

**Minutes of Trust Board meeting held in Public
Thursday 27th July 2017
Room AD77, East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman	Chairman
(MW) Michael Wilson	Chief Executive	Deputy Chief Executive
(PS) Paul Simpson	Deputy Chief Executive & Chief Finance Officer	
(DH) Des Holden	Medical Director	Medical Director
(FA) Fiona Allsop	Chief Nurse	
(AS) Angela Stevenson	Chief Operating Officer	Chief Operating Officer
(PB) Paul Biddle	Non-Executive Director	Non-Executive Director
(RD) Richard Durban	Non-Executive Director	Non-Executive Director
(DS) David Sadler	Non-Executive Director	Non-Executive Director
(PL) Pauline Lambert	Non-Executive Director	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director	

In Attendance

(MP) Mark Preston	Director of Organisational Development and People
(IM) Ian Mackenzie	Director of Information & Facilities
(GFM) Gillian Frances-Musanu	Director of Corporate Affairs
(CP) Colin Pink	Head of Corporate Governance
(AAP) Anouska Adamson-Parks	Head of Strategy (item 5.1)
(VP) Virach Phongsathorn	Guardian for Safe Working Hours (item 6.1)

1.	<u>General Business</u>	
	1.1	Welcome and Apologies for absence AM opened the meeting by welcoming Trust Board Members, governors, members of the public and staff. Apologies for absence were noted from Caroline Warner and Daphnee Pushparajah.
	1.2	Declarations of Interest AS declared that she had recently been appointed as a shareholder in Kate Grimes Ltd, Executive Life Coaching. This interest will be added to the Board Register of Interests. No other additional interests were declared.
	1.3	Minutes of the last meeting The minutes of the meeting held on 29 th June 2017 were reviewed and agreed as a true record with minor amendments. The minutes were agreed as an accurate record.
	1.4	Action Tracker The Board reviewed the action tracker and CP confirmed: TGPU22: was reviewed by SQC and closed TGPU23: is not due until the end of September TGPU24: was closed to be reviewed at Board Seminar

	<p>TBPU25: was closed and is included in the agenda TBPU26: was closed to be reviewed at Board Seminar TBPU29: is not due until the end of October TBPU30: is not due until the end of September</p> <p>There were no other matters arising.</p>
1.5	<p>Chairman’s Report for Assurance</p> <p>AM reported that on this occasion there was nothing to raise.</p>
1.6	<p>Chief Executives report for Assurance</p> <p>The Board noted the report in advance of the meeting.</p> <p>MW introduced the report, highlighting the introduction of new national ambulance standards and the announcement of funding to support Sustainability and Transformation Partnerships (STPs) with new medicine and technology. The staff awards are now open for nomination and the recent ‘Hot Topic’ for maternity had been well received.</p> <p>AM asked when the new ambulance standards would come into force, MW reported that this was likely to be introduced before the winter and would increase focus on life threatening conditions over other ambulance conveyances.</p> <p>DH reported that the AHSN would receive £1 million of funding and that the Trust would explore opportunities to use new technologies as part of the funding.</p> <p>RS and IM discussed the plans to strengthen cyber security discussed in the report noting the change in emphasis and focus including the new statutory roll for the National Data Guardian which will come into force early 2018. Changes in data protection which will limit blanket ‘opt out’ systems for collecting data could have significant impact on systems that gather patient feedback.</p> <p>The Board duly noted and took assurance from the report.</p>
1.7	<p>Board Assurance Framework & Significant Risk Register – for assurance and approval</p> <p>The Board noted the report in advance of the meeting.</p> <p>GFM introduced the BAF and SRR, noting the significant risks and review by the executive team and Audit and Assurance Committee (AAC) during the month.</p> <p>RS and AS discussed the risk relating to pediatric ophthalmology capacity shortfall. The Trust has been unable to recruit a pediatric consultant and the activity is being transferred to Brighton and managed by the team. Safe services are being maintained and actions are underway to mitigate against the risk.</p> <p>PB highlighted that the AAC had reviewed the BAF liquidity risk and had asked for updates to the narrative included in this report. The risk remains significant despite improving cash position the Trust’s historic financial and local financial issues have not been resolved. There are cash flow issues between the Trust and CCGs. PS confirmed that this risk would be reviewed in the next couple of months.</p> <p>The Board duly noted, took assurance and approved the report.</p>

2.	Quality of Care
	<p data-bbox="256 248 347 280">2.1</p> <p data-bbox="363 248 742 280">Patient Story for Assurance</p> <p data-bbox="363 309 1252 340">The Board received and noted the report in advance of the meeting.</p> <p data-bbox="363 376 1412 504">DH introduced the patient story highlighting that the case had been discussed at a recent patient safety executive. It had raised issues that there is more that the local health system can do to plan and prepare people and their families for death.</p> <p data-bbox="363 539 1388 875">The patient involved had presented with what was diagnosed as infection and sepsis with significant chronic conditions and dementia. The patient had deteriorated quickly in the evening triggering a response from the Critical Care Team who identified that the patient was dying and after discussion with the patient and her family imminent death was discussed and some changes in antibiotic administration were made. The patient died a few hours later. This case highlighted the focus of acute care to try to treat and prolong life. In this case there was opportunity to recognise that the patient was entering her last years of life and to start to have conversations relating to ceiling of care and other options.</p> <p data-bbox="363 911 1404 1077">DH reflected that the NHS as a system is not good at identifying that people are entering into the final years of life and that the chance of reversibility of conditions is reducing. DH asked whether acute frail admissions should trigger an MDT conversation on future prognosis regardless of admission. The Trust aspires to make end of life care as effective as possible.</p> <p data-bbox="363 1113 1396 1279">The Board discussed national guidance and focus on review of death and the balance between prognosis and expectation that the NHS will treat and extend life. There are strong cultural tendencies to fight and extend life and this can often lead to intense and short periods of acute intervention with limited impact on overall prognosis.</p> <p data-bbox="363 1314 1412 1514">AS and DH discussed the focus of acute medicine, implications of end of life conversations and the roles of GPs and other health care teams in supporting end of life. In this instance the patient may not have even attended ED had there been better recognition and a plan for ceiling of care. FA reflected that the Trust could be system leaders in this field and that there is appetite to improve the effectiveness of end of life care.</p> <p data-bbox="363 1550 1412 1850">PS highlighted the good news story that was described during the patient story, that the use of early intervention and critical care teams have seen a significant reduction in the numbers of cardiac arrests of patients in the Trust's care. PS asked what had been done to improve the Trust's management of cases highlighted by the story, DH stated that forms have been generated that indicate other options, ceilings of care. This is just the first step but teams are in a better position to manage similar cases and mitigate against the critical care team needing to have end of life conversations with patients and families during emergency calls.</p> <p data-bbox="363 1886 1372 1984">AM thanked DH for the story and reflected that the NHS needs to get to grips with the reality of the situation and start to manage end of life care more effectively as a system.</p> <p data-bbox="363 2020 1332 2051">The Board duly noted the report and took assurance from the report.</p>

2.2	<p>Safety & Quality Committee Chair Update <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RS introduced the report highlighting assurances from the Executive team on management of C-section, work to understand the best indicators for safety of emergency care, assurance on work to understand and improve the number of cases of tissue viability incidents and significant improvements in the Trust's safety thermometer data and falls management. The SQC is gaining assurance that the improvements in falls management are embedding and is keen to see this rolled out across the Trust.</p> <p>The SQC had received a report on safeguarding noting that there had only been three significant case reviews involving the Trust services in recent years of which the Trust's involvement had not been significant or detrimental. There is increased confidence over the Trust's already good reporting of safeguarding and positive comment that more information will flow back to the Trust following the concerns it raises.</p> <p>The Board duly noted and took assurance from the report.</p>
2.3	<p>Safer Staffing and Care Hours Per Patient Day Report <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA introduced the report highlighting overall green rating and improvements in maternity areas supported by the new ward manager.</p> <p>The Board discussed if the data was used to correlate with maternity closures and other incidents of peak activity. FA confirmed that this data was triangulated and used in near to real time in some instances. PS reflected on model hospital data which is interesting, noting how the Trust benchmarks and that more needs to be done to understand the data and calculations behind the presented information.</p> <p>The Board discussed the governance of review of this data at ward level, the review of staffing through the Programme Management Office (PMO) and review of acuity and dependency.</p> <p>The Board duly noted and took assurance from the report.</p>
2.4	<p>Serious Incidents Quarterly Report – <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA introduced the report highlighting the key information and overall trends.</p> <p>AM commented that incident reporting numbers continued to increase whilst proportion of harm decreases. FA indicated that this is a good sign and recognised as indicator of improving reporting culture.</p> <p>RS highlighted the improvement in the number of falls serious incidents over the last 12 months.</p> <p>The Board noted and too assurance from the report.</p>

2.5	<p>Safety & Quality Indicators – for assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>AM highlighted the changes to the style of report and content of the report. The normal Board agenda will now flow through the reports included.</p> <p>FA introduced the safety data in the report noting improvements in safety thermometer data, that to date one of the thirteen cases of C. diff had an identified lapse in care and the Trust’s focus on pressure damage.</p> <p>DH highlighted the Trust’s mortality data which continues to be better than expected using Dr Foster methodology. The Trust’s readmission rates remain good. DH went on to brief the Board on plans to improve discharge planning across the STP and the Trust’s focus on length of stay for all patients over 14 days of admission.</p> <p>The Board discussed focus from CCGs on contractual aspects of readmission, noting that the contractual issues did not reflect the Trust’s overall very good incidence of readmission. The local A+E delivery Board is actively monitoring this matter.</p> <p>The Board duly noted and took assurance from the report.</p>
2.6	<p>Patient Experience Indicators – for assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA introduced the experience data element of the report highlighting increasing response rates, the ongoing works with carers and time to talk initiatives. FA highlighted on the Trust’s ward improvement programme.</p> <p>The Boards discussed the overall positive improvement in patient experience data.</p> <p>The Board duly noted and took assurance from the report.</p>
<p><u>Operational Performance Report</u></p>	
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3.1	<p>Integrated Performance Report (M01) – for assurance</p>
3.2	<p>Operational & Access Performance Indicators – For assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>AS provided a detailed review of the Trust’s operational and access performance. The ED 4 hour standard was not met in June and there are increasing admissions including 10% growth in admissions of the over 75s. The 62 cancer access standard performance is linked to two late referrals. RTT remains a challenge and the Trust endeavors to recover the planned trajectory. The increase in cancer referrals and emergency activity continues to impact on this access standard. All 52 week breaches are reviewed and discussed with NHSI, no harm has been identified by reviewing clinicians.</p> <p>AS went on to highlight the number of operations cancelled in June, productivity in outpatients and high DNA rates which were detailed within the report.</p>

		<p>The Board discussed the management of ambulance handover, the Trust's redesign of the accident and emergency department, escalation process and review of efficiency of handover with ambulance crew. MW confirmed that there is appropriate system and Trust level focus on the matter.</p> <p>The Board duly noted and took assurance from the report.</p>
4.	<u>Operational Performance</u>	
	4.1	<p>Workforce performance indicators – for assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>MP introduced the workforce indicators highlighting vacancy rates, turnover rate and the retention initiatives supported by NHS Improvement. The Trust is refreshing and developing its retention strategy.</p> <p>Divisional management is focusing on review of sickness absence and achievement review compliance.</p> <p>MP reported that the next cohort of junior doctors was due to start on Wednesday and that the majority would be on the new NHS contract.</p> <p>GFM asked for further detail on the sickness absence rate. MP reported that 36% of the absence rate is linked to mental health issues and this has been a key issue and as such the Trust is working with the Maudsley.</p> <p>The Board went on to discuss the smoke free site initiative which the Trust is aiming to implement by March.</p> <p>The Board duly noted and took assurance from the report.</p>
	4.2	<p>Finance and Use of Resources Performances Indicators – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>PS reported that the Trust achieved a £1.2 million surplus at the end of Q1 2017, £0.1 million favorable to the Month 3 planned £1.1 million surplus. This includes STF funding. Year to date agency spend of £3.9 million was £0.3 million lower than plan.</p> <p>PS highlighted the risk to the financial plan which is being driven by lack of capacity to do elective activity which is also manifested in the RTT position. Emergency activity growth continues to impact on elective plans.</p> <p>The Trust is forecasting that it will meet its control total of £21.3 million surplus. There is however significant risk to this forecast which has been discussed in the Q1 forecast received by Private Board. The issue is primarily our capacity to deliver the elective activity plan.</p> <p>Capital plans and expenditure are being met.</p> <p>Management of cash is good but the Trust continues to use its working capital facility with cash payment fluctuations from the CCGs. The Trust's better payment practice code performance has reached 92%.</p>

	<p>RD reported that these issues had been discussed at FWC in detail and reflected the theme emerging around delivery of planned elective activity.</p> <p>The Board duly noted and took assurance from the report.</p>
4.3	<p>Finance and Workforce Committee Chair Update – for assurance</p> <p>The Board received the report in advance of the meeting.</p> <p>RD presented the report highlighting review of Consultant staffing, recruitment and temporary staffing. The Trust is clarifying the overall picture and providing more assurance over the development of its controls.</p> <p>The Committee had discussed the delivery of capital plans and the balance between development of new builds against the need to ensure refurbishment of existing infrastructure.</p> <p>AM reflected on the data included in the model hospital which indicated that the Trust had the 5th lowest potential to increase productivity. This is a great reflection on the work to date but highlights the significant challenge that the Trust will meet as it strives to find further productivity gains. The Board discussed model hospital and productivity plans in brief.</p> <p>The Board duly noted and took assurance from the report.</p>
4.4	<p>Audit & Assurance Committee Chair Update – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>PB discussed the report focusing on the assurances received from Internal Audit on theatre usage, concerns over consultant job planning systems and the audit plan going forward. The Trust is putting into place an electronic system which will mitigate against the weaknesses identified in the paper system.</p> <p>External audit had provided an unqualified opinion on the Trust’s account and value for money. The Committee took significant assurance from external audit review of the accounts and Quality Account. Detailed in the attachments to this report.</p> <p>The Committee thanked Grant Thornton for their work and noted the support they had provided as external audit provision transferred to PWC.</p> <p>The Board duly noted and took assurance from the report.</p>
4.5	<p>Charitable Funds Committee Chair Update – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>The annual report from the Committee was discussed, noting the development of a dementia garden, management of the fund and efforts to recruit a permanent charity officer. Action The Board asked to see plans for the development of the dementia garden.</p> <p>The Board duly noted and took assurance from the report.</p>

5	Strategic Change	
	5.1	<p>Annual Plan Q1 Update – for approval</p> <p>The Board received the paper in advance of the meeting.</p> <p>AAP presented the report. Overall actions are good and on track. Of note the day surgery unit work has been completed. There is still work to do to achieve the ambition to be within the top quartile for quality indicators, delivery of managed equipment plans and achievement of planned midwifery staffing levels.</p> <p>The Board discussed the update and focused on stroke and the quarterly SSNAP review. The Trust aspires to achieve an overall rating of A, in order to achieve this there will need to be developments of infrastructure in the community to support discharge and rehabilitation. DH highlighted the community need to develop an appropriate system wide plan.</p> <p>The Board duly noted and approved the report.</p>
6	Leadership and improvement capability	
	6.1	<p>Guardian for Safe Working – Quarterly Report – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>VP presented the report highlighting that the Trust’s implementation on the new junior doctor contract continues to be well managed, the Trust benchmarks well. During the quarter there had only been two issues raised. There had been no appeals or fines during the period. The Trust had learnt a lot during the process and junior doctor representatives are happy with the progress and implementation. Interestingly attendance at the forum has dropped as issues have been resolved.</p> <p>The Board discussed the report and asked DH and VP to oraganise an opportunity for the Board to meet and discuss there experiences of working at the Trust as a junior doctor. Action</p> <p>AM asked if the rota gap in the report represented any implications for safety. DH explained the rota system and stated that this did not impact on patient care but would impact on the training opportunity of the junior doctor on that rota.</p> <p>The Board duly noted and took assurance from the report.</p>
	6.2	<p>Progress Update on National Staff Survey Action Plan – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>MP presented the progress on actions to date highlighting the main actions relating to staff experience of abuse from patients and family.</p> <p>There is a corporate and divisional response to the results of the staff survey. In particular the Trust has developed an ‘It’s not ok’ campaign to raise awareness both with staff and public.</p> <p>The Board discussed the paper, no questions or challenges were raised.</p> <p>The Board duly noted and took assurance from the report.</p>

Other Items		
7	7.1.	Minutes of Board Committees to receive and note
	7.1.1	Safety and Quality Committee to receive and note The minutes of the Committee were noted with no questions raised.
	7.1.2	Finance and Workforce to receive and note The minutes of the Committee were noted with no questions raised.
	7.1.3	Audit & Assurance Committee The minutes of the Committee were noted with no questions raised.
	7.1.4	Charitable Funds Committee The minutes of the Committee were noted with no questions raised.
	7.2	Any Other Business No further business was raised.
	7.3	Questions from the Public No formal questions from the public received were received.
	7.4	Review of the Meeting The Board discussed the meeting with positive comment. The new format of the performance report is well received, noting that information should be raised by exception in future rather than a full narrative.
	7.5	Date of the next meeting Thursday 31st August 2017 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>
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