Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 27th October 2016
Room AD77, East Surrey Hospital

Present

(AM) Alan McCarthy	Chairman
(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

In Attendance

(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(MP) Mark Preston	Director of Organisational Development & People
(IM) Ian Mackenzie	Director of Information & Facilities
(JG) Jane Griffiths	Deputy Chief Operating Officer
(AJ) Alison James	Associate Director of Operations Medicine (Item 2.1)
(SD) Sally Dando	Head of Therapies (Item 2.1)
(DH) Diane Mahoney	Health & Safety Manager (Item 4.5)

1.	General Business	
	1.1	**Welcome and Apologies for absence** The Chairman opened the meeting by welcoming Trust Board Members, members of the public and staff. Apologies for absence were noted from Michael Wilson and Caroline Warner.
	1.2	**Declarations of Interest – For approval** The Chairman asked whether any Board members had any additional declarations of interest; in relation to agenda item 2.3 PL declared her role as safeguarding lead at QVH NHS Foundation Trust. No other interests were declared.
	1.3	**Minutes of the last meeting** The minutes of the meeting held on 29th September 2016 were reviewed and approved as a true and accurate record.
	1.4	**Action Tracker** The Board reviewed the action tracker and GFM 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 TBPU-08 – was due by the end of December 2016

		TBPU-09 is now closed TBPU-10 would be extended to the end of December 2016 TBPU-11 was due at the end of November 2016 TBPU-12 is now closed TBPU13 is now closed TBPU-14 is due at the end of December 2016 There were no other matters arising.
	1.5	**Chairman's Report** *for Assurance* The Chairman had no items to report to the Board on this occasion.
	1.6	**Chief Executives report** *for Assurance* The Board noted the report in advance of the meeting. PS presented the report which highlighted an increased focus by NHS Improvement (NHSi) on further action to be taken nationally to reduce spending on agency staff. The report noted that spending on agency staffing across England was 20% lower than the same period last year and many trusts have overcome workforce challenges and used the rules as a springboard to improve governance and processes, negotiate lower rates and reduce demand across every staff group. This has been recognised as an important achievement. However, agency staff still cost the NHS around £250 million a month and at present our sector is falling short of what is needed. In order to retain costs within the available resources for the NHS, Boards have been asked to ensure that their organisations are doing all they can to take control of agency spending. From November 2016 NHSi will be sharing data on agency expenditure in relation to ceilings and total workforce costs for all trusts in the region. To further support collaboration, NHSi will be holding further regional workshops and working to ensure that agency spending forms a key component of STP discussions. There is an expectation on STPs to ensure the agency rules and controls are implemented across the footprint to reduce excess cost and provide services within the System Control Total. In addition, as part of the broader approach to transparency, from Quarter 2 NHSi will publish in their quarterly finance report trust level data on agency expenditure. This is likely to include the best and worst performing trusts against ceiling and relative to workforce costs. A new self certification check list has been introduced for Boards to review and to be submitted to NHSi by 30th November 2016. NHSi also require that in all trusts that the chief executive personally sign off on all agency shifts by individuals costing more than £120 per hour and all framework overrides above price cap. PS confirmed that SaSH continues to have a strong focus on reducing agency expenditure and our spend has not increased; neither has there be a significant reduction and we are not currently meeting our trajectory. Further measures are being taken across the organisation. MP confirmed that NHSi are requiring all organisations to complete additional information requests in the form of templates and checklists as part of a more formal reporting. There are also additional controls which include CEO sign-off

		and the Trust is currently confirming our internal processes to ensure assurance and compliance. Currently the Chief Nurse has oversight for nursing agency spend along with Clinical Chiefs at Divisional level and the Medical Director has oversight for medical agency expenditure. AH asked whether the Trust was getting the help from NHSi regarding negotiations for off-framework agency costs. In response FA confirmed that there was no specific help but support in the form of a sounding board; however this letter may change that emphasis. PS stated that a key area of focus for NHSi and the Department of Health would be around the procurement process from a national perspective. PS also brought to the Boards attention new measures to make giving birth safer, including maternity safety funding and the plan by the Department of Health to publish maternity ratings. The safer maternity care action plan has been designed to dramatically improve the safety of maternity care in the NHS. This action plan is part of the national ambition to halve rates of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or shortly after birth, by 2030. The new measures will provide resources for trusts to improve their approach to maternity safety, including £8 million for multi-disciplinary training, with at least £40,000 available to each NHS trust in England. This will make sure lessons are learned from mistakes and shared openly and transparently across the NHS. The Department of Health will also consult on how to change the litigation culture, which can prevent openness and transparency by taking views on a new voluntary compensation scheme as an alternative to costly legal processes. The Board was assured to hear that SaSH has achieved the Nordic still-birth rate standards over a number of years. PL noted that this had recently been discussed at the Safety and Quality Committee. RD was assured that our still-birth rates are lower than the national average, but asked whether this national guidance was helpful in making further reductions. DH indicated that the new guidance would be helpful particularly in the area of growth restricted births as this would be an area that should be targeted for additional focus and there were lessons which could be learnt from the guidance. PS also noted the local issues which included the raised profile of our Mouth Care Matters initiative which was profiled at the NHS Expo in Manchester and mentioned by the Chief Dental Officer for NHS England as a showcase example of improving quality care for older patients during their hospital stay. Our East Surrey Cancer Support Centre, which opened early this year, was given a Civic Award for architecture by the Reigate Society. The Trust has also been acknowledged nationally in an article in The Guardian about *John's Campaign,* which aims to give the carers of those living with dementia the right to stay with them in hospital in the same way that parents stay with their sick children. **The Board duly noted the report.**
	1.7	**Board Assurance Framework (BAF) and Significant Risk Register (SRR)** *for Approval and Assurance* 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. There

		are 10 significant risks recorded on the Trust risk register. The BAF and SRR had been reviewed by the Executive team and the Executive Committee. This month the Chief Nurse and Medical Director recommended changing the title of risk 1.1 which related to the Trusts strategic patient safety intent. PL tested her understanding of the new wording as this was not clear. In response DH explained that in line with our ambition to pursue perfection just being in the top 20% would not be challenging aspiration. RS asked whether this was just an issue of timing and questioned how we would actually measure this aspiration of the top 20% and did this extend to being in the top 10%. The Board agreed that as the change in wording needed further refinement SQC could look at this risk in more detail at the November meeting. **Action: RS** RS also noted that on review of the BAF tables there could be more included in the sections on mitigating actions and gaps in control, e.g. progress with ward accreditation and the ward safety dashboard. RD asked whether the I&E forecast would change the financial risk rating. PS confirmed that this would be reviewed at the time and consideration would be given to any aspects that would potentially change. **The Board noted and took assurance from the report.**
2.	**Safety, Quality and Patient Experience**	
	2.1	**Pendleton Frailty Unit Progress Update & Patient Story** *for Assurance* The Board received the paper in advance of the meeting. AJ presented the report which gave an overview Frailty Unit which is part of East Surrey transformational integration of health and social care, for assessment, diagnosis, observation, triage to treatment and rehabilitation services for frail patients. Currently frail, elderly patients can find their needs are not always met in hospital; health care professionals not trained in geriatric medicine can find these patients challenging. Therefore co-location of the entire specialist, medical, nursing and therapy team within one place provides a rapid assessment and intervention for older people, who are appropriately diverted when they arrive at hospital and intervene as early as possible to avoid lengthy hospital stays. Working in collaboration with East Surrey CCG and local CCGs and GPs a new model of care for frail elderly patients has been designed which is based on a multi-disciplinary team approach with a service that is consultant led, community facing and will have close working links with discharge and community based services to ensure speedy turnaround which in turn improves outcomes and patient experience. By working with GPs, social workers, community-based services, carers and patients' families, the Unit provides the care that is needed whilst avoiding any unnecessary hospital stays for patients. Most patients will be directly referred by GPs and from the Emergency Department. The Voluntary Sector will prove invaluable going forward in supporting patients back home following discharge from the unit.

		Patients are identified for the Frailty Unit using the Rockwood Frailty index, stratifying patients according to their level of functional ability and presentation, targeting those scoring 5-7 on the tool. The direct benefits to patients of this model incudes, keeping people independent at home longer, mmaximising medical and social care support, multidisciplinary teams including voluntary sector support, supporting carers, working towards seven day support, aadmitting people to hospital only when necessary. Maximising urgent medical, social and voluntary care support in the community, bbetter support for patients with long term complex needs, bringing together hospital and community teams to support the patient. Co-ordinating hospital and community knowledge and risk assessment with rapid access to diagnostics and specialist advice, improved case management for patients to prevent future recurrence or deterioration. In addition a number of benefits and advantages were also presented which included improved patient and carer experience with rapid support close to home, ED avoidance and rapid access to diagnostics, fewer transfers and Interfaces, improved patient safety, good discharge planning and post-discharge support. Better integrated approach to care with true co-located MDT approach including reducing duplication of assessments and improved relationships between care providers. Decreased length of stay fewer patients admitted and those who are admitted being captured by community teams and pulled through the acute sector quicker. Efficient use of staff resources with instant access to specialist advice. The Unit opened on 3rd October and during the first two weeks 38 patients were seen. Of all the patients through the unit only 1 required admission to a care of the elderly bed for further investigation and 2 required overnight stay in the discharge unit. Of these 35 other patients it was felt that 80% of them would have had at least an overnight admission prior to the opening of the Pendleton Unit. In response to a question from RD, AJ also confirmed that approximately 4 actual beds have been saved thus far. Once the Unit is fully opened on average 15 patients would be seen each day.
	2.1.1	SD presented the patient story relating to two patients that had been seen in the Frailty Unit. The first was a gentleman of 90 years who had been referred by his GP with a history of fatigue. This man lived with his wife who was an inpatient and their daughter who had taken on caring responsibilities with an increased package of care. The consultant who saw him in the unit reviewed his medication and arranged for a diagnostic follow-up appointment. The therapy assessment identified the gentleman's difficulty with getting in and out of bed. A leg lifter was identified for the patient and after a further assessment he was moblised using the leg lifter. His care package was also increased and was discharged home. The second patient was a 91 year old lady who came in via A&E with a urinary tract infection. She lived alone though family was not far away and had a history of falls and trouble with walking and dressing herself. Antibiotics were prescribed by the consultant which addressed the UTI. The therapy assessment team were able to mobilise the lady with the use of a frame. Contact was made with her community team and her intermediate package of care was increased which also focused on falls prevention. The Age Concern befriending team were also contacted and a visit arrange for the same day and the lady was able to be

		discharged home. These were just two examples of patients who were seen in the frailty unit and received high quality direct care and avoided admission. AM asked whether there was any direct the relationship with the IRU. In response AJ confirmed that the frailty unity was more about short term immediate intervention and preventing admission whereas the IRU was about longer term care and safe effective discharge. JG noted that the IRU was linked to the care of the elderly ward. AM also asked whether there were any downsides to the frailty unit. DH indicated that the unit was based in the hospital but there was a view that this service could also be provided in a community setting and consideration should also be given as to whether this sort of service could be offered to a broader group of patients not just the frail elderly. DH also emphasized that loneliness was also a key factor as well as keeping patients independent. PL commended the links with Age Concern and also with the voluntary sector. **The Board duly noted the report and took assurance.**
	2.2	**Chief Nurse and Medical Director's Report** *for Assurance* The Board received and noted the report in advance of the meeting. FA introduced the report highlighting the workforce issues recorded in month. The Trust delivered the planned versus actual staffing profile for September. The report showed a stable picture in relation to overall compliance. The red shifts on Outwood and Burstow were managed by the clinical team with no concerns regarding patient safety and successful nursing and midwifery recruitment had been undertaken. The red shifts on Brook ward were related to a patient requiring an enhanced level of care which had been managed with no adverse effects. The care hours per patient day (CHPPD) comparison with September were broadly similar from previous months across the acute inpatient wards. The Trust recently learnt that we were unsuccessful in the application to become a pilot site for the nurse associate role in the first round. We will assess the opportunity to apply for the second round when further information is available. DH updated the Board on successful consultant interviews since the last meeting as two consultant Neurologists have been appointed to join the medical division. We returned the NHS England 7 day services audit on 19th October. Notes retrieval and entry had improved from 48% to 65%. Release of our results compared to south and whole of England will be available at the end of November. As reported at the last trust board, Dr Sarah Mumford spent two days in the trust and will recommend any improvements she feels we can make in infection prevention and control. DH also confirmed that the Trust is finally out to advert for the Professor of

		Diseases of the Elderly, a joint post between the Trust and the University of Surrey. RS asked what the benefits to the Trust would be for this post. DH confirmed that this would enhance our research profile and generally raise our profile overall including better ways of learning and service improvement. **The Board duly noted and took assurance from the report.**
	2.3	**Safety and Quality Committee Update** *for Assurance* The Board received and noted the report in advance of the meeting. PL presented the report which provided a summary of the key agenda items which were discussed at the Safety and Quality Committee (SQC) in October 2016. In addition to standing items, SQC received reports and presentations on: Safeguarding Annual Report, End of Year Clinical Audit Programme Position, Surgical Division Annual Report and Review of March Still Births. The monthly quality report showed an improvement in cancer performance. Diagnostic alerts were discussed in the meeting and there had been an improvement in the FTT scores for ED. The top 5 areas of concern remain the same as the previous month. There was assurance provided with regard to low harm hospital acquired pressure damage data and NICE guidance compliance. The Safeguarding Annual Report was report was well received; the revised format was approved by the committee and recommended to the Board for ratification. Compliance with level three safeguarding training has improved this year and the training offered is well evaluated and continues to be reviewed and adapted over time. The committee were assured by the report. The committee took assurance from review of the Clinical Audit programme, end of year position. The use of Datixweb to produce the report has greatly improved the trust overview of audit programme delivery. RS asked about the ward refurbishment programme and the link to infection prevention. IM indicated that the Trust had spent £0.5m this year on ward refurbishment, however were not yet able to decant a whole ward for large scale refurbishment. DH confirmed that the scientifically our C.diff reviews do not indicate that the fabric of the ward plays any part as there is no cross-infection therefore there is no direct evidence of a link. PS also noted that our nursing audits do look in more granular detail and they are able to influence priorities in our capital programme. **The Board duly noted and took assurance from the report.**
3.	**<u>Operational Performance</u>**	
3.1	**Integrated Performance Report (M06)** *for Assurance* The Board noted the report in advance of the meeting.	

	3.1.1	**Safety & Quality Performance Indicators** FA reported that there were 8 Serious Incidents declared in September 2016. For VTE the standard for initial assessment continues to be achieved in September with on-going work embedding the new Cerner process. The safety thermometer "New Harm" indicators returned to expected levels in September 2016; however the all harm indicator was below expected levels, driven by patients being admitted with pressure ulcers acquired in the community. The percentage of patient safety incidents causing severe harm or death remained at baseline levels of 0.7% in September 2016. There was 1 case of MRSA in September 2016 and five cases of Trust acquired C.diff. In light of the on-going risk of outbreaks of viral gastroenteritis, the risk of outbreak of viral gastroenteritis remains on the Trust's significant risk register. RS asked whether the target for C.diff remains the same as last year. DH confirmed that the target remained the same with the inclusion of the lapse in care standard. Any such lapse is required to be reported. We have had 16 C.diff cases year to date with 12 assessed by our CCGs of which 4 were identified as a lapse in care. We still have a zero target for MRSA and likely fines for C-diff. DH reported that the latest HSMR data for the Trust shows mortality remains lower than expected for our patient group when benchmarked against national comparators (18th out of 122).
	3.1.2	**Operational and Access & Performance Indicators** JG reported that both the ED 4hr standard and the Cancer 62 Day trajectories were achieved in September 2016. While the national standard was achieved for RTT Incompletes, performance was marginally below trajectory but within NHSi tolerances. RTT continues to be a challenge with referral growth above plan and capacity gaps in a number of specialties. The diagnostic standard and trajectory were not achieved and plans are in place to return to expected performance using outsourcing and recruitment with a focus on endoscopy. RS indicated that SQC could look at the impact on patients and whether there were any associated risks. JG confirmed that the Trust is delivering on cancer standards. The ED 4hr standard was achieved in September 2016 with performance of 96.4%. Discharge delays are a significant driver of performance with an average of 108 beds occupied by patients who are medically ready for discharge, compared to 92 in September 2015. Ambulance turnaround performance continues on its improvement trajectory. However, while the Trust continues to deliver the ED 4 hour standard, there is a significant impact on elective care with on-going restrictions and cancellations of inpatient procedures
	3.1.3	**Patient Experience** FA noted that in addition to the update on current performance with the Friends and Family Test, open visiting is now live across all inpatient wards. Feedback on the 'Supporting our patients: visiting guidelines' will be sought and the evaluation process will start in early November. It was noted that the Shadow Council of governors were very impressed and commended the open visiting programme.

	3.1.4	**Workforce Performance Indicators** MP reported that The Trust continues to monitor ward nursing on a daily basis and is assured that adequate staffing is in place. The funded establishment at the end of September was 3876 which is an increase of 39 from August. Vacancy rates across all staff groups has increased slightly to 11.3% (and increased by 1.2% in Nursing to 16.8%). Turnover has decreased by 0.5% to 14.9% for all staff groups (but has increased by 1.4% for Nursing staff to 15.6%). Sickness has decreased from 3.5% in August to 3.3% at the end of September which is significantly below the 4.0% Trust target. MAST figures remain at 81% which is Green on the Trust RAG rating. This is primarily due to the change in the 'refresher' cycle with the Trust now in line with the national Skills for Health, Core Skills Training Framework. Achievement Reviews as at end of September are reported at 81% against a target of 90% by the end of October. There is still on-going high usage of Bank & Agency staff, and PMOs are reviewing usage on a weekly basis The staff survey is currently at 38% and due to close on 2nd December. Uptake of the flu vaccine is at 48% with a trajectory to achieve 75% by the end of December. PB asked about the increase in the funded establishment. In response MP confirmed that this was due to a catch up in the electronic staff record. Sign-off is robust with monthly reconciliation. RD queried whether the establishment is continuing to grow. PS confirmed that business cases which had been approved earlier in the year are now showing as staff are being recruited. PL commended the positive workforce report and asked how well we look after our staff in particular the health and wellbeing of medical staff. MP noted that this could sometimes be a challenge; however he went on to note that we have a medical staff forum that meets regularly, our safer working guardian role is now in place and will begin to report to the Board in due course. DH confirmed that morale is good and that a recent consultant and GP meeting saw 60+ clinicians coming together. However it was noted that historically medical staff are low responders to the staff survey.
	3.1.5	**Finance Performance Indicators** PS reported that the Trust's 2016/17 plan has been profiled reflecting the phasing of the £9.7m sustainability funding, clinical activity and cost improvements. The Trusts year to date deficit at the end of month 6 was £1.8m, £0.1m better than the planned £1.9m deficit position. The year to date position includes £2.4m Q1 STP funding as planned. Year to date the agency and NHS locum spend of £10.5m is £0.7m greater than the £9.8m plan. The adverse position on agency is mainly driven by medical spend. The women and children's divisional 4% overspend is of concern and income variances were adverse by £3.3m to the financial plan. There is an increased level of risk of £14.9m against our £15.2m plan which increases the risk of not achieving the Q3 and Q4 STF funding. The Trust would have to report any change to its forecast to NHSi using the required protocol and the Board was

		discussing this. The cash balance at the end of September 2016 was £4.5m and green rated. The Trust has drawn down £7.3m of its 2016/17 revolving working capital facility. This has supported on-going improvement in better payment performance practice performance which is now 73% by volume, 74% by value year to date. Although the Trust had applied for a £15.9m Capital Resource Limit (CRL) in the 2016-17 plan re-submission which includes potential schemes for EPR Digitise, clinical capacity investment and pathology. These latter schemes would move into 2017/18. However, the capital programme funding now includes the approved £3m PDC returned from the 2015/16 transfer from capital to revenue and the forecast CRL outturn was around £13m. **The Board duly noted and took assurance from the report.**
	3.2	**Finance & Workforce update** *for Assurance* RD presented the report. The Committee received an amended EPR Digitise outline business case (OBC). The benefits case had been revised from the version approved in June 2016. The £2.5m cash releasing savings had been removed following a review by Executive Directors and advice from NHSi to focus on quality benefits. The cost had increased to £5.3m with additional functionality included. The Committee discussed the need to deliver both cash releasing, income generating and quality benefits from a £5m investment and agreed that greater clarity was required regarding the income, quality and productivity benefits that this investment would deliver. An update on the benefits case is due to come to the November FWC after which the OBC will be sent to NHSi. The Sustainable Development Management Plan (SDNP) was well received by the Committee who approved the direction of travel that the plan was taking and a budget of £50k per annum to support delivery of the programme. It noted the interdependence with other Trust programmes and recommended the report for ratification by the Board. **The Board duly noted and took assurance from the report.**
4.	**Risk, Regulatory and Strategy Items**	
	4.1	**Infection Prevention & Control Annual Report – For Approval** DH presented the report which had been recommended by the Safety and Quality Committee for ratification. The Infection Prevention, Control & Antibiotic Stewardship (IPCAS) Annual Report and Programme had been prepared for and submitted to the Trust Board by the IPCAS Team on behalf of the Trust's IPCAS Group. The report summarises the annual achievements, developments, performance and standards by the Trust and its staff in key areas and against key objectives relating to infection prevention and control and prudent antibiotic prescribing. DH noted that IPCAS resources needed to catch up with the growth in demand across the Trust. Dr Sarah Mumford has conducted a review and will recommend area potentially that could be undertaken by others. Root cause analysis was an example. As part of the review a wide range of documents and

		reports were requested and the Trust was able to supply all of these. It was likely that the current work programme may change depending on the outcome of the review which will be reported to SQC and to the Board. **The Board noted the content, gained assurance and duly approved the IPCAS annual report.**
	4.2	**Serious Incidents Quarterly Report – For Assurance** FA presented the report which provided the Board with a report on the serious incidents declared in Q2 and an update on the overall position with regard to the management of serious incidents within the Trust. The Trust reported twenty serious incidents in Q2 2016/17. All incidents were reviewed and escalated appropriately. As at 13th October 2016 the Trust has 25 serious incidents open with the CCG, of which nine have been submitted for closure and are currently being considered by the CCG. The Trust submitted nine RCAs for closure during Q2 2016/17 of which three exceeded the maximum 60 working days specified by the NHS England Serious Incident Framework. FA noted that around 50% of our SIs relate to falls. AM noted that the Board receives an SI report on a monthly basis and it would be important to be able to consider how we give an overview of learning from incidents in the public quarterly report. FA confirmed that the new Deputy Chief Nurse Paula Tucker would be starting in early November and she will be looking at how we make changes to our processes and how we evidence actions and shared learning. AM asked about the investigation relating to an SI in Horsham Hospital. FA confirmed that the investigation was on-going and that the Board would receive an update in the monthly report once this has concluded. **The Board duly noted and took assurance from the report.**
	4.3	**Safeguarding Annual Report – For Approval** FA presented the report which had been approved by the Safety and Quality Committee and recommended to the Board for ratification. The Annual Report for Safeguarding Adults and Children provides the Board with assurance regarding its statutory functions in relation to compliance with Section 11 of the Children Act (2014), the Mental Capacity Act (2005) and the Care Act 2014. The highlights in relation to Child Safeguarding showed a 27% increase in information sharing forms completed and with members of the multiagency team. Continuation of 6 monthly Level 3 multi-professional Safeguarding Children Training at East Surrey Hospital, which has increased our training compliance for Level 3 training to 77%. Hospital link social Worker from both Surrey and West Sussex Children's Services in attendance at weekly safeguarding meetings held at the Trust Local agreement secured with Alderhey Hospital for a Paediatric radiologist to

		provide a second report on skeletal surveys. Maternity information sharing form redesigned to include a body map for documentation of birth marks to improve communication with community practitioners. Invite letters have been amended for Paediatric outpatients to include a statement informing parents of Trust process of sharing information regarding non-attendance with the safeguarding team. SASH has signed an agreement with Child Protection Information Sharing (CP-IS). In relation to Adult Safeguarding, the number of concerns has risen for the fourth consecutive year. 78% of staff have received training during the last 3 years, up from 50.35% in the previous year which includes how the Care Act 2014 has changed practice within safeguarding. PL noted that the SQC were very assured by the report which was much more transparent and robust. AM noted that the monthly meeting gave the Board greater assurance and the loop was being closed as part of a whole system. FA confirmed that there was greater assurance however this was also dependent on the severity of the case **The Board noted the content, gained assurance and duly approved the Safeguarding annual report.**
	4.4	**Q2 Annual Plan Update – For Assurance** GFM provided an overview of the report on behalf of the Director of Strategy. The report provided progress against each of the 72 actions for Quarter 2, July to September 2016. 6% of the actions have already been completed and 72% are being delivered according to plan or have been completed which is a significant improvement on last quarter and ahead of where we should be at this point in the year. There were a significant number of green rated actions which was an improvement on quarter 1. There is now an internal process in place via the Executive Committee to consider progress included those flagged by the trajectory arrows. A number of plans are in place which need to be taken forward during Q3. **The Board duly noted and took assurance from the report.**
	4.5	**Health & Safety Annual Report – For Assurance** MP presented the report which had been approved by the Executive Committee and recommended for ratification by the Board. The report provided assurances of the Trust's arrangements that support it to meet all relevant duties under the Health and Safety at Work etc. Act 1974 and other UK H&S legislation. It reports on the work undertaken by the Health and Safety and Occupational Health Departments to embed health and safety management into the workings of the Trust during 2015/2016. It further identifies the objectives for these departments for 2016/2017. AH asked whether there were any issues in relation to harm and does the Trust track productivity and lost time or time off sick. DM indicated that future reports would include this as part of the health and wellbeing strategy.

		AM asked about the note which related to audit compliance and asked what was being done to secure divisional management commitment. DM noted that all areas are required to undertake an annual assessment and to track timeliness of actions. The general level of compliance could be improved and this would be identified within the divisional governance meetings. AM asked about COSHH, bio-hazards, safer chemicals and exposure and whether there were adequate risk assessments being undertaken. DM confirmed that this was taking place and perceptions are changing which ensure that these are undertaken in a robust and timely way. AH asked about the seemingly low numbers of new recruits that were attending health and safety training and asked with health and safety training was included in the mandatory induction training. DM noted that this was an area the Trust needed to improve. The Board asked for this this be reviewed and an update provided within the next three months. **Action: MP** **The Board noted the content, gained assurance and duly approved the Health & Safety annual report.**
	4.6	**Procurement Transformation Plan (PTP) – For Approval** PS presented the report noting that a key requirement of the Lord Carter report was that every trust should have a local Procurement Transformation Plan in place. The plan highlights the key changes required to deliver the targets. The PTP is being presented to Board in line with instructions from NHSi Financial Efficiency Directorate. Currently the procurement service in SaSH scores well against the metrics, noting the intention is for all trusts to do better. There are three key areas that we want to focus on for our PTP: The transition of the Procurement Team from a transactional based function to a more strategic, proactive department; develop and ratify a procurement strategy based on NHS standards, Lord Carter's recommendations and the Trust's objectives, and embed that across the organisation; improve communication with the rest of the Trust. Whilst the Procurement Team has good relationships with our primary stakeholders we need to develop the way we communicate with the rest of the Trust. The overall aim is to achieve NHS Standards level 1 by October 2017 and level 2 by October 2018. RD asked about the strategy approach and what this would mean for the Trust. PS confirmed that this would focus on influencing how we procure including the design and the specification. The implementation of multi-function devices across the Trust was a good example with the procurement team leading the process. PB and IM asked what this could potentially mean for the STP. In response PS indicated that lessons learnt could mean a loss for the communication hub. Better tools are required to enable all organisations to see what is happening across the whole NHS not just an STP are or a region. Changes would be required across the NHS supply chain including standardization which would hopefully reduce bureaucracy. **The Board noted the content and resolved to approve the Procurement Transformation Plan.**
	Other Items	

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.
	5.2	**Any Other Business** No further business was discussed by the Board.
	5.3	**Questions from the Public** There were no questions from the public.
	5.4	**Review of the Meeting** Feedback from the Board meeting as follows: Good open meeting with open and frank discussions. It was noted that the pathology business case took longer in the private meeting. Good discussions on FT, STP and agency. There was a full agenda and a helpful and insightful discussion on the Pendleton frailty unit.
	5.5	**Date of the next meeting** **24th November Thursday 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.

These minutes were approved as a true and accurate record.
Alan McCarthy

Chairman: **Date:**