

**Minutes of Trust Board meeting held in Public
Thursday 24th November 2016
Room AD77, East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Deputy Chief Executive & Chief Finance Officer
(FA) Fiona Allsop	Chief Nurse
(DH) Dr Des Holden	Medical Director
(PB) Paul Biddle	Non-Executive Director
(RD) Richard Durban	Non-Executive Director/Deputy Chairman
(PL) Pauline Lambert	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director
(AH) Alan Hall	Non-Executive Director
(CW) Caroline Warner	Non-Executive Director (Designate)

In Attendance

(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(IM) Ian Mackenzie	Director of Information & Facilities
(JM) Janet Miller	Deputy Director of Human Resources
(MC) Michelle Cudjoe	Head of Midwifery / Divisional Chief Nurse for WACH (Item 2.1)
(AS) Adaline Smith	Maternity Matron for Intrapartum Care (Item 2.1)
(CP) Colin Pink	Head of Corporate Governance

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 and staff. A warm welcome was given to Caroline Warner, our new Non-Executive Director. Apologies for absence were noted from Mark Preston.
	1.2	Declarations of Interest – For approval The Chairman asked whether any Board members had any additional declarations of interest. None were raised.
	1.3	Minutes of the last meeting The minutes of the meeting held on 27 th October 2016 were reviewed and approved as a true and accurate record with minor amendments to the wording of final paragraph on page 7.
	1.4	Action Tracker The Board reviewed the action tracker and CP confirmed : TBPU-05 relating to QGAF would transition into the Well-led framework and the due date would therefore change to the end of January 2017 TBPU -07 was due by the end of December 2016

		<p>TBPU-08 was due by the end of December 2016 TBPU-10 would be extended to the end of December 2016 TBPU-11 was due at the end of November 2016 TBPU-14 was due by the end of December 2016 TBPU-15 is now closed TBPU-16 is due at the end of January 2017</p> <p>There were no other matters arising.</p>
1.5		<p>Chairman's Report for Assurance</p> <p>The Chairman highlighted several issues that had been discussed at the HSJ summit focussing on the challenging financial picture in particular the growing deficit within NHS finances.</p> <p>The local Sustainability and Transformation Plan (STP) will be published on the 28th November. The delivery of STP's are a matter of national debate, in light of the unprecedented growth in activity. The STP is positive for the Trust, there will be some impact on the way services are delivered across the local health economy.</p> <p>There is national debate on how to deliver the productivity gains, identified by Lord Carter, within the provider section. To date £5 billion of the £22 billion pounds have been identified.</p> <p>There were no questions asked.</p>
1.6		<p>Chief Executives report for Assurance</p> <p>The Board noted the report in advance of the meeting.</p> <p>MW presented the report highlighting the national drive to reduce the numbers of healthcare associated E. coli infections, the national focus on reducing variation and getting patients into the right bed first time.</p> <p>MW congratulated Alison Newlyn, clinical lead, for being appointed as the New Honorary Patron of British Orthodontic Society.</p> <p>MW was proud to be host and to join in the celebrations at the staff awards. This was a fantastic opportunity to be able to recognise the hard work and dedication of all our staff.</p> <p>The Board discussed the national focus on E. coli infection. For the Trust E. coli has a specific impact, as it is prominent in elderly care and as such has been the focus of The Trust's infection prevention and control team for some time. Action The SQC were asked to focus on the management of E. coli and benchmarking.</p> <p>AM asked for assurance relating to delays in cancer diagnostics. MW commented that the Trust's diagnostic performance was good when compared to the national picture highlighted recently. Noting that GPs had been asked to increase referral rates for cancer. The national picture will become increasingly challenging.</p> <p>The Board discussed the issue of payment from overseas patients, noting the controls in place which have been positively reviewed by Internal Audit and the Trust's bad debt position is well accounted for.</p> <p>The Board duly noted the report.</p>

1.7	<p>Board Assurance Framework (BAF) and Significant Risk Register (SRR) for Approval and Assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>GFM presented the report noting that there are 13 risks to the trusts strategic objectives, 7 of which are recorded as key strategic risks and red rated.</p> <p>There are 9 significant risks recorded on the Trust risk register. The BAF and SRR had been reviewed by the Executive team and the Executive Committee, noting that the Executive Team and SQC had discussed the wording of the first risk relating to safety. The Board agreed the change in wording for the first BAF risk.</p> <p>Following discussion at the Executive Committee the risk relating to right bed first time has been reduced and no longer sits on the SRR. PL asked how the Trust was assured that this issue is no longer a significant risk to patients. AS commented that there is evidence that the Trust is achieving right bed first time more frequently and it no longer represents a significant risk to patient care and experience. The occupancy rate and number of medical outliers have improved which are close to real time proxy indicators for this issue. The Board discussed this issue in detail as there was concern that it is still an issue for a proportion of patients. DH commented that the number of bed moves and cardiac arrests have dropped which could also be used as supporting evidence of improvement and reduction in risk score.</p> <p>The Board noted and took assurance from the report.</p>
2.	<p>Safety, Quality and Patient Experience</p>
2.1	<p>Patient Story – Women & Children Service for Assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>FA introduced the patient story, thanking the new mother who had chosen to share so much of her experience, which would be told by Michelle Cudjoe and Adaline Smith.</p> <p>MC highlighted how the team regularly hears stories from new mothers, which are rich sources of learning and focus on the impact that actions by Trust staff have on the experience of new mothers. The full story is detailed in the report available on the Trust's website.</p> <p>MC spoke of a new mother who had planned a homebirth, but was admitted and delivered through caesarean section, due to complications. This could have led to feelings of failure, a particularly negative impact. However the patient had spoken of the communication they had had with the team and the positive experience they had had during their labour.</p> <p>The Board discussed the story in detail, noting the positive experience, the level of communication and understanding between the team and the new mother and the impact this had on experience. MC and AS confirmed that all stories are shared to ensure learning.</p> <p>FA commented on how the open visiting hours initiative had been reviewed in maternity as it had not been well received by all new mothers. Family members are now asked to leave at night.</p>

		<p>The Board noted the positive assurances and experiences highlighted by this emotive story and thanked those staff involved in providing the care.</p> <p>The Board duly noted the report and took assurance.</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 highlighted that the Trust had not been selected as one of the Trust's to trial the new nurse associate post, but was hoping to be selected to be in the 'fast follower' program that had been proposed.</p> <p>The Board noted that the new 'care hour per patient day' is still developing as a metric. Early review indicates that it will be difficult to achieve the metric in specialist areas such as maternity or areas of one to one care.</p> <p>DH spoke about total care hours in geriatric care. This will require a lot of work to understand and deliver the metrics for highest levels of care, particularly during the night.</p> <p>The Health Education England Kent Surrey and Sussex had announced its plans to appoint 'Darzi fellows'. These will be one year posts focussed on development and improvement projects. This will mean 28 posts across the STP and the Trust is hopeful that it will be successful in its bids to be selected for a number of these posts.</p> <p>The Board duly noted and took assurance from the report.</p>
	2.3	<p>Safety and Quality Committee Update <i>for Assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RS presented the report which provided a summary of the key agenda items discussed at the Safety and Quality Committee (SQC) in November 2016.</p> <p>The Committee had discussed the focus on falls with harm and the appointment of a new Deputy Chief Nurse who will be developing plans to present early in the new year.</p> <p>The Committee had received a new version of assurance reports based on BAF template. This was a good step forward and would help to provide greater detail of assurance. The Committee had asked for greater detail on actions to improve controls.</p> <p>The Committee had also considered the BAF risks that relate to safety and quality and had resolved to receive regular updates from research and education.</p> <p>The Board duly noted and took assurance from the report.</p>
	3.	<u>Operational Performance</u>
	3.1	<p>Integrated Performance Report (M07) <i>for Assurance</i></p> <p>The Board noted the report in advance of the meeting.</p>

	<p>3.1.1 Safety & Quality Performance Indicators</p> <p>FA reported that there had been four SI's reported in month, noting that three of these had been falls with harm. The Trust continues to bench mark well for falls with harm but strives to significantly reduce the number of cases.</p> <p>The Board noted the assurances taken from the Trust's low emergency readmission rates. This is a matter of national and local focus.</p> <p>PL and FA discussed the safety thermometer, issues of data quality linked to the capture methodology and the impact of hospital and community associated pressure ulcers.</p> <p>The Board asked if the impact of norovirus bed closures or a similar metric could be added to the IPR to support the conversation relating to the gastroenteritis. Action DH agreed to work with the information team to include.</p> <p>3.1.2 Operational and Access & Performance Indicators</p> <p>AS started by discussing the Trust's RTT performance, indicating that the Trust was still on track and was benefiting from the positive performance in the first quarter.</p> <p>The Board noted the drop in diagnostic performance, which is linked to endoscopy activity and staffing issues. AS summarised the recovery plan and assured the Board that early indicators suggested that the position would be recovered by the end of the year.</p> <p>AS noted that the RTT 52 week pathway data, now took into account those patients who choose to defer. However the Trust can work more effectively for these patients and it continues to be a focus of improvement.</p> <p>FA made her apologies and left the meeting.</p> <p>RS asked whether the Trust's urology business case was a solution to support elective demands. AS stated that the business cases main benefit would be on the ability to deal with increasing cancer referrals.</p> <p>The Board went on to discuss ongoing issues in ambulance turnover, noting improvements in systems and ambulatory care pathways to mitigate against the growth in the challenge. AS stated that the Trust was regularly receiving record numbers of ambulance attendances. This impacts on elective cancellations and the Trust continues to balance opportunities to deliver elective work against the safe running of the hospital and ability to receive urgent ambulance carriages.</p> <p>3.1.3 Patient Experience</p> <p>The Board noted the patient experience elements of the report</p> <p>3.1.4 Workforce Performance Indicators</p> <p>JM indicated that the commentary in the IPR had not been updated in error, confirming that it would be made available after the meeting Action. The data presented in the IPR was correct and in date.</p>

	<p>JM stated that the Trust had achieved its target for achievement reviews thanking all managers and HR business partners for their individual efforts. The Board noted the achievement, IM commented on the extra support that had been provided by HR. MW stated his expectation that those outstanding reviews would be completed.</p> <p>The Board went on to discuss ongoing staffing issues, taking assurance on the number of successful overseas appointments in year.</p> <p>RS asked for an update on recruitment and retention. JM confirmed that an updated plan was being developed for the December FWC.</p> <p>3.1.5 Finance Performance Indicators</p> <p>PS reported that the Trust was reporting a £55k surplus at the end of month 7 which is adverse to the planned surplus position by £1.7 million. This is accounted for. The total refund for MRET has not been received and the Trust is in discussion with the CCGs over penalties for re-admissions despite the Trust's positive performance.</p> <p>PS confirmed that this position does not include the quarter two strategic transformation fund, which is to be received in December.</p> <p>The Board has agreed to maintain its end of year surplus forecast position. There is a £14.9 million risk to achieve this. This position is regularly reviewed at the FWC and the forecast has been discussed with NHS Improvement; in line with the protocol for changing the forecast out turn</p> <p>The Board noted that the capital budget would reduce from the initial £15.9 million to £12.6 million as the Trust would not be requesting the planned £3.9 million capital loan.</p> <p>MW excused himself and left the meeting.</p> <p>The Board went on to discuss the impact of emergency pressures on elective activity and plans to develop capability to provide day case slots.</p> <p>The Board duly noted and took assurance from the report.</p>
<p>3.2</p>	<p>Finance & Workforce update <i>for Assurance</i></p> <p>RD presented the report. The Committee had received papers that supported the conversations of Board relating to finance and workforce position.</p> <p>The Committee had received a very positive paper that detailed the benefits of the draft electronic paper records systems business case. There is a national imperative to deliver paper lite systems and the planned benefits are significant for patient and staff experience. There will also be benefits for communication with GPs going forward. The paper provided good detail of the potential benefit realisation supported by the draft business case.</p> <p>The Committee received and approved a business case to develop urology ambulatory care.</p> <p>The Board duly noted and took assurance from the report.</p>

3.3	<p>Audit & Assurance Committee Chair Update <i>for Assurance</i></p> <p>The Board noted the report in advance of the meeting.</p> <p>PB introduced the report focusing on the Committees review of the BAF risks relating to the Trust's financial position and potential impact of the STP.</p> <p>The Committee had received good assurance from management over its controls to support information governance and project management. Internal Audit had produced a partial assurance review of the Trust's compliance with a new cyber security framework stressing that this was a good position in a developing area of control.</p> <p>Under its delegated authority the audit panel had completed a tender process and awarded the next external audit contract to PWC. This contract would come into effect from the 1st April 2017.</p> <p>The Board discussed the strategic risk relating to the implementation of the STP and the assurances that could be taking relating to cyber security.</p> <p>The Board duly noted and took assurance from the report.</p>
3.4	<p>Charitable Funds Committee Chair Update <i>for Assurance</i></p> <p>The Board noted the report in advance of the meeting.</p> <p>AM introduced the report highlighting the appointment of a fund raising manager, work to rationalise the numbers of specific funds in the system and plans to spend money which is being driven by the Executive team. The Executive team are to develop a plan to present to the Committee including the first themed charity appeal.</p> <p>AM went on to talk about the charity money that has been invested in the short term to ensure that it is used wisely whilst opportunities are being developed and agreed.</p> <p>The Board duly noted and took assurance from the report.</p>
3.5	<p>Charitable Funds Committee Annual report 2015/16 <i>for Approval</i></p> <p>The Board noted the report in advance of the meeting.</p> <p>AM introduced the annual report for approval noting the improvements in year and satisfactory performance of the Committee. PS commented that Committee activities and Trust's use of charitable funds had improved over recent years.</p> <p>There were no questions.</p> <p>The Board duly noted and approved the report.</p>
4.	<p><u>Risk, Regulatory and Strategy Items</u></p>
4.1	<p>Sustainable Development Management Plan <i>for Approval</i></p> <p>The Board received the reports in advance of the meeting.</p>

		<p>IM introduced and Will Clark to discuss the proposed Trust Sustainable Development Management Plan (SDMP), which is a requirement to develop and implement. Nationally the country must deliver a 34% reduction in carbon usage by 2020. This is both a corporate and social responsibility.</p> <p>WC presented the proposed road map which is based on tested strategies of development of infrastructure to provide both savings in cost and use of carbon. This must be supported by Board leadership.</p> <p>The Board discussed the plan, noting the investment, linkage to the estate's plan and potential links to well-being. Noting that culturally there is a lot to do to change the emphasis on energy saving rather than relying on energy saving infrastructure.</p> <p>This plan is to be aligned with the Trust's key strategies and considered by the FWC.</p> <p>The Board duly noted and approved the proposal.</p>
<u>Other Items</u>		
5	5.1	Minutes of Board Committees to receive and note
	5.1.1	Finance and Workforce to receive and note The minutes of the Committee were noted with no questions raised.
	5.1.2	Safety and Quality The minutes of the Committee were noted with no questions raised.
	5.1.3	Audit and Assurance Committee The minutes of the Committee were noted with no questions raised.
	5.1.4	Charitable Funds Committee The minutes of the Committee were noted with no questions raised.
	5.2	Any Other Business No further business was discussed by the Board.
	5.3	Questions from the Public There were no formal questions from the public received before the meeting. Temi Alao, HR Business Partner – Surgery Division asked 'As an organisation, given patient experience and better patient outcomes is at the fore-front of the service , we will like to be recognised for, and we are aware that patients get better outcome and experience if we get the right bed, first time. What are we doing to ensure this happens whilst acknowledging getting the right beds reduces re-admission to hospital and impacts on the length of stay.' AS replied on behalf of the Board, highlighting the recent improvements in metrics that supported the premise that the Trust is improving its ability to get patients into bed first time. The Trust's readmission rates are in the top decile nationally and has developed

		<p>plans to pull patients through the system by focusing on medically ready for discharge.</p> <p>The Trust has learnt from previous years to develop plans to deal with peaks of activity throughout quarter four although 100% application will not be possible. But the expectation is that each patient will be seen by the appropriate clinician during their admission.</p> <p>TA thanked AS for the response, with no further questions.</p>
	5.4	<p>Review of the Meeting</p> <p>Feedback from the Board meeting as follows:</p> <p>The Board agreed that discussions and agenda items were good, noting that each item was given appropriate time. The meeting could be improved by focusing on the Trust's values at the start of the meeting and agreeing what it wanted to achieve during the session.</p>
	5.5	<p>Date of the next meeting</p> <p>22nd December Thursday 2016 at 11.00am 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: _____ Date: _____</p>
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