knowledge was not required.

AH asked whether the Trust was meeting the complaint response timescales. KH confirmed that the Trust uses the national requirement of 25 days as a benchmark however the timescale for responding was agreed in advance with the patient. FA also noted that the complaints review group which includes divisional leads and patient experience leads monitor response times. The challenge is to ensure clear follow-up and build the rapport with complainants and to fully address their concerns.

AH asked how often do complainants actually want to hear from the person who is leading the investigation. KH confirmed this would be guided by what the patient or complainant wants.

RD asked about the numbers of complaints received by the Trust and KH confirmed that on average this was about 42 per month.

RS confirmed that this new process was a good step forward, having a clear structure and should provide a better experience for patients and their families. RS asked how the Trust would ensure that we use the learning to change practice. KH confirmed that the use of the Datix records would be an important

	<p>source of evidence and the team should be able to review progress after a period of six months and be able to demonstrate and share what has been done as a direct result of complaints.</p> <p>PS noted that the new process appeared to be yielding improved results and asked how we were addressing the issue of defensiveness. KH confirmed that the Trust is exploring this further and reviewing complaint response letters as there is an opportunity to improve this area.</p> <p>The Board thanked KH 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. FA reported on nursing staffing in relation to planned verses actual, and update on safer staffing monitoring and a summary of recent correspondence in relation to staffing efficiency and on recruitment activity. The report showed that the Trust delivered planned versus actual staffing profile for March and that there was a stable picture in relation to overall compliance with no red shifts at unit level in month.</p> <p>FA also noted that national guidance on reporting care hours per patient day had recently been received and the Trust would be looking to include this in future reports once the metrics had been analysed.</p> <p>National and international nursing recruitment continues to bring the total number of international registered nurses in the organisation to approximately 78 since July 2015.</p> <p>PL asked for a detailed update on nurse recruitment overall including international recruits. In response FA noted that there were still 120 nurses in the pipeline for the Philippines with a total of 35 having already arrived. 40 nurses have been recruited from European recruitment. Some of the learning from international and European recruitment has been that the lead time can take up to 9 months and that they normally arrive in small groups. Overall the Trust needs to recruit approximately 250 nurses per year just to “stand still”. Training numbers have also increased however this will take two to three years to see an impact; additionally there will be some recruits from Surrey University from March 2017.</p> <p>The Trust recently undertook a deep dive into nursing recruitment and an important area of focus is retention.</p> <p>RS asked whether there is an expectation that future plans would continue to focus on international nurse recruitment. FA indicated that the numbers available through European recruitment are likely to come to end and more work needs to be done nationally to encourage and attract school leavers into health. On the whole those from the EU tend to stay for 9 – 12 months and then return home with a small proportion moving up to London; however on the whole most who are recruited locally tend to stay and they provide good quality nursing. They require socialization and there is also a balance to be struck between the number of new nurses in any one ward at a time. The Trust is providing support for the new arrivals which is making a difference.</p> <p>DH provided an update on the impact of the recent junior doctors’ industrial action. The Chief Operating Officer had led a planning group which looked at the</p>

	<p>needs of the Trust during this time. Elective procedures and outpatients appointments had to be cancelled in order to enable senior staff and consultants to be available on the wards and in ED. The Medical Director of NHS Improvement had confirmed that no safety or quality incidents had been reported. Nationally around 80% of junior doctors did not turn up for work. There was a small picket outside the Trust.</p> <p>The morale of staff in ED was high with no significant waits for patients to be seen during the period of industrial action. During the strike numbers in ED were around 211 in comparison to normal numbers of 220 to 280. It was noted that less investigations were ordered. Acute Physicians admitted fewer patients and there appeared to be a faster turnaround of patients. Discharges were good and ward patients were reviewed. The take in Maternity and Paediatrics was high. AS will present the learning from the industrial action along with breaking the cycle and winter at a future board seminar. Although the plans put in place when smoothly the Trust should not forget the impact to patients and their families in terms of elective and outpatients cancellations.</p> <p>In response to a question on numbers AS confirmed that around 50 elective procedures and around 200 outpatient appointments had to be cancelled for each period of industrial action.</p> <p>RS asked about the prioritization of cancellations. DH confirmed that the safety and quality impact was assessed and evaluated along with the balance of staff available to handle emergencies and cover the wards.</p> <p>MW reminded the Board that the Trust would not be paid for cancelled activity and the additional clinics and would have to be scheduled at additional cost to the Trust.</p> <p>AM noted that behind the headlines was the devastating impact on elective patients. AS noted that the days before and after the periods of industrial action showed peaks in activity.</p> <p>AM noted the Boards vote of thanks to all hospital staff for their efforts during the strikes which demonstrated our values of one team.</p> <p>Nationally we would wait to hear the next steps in relation to any further industrial action.</p> <p>The Board duly noted and took assurance from the report.</p>
2.3	<p>Safety & Quality Committee Update (SQC) for assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RS presented the report which gave an overview of the agenda and standing items which had been considered by the Committee. Good assurance had been taken from the management of these areas. The quality report, Venous Thrombo Embolism (VTE), cancer division annual report, and clinical audit were also reviewed. RS focused the Boards attention on VTE where there were concerns in the level of performance of recording the assessment had taken place. The Trust had carried out a deep dive to understand why performance was weak. It was noted that the concerns related only to recording the risk assessment as the actual care of patients is clinically appropriate with no evidence of harm.</p>

		<p>AS confirmed that a recent VTE summit had taken place and an electronic mandatory solution had been put in place and the expectation was that performance should significantly improve.</p> <p>DH noted that the patient story last month focused on human factors and this is where the Trust needs to focus and make further developments in our safety culture in order to shape the mind set of all staff.</p> <p>RS also noted that the presentation from the cancer division highlighted improvements in the service in relation to haematology, radiology, palliative care and cancer pathways. The Committee also noted the increase in activity which had been impacted by specific publicity campaigns and was a national trend. AS noted that work was underway in developing new pathways which would include development work prior to specific investigations. The Trust continues to work with primary care and GPs and to increase access to diagnostic and direct access and better explanation and information given to patients.</p> <p>The Board duly noted and took assurance from the report.</p>
3.		<p><u>Operational Performance</u></p>
	<p>3.1</p> <p>3.1.1</p>	<p>Integrated Performance Report (M12) for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>Operational & Quality Key Performance Indicators</p> <p>FA presented the safety elements of the report and noted that the correct number for serious incidents in March was 11. The performance of the safety thermometer had shown some increases. This was mainly due to data collection where the Trust had been noted as an outlier. Analysis and validation of the data was taking place and the outcome would be reported to the SQC.</p> <p>DH presented the clinical effectiveness elements and noted that HSMR was better than average. Work was on-going in relation to re-admissions and the outcome would be reported to the SQC.</p> <p>AS presented the access and responsiveness elements of the report noting that the ED 4 hour standard had not been achieved for March 2016 which impacted the Trusts annual performance. It was noted that the Trust was ranked 22nd nationally (out of 139). Volumes and acuity of emergency attendances and admissions continue to be an issue and discharge delays also being a significant driver of performance.</p> <p>Ambulance turnaround performance also deteriorated. All cancer access standards apart from the two week rule for breast symptomatic were achieved. 12 patients breached this pathway due to patient deferrals and cancellations.</p> <p>The Trust continues to deliver against the aggregate incomplete pathways standard. However challenges remain in general surgery, trauma and orthopaedics, ophthalmology and cardiology. A number of newly recruited consultants will increase capacity and support reduction in patients over 18 weeks with performance expected to improve over the coming months. 119 patients were cancelled in March. No cancer patients were cancelled.</p> <p>RD asked whether activity has reduced in April. In response AS indicated that the extreme levels have reduced but demand is still high.</p>

	<p>FA presented the patient experience metrics noting that the March Friends and Family scores for inpatient wards had increased slightly to 96.5%, in contrast the ED FFT score for March had decreased from 96.3% to 95% which is the lowest it has been for a number of months. The response rate had dropped to 24%.</p> <p>FA also noted the Trust wide programme on standards of behaviour which was being rolled out and the passport for carers with a carer's day being planned for June.</p> <p>3.1.2 Workforce Key Performance Indicators</p> <p>MP noted that the Trust continues to monitor ward nursing numbers and skill mix on a daily basis with assurance that adequate staffing is in place. Agency usage continues to be high with an increase in March and remains below the trajectory. The agency PMO continues to review and monitor progress on a regular basis. Sickness absence decreased to 4%; at a national level there is a new CQUIN relating to mental and physical wellbeing.</p> <p>Appraisals are currently behind target and robust plans are in place in each division to ensure delivery. Mandatory and Statutory Training (MAST) is being reduced to half a day and from 3 days to 1 day for clinical staff. The Trust is currently implementing the appointment of a safer working guarding which is one of the requirements of the new junior doctor contract.</p> <p>The results of the quarter 4 staff FFT survey indicate that 87% of staff would recommend the Trust as a place to receive treatment and 77% as a place to work.</p> <p>The Trust currently has 35 apprenticeship places this year and working towards a target of 59. Next year the challenge will be to increase this to 180 places.</p> <p>RD noted that the Finance and Workforce Committee discussed the difference between mandatory and statutory and the Executives will define and agree the context and trajectory for the year. MP also noted that 40 places for the Lean for Leaders Programme had been filled with the programme due to start in June.</p> <p>3.1.3 Finance Key Performance Indicators</p> <p>PS introduced the financial elements of the report noting that the draft accounts for 2015/16 had been sent to the auditors. The final position was a deficit of £6.5m which included technical adjustments for donated assets and impairment. All figures remain provisional until the external audit is concluded.</p> <p>It was noted that two other Trusts in the south east coast had surpluses. Our end of year position was driven by emergency activity and impacted on income. Additionally the Trust was impacted by the junior doctor's industrial action and non delivery of the full cost improvement programme noting that 14% of the pay bill was on agency. The Trust delivered the capital resource limit and received a working capital facility of £12m. The Better Payment Practice Code was less than 50% against the target of 95% within 30 days. The FWC have asked for the development of a trajectory of improvement across 16/17.</p> <p>Memorandum of Understanding has not yet been agreed with the Trusts CCGs and therefore there is an element of uncertainty around contract income in the year end position. However, the income included is a robust figure based on income reconciliations carried out so far with CCGs</p> <p>The Board duly noted and took assurance from the report.</p>
--	---

3.2	<p>Finance & Workforce Committee (FWC) Chair Update – for Assurance</p> <p>The Board received and noted the report in advance of the meeting. RD introduced the report noting that the Committee sought assurance over the level of risk in the latest iteration of the interim 2016/17 budget. Discussion focused on the CIP, income/contracts, Productivity and the additional actions necessary to deliver the control total of £15.2m.</p> <p>The month 12 capital report was received and it was confirmed that the Trust has finalised agreements with Surrey County Council and East Surrey CCG for the integrated reablement unit.</p> <p>The Committee noted the significant changes to ways of working in relation to the IT road map. There would be a full presentation to the next FWC including the Outline Business Case.</p> <p>AH asked when feedback was expected in relation to the formal sign-off of the capital resource limit. In response PS confirmed there was no indication that there would be a problem or a return of the capital to revenue transfer. The Trust was awaiting a response from NHS Improvement (NHSi).</p> <p>PB asked about any potential impact of I&E deficits across the health system and in his response PS indicated that he would not expect that this would impact the Trust as we have no loans in the capital budget or our plan. The Trust has not had any response from NHSi in relation to the sustainability and transformation fund.</p> <p>The Board duly noted and took assurance from the report.</p>
4.	<p><u>Risk, Regulatory and Strategy Items</u></p>
4.1	<p>Care Quality Commission Report on Outpatients – For assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA presented the report which provided the Board with the formal outcome of the focused follow-up inspection of the Outpatients service both at East Surrey Hospital and Crawley outpatients which had been undertaken by the Care Quality Commission in January 2016.</p> <p>As background FA noted that the Care Quality Commission carried out a comprehensive inspection of the East Surrey Hospital and Crawley Hospital in May 2014. At that time the outpatient departments were rated as requiring improvement. The service was judged as was not fully compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 210, then in force. Consequently the CQC issued a requirement notice.</p> <p>The purpose of the focused follow-up inspection of the outpatients’ service in January 2016 was to check that improvements had been made, ensuring the terms of the requirement notice had been met. No rating was given.</p> <p>The key findings from the inspection were that the Trust had met the conditions of the requirement notice. Significant changes had been noted and observed throughout the outpatient services and no “must do” recommendations were given. However, there were areas of practice where it was noted that the trust still needs to make improvements six “should do” recommendations were made.</p>

		<p>AH noted that no overall rating was given. MW confirmed that ratings were only given following a full inspection.</p> <p>RS and PL both noted that the requirements were met however, how would the Trust now rate the experience in outpatients. In response FA confirmed that there was a much better experience for patients and there are continued developments that the Trust would make over time. MW also noted the significant amount of work that had taken place in relocating medical records from Southampton to a much closer location which was not a small undertaking.</p> <p>The Board duly noted and took assurance from the report.</p>
	4.2	<p>Q4 Annual Plan – For assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>GFM presented the report which provided the Board with an end of year position and assurance in relation to the delivery of the annual operating plan. 81% of the actions had either been completed or are being delivered according to plan. The quarter 4 report also highlighted actions which are not yet complete and are being proposed for carry forward to the 2016/17 plan.</p> <p>RS asked about action 1.15 which related to MRSA and asked whether this action was appropriately rated as red. In response DH confirmed that this should not be red as the guidance indicated that we did not have any lapses in care.</p> <p>In relation to the report format for 2016/17 it would be helpful to include benchmarking within the report and an overall trajectory similar to that included in the integrated performance which gave trends throughout the year.</p> <p>The Board duly noted and took assurance from the report.</p>
	4.3	<p>Annual Review of Board & Sub-Committee Attendance – For Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>GFM presented the report which provided the Board with an overview of attendance at the Board and its sub-committees throughout the year. Some elements of the report would be included in the annual report. Reviewing attendance is important from a governance perspective.</p> <p>RS noted that two SQC meetings had been cancelled during the year due to breaking the cycle. The input of clinical chiefs of service was essential to the discussion and the dates were now agreed well in advance. It was noted that consistent dates would continue to help improve attendance from clinical staff.</p> <p>The Board duly noted and 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>Safety and Quality Committee to receive and note</p> <p>The minutes of the Committee were noted with no questions raised.</p>

	5.2	Any Other Business There was no other business.
	5.3	Questions from the Public There were no questions raised.
	5.4	Date of the next meeting Thursday 26th May 2016 at 11.00am in Room AD77, Trust Headquarters, 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>These minutes were approved as a true and accurate record. Alan McCarthy</p> <p>Chairman: _____ Date: _____</p>
--