

**Minutes of Trust Board meeting held in Public
Thursday 25th May 2017
Room AD77, East Surrey Hospital**

Present

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

In Attendance

(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(MP) Mark Preston	Director of Organisational Development and People
(IM) Ian Mackenzie	Director of Information & Facilities

1.	<u>General Business</u>	
1.1	Welcome and Apologies for absence At 11.00am the Board held a one minute silence in remembrance of those who had died in the Manchester terror attack. AM opened the meeting by welcoming Trust Board Members, governors, members of the public and staff. Apologies for absence were noted from Richard Durban	
1.2	Declarations of Interest – For approval AM asked whether any Board members had any additional declarations of interest. None were raised. GFM presented the Trust Boards Annual Declaration of Interest Register for 2017/18 for approval. No changes were made. The Board approved the report.	
1.3	Minutes of the last meeting The minutes of the meeting held on 27 th April 2017 were reviewed. It was noted that the date of the meeting should be recorded as 27 th April 2017 and not March. CW indicated that she had been to a recent Non-executive Director training event where the importance of recording questions and responses in Board	

		<p>minutes had been emphasized. She asked whether the Board was confident that questions from non-executive and executive directors and the responses were adequately reflected in the minutes. GFM confirmed that this had been the practice at the Board for a number of years and recording had been strengthened from 2013.</p> <p>PL asked whether the plan to involve non-executive directors as part of preparation for the next Care Quality Commission inspection had been taken forward. FA confirmed that this was in hand. PB expressed the desire that NEDs should be included in areas that they are not directly involved for e.g. he would welcome being involved with a clinical service area. Action: FA</p> <p>The minutes were agreed as an accurate record.</p>
1.4	Action Tracker	<p>The Board reviewed the action tracker and GFM confirmed:</p> <p>TBPU21: was closed TBPU22: was not due until the end of June TBPU23: was not due until the end of September TBPU24: was not due until the end of June TBPU25: was not due until the end of June TBPU26: was closed</p> <p>There were no other matters arising.</p>
1.5	Chairman's Report <i>for Assurance</i>	<p>AM noted the forthcoming Carers Event which was due take place at the Trust on 15th June during Carers Week and encouraged members of the public and governors to attend.</p> <p>AM also brought to the attention of the Board the fact that nationally the Joint Terrorism Analysis Centre had changed the threat level to the UK and that our response to this would be discussed later in the agenda.</p> <p>There were no further issues to discuss with the Board that weren't already included in the agenda.</p> <p>The Board noted the report.</p>
1.6	Chief Executives report <i>for Assurance</i>	<p>The Board noted the report in advance of the meeting.</p> <p>MW presented the report and highlighted the announcement in relation to the allocation of £55.98 million of the £100 million A&E capital funding which had been awarded at this stage to 70 NHS hospitals to meet the 95% standard of admitting, transferring, or discharging patients within 4 hours by ensuring patients were treated in the most appropriate setting.</p> <p>The Trust had been successful in securing funding in this allocation which would go towards primary care streaming and co-locating GP practices within our accident and emergency department to ensure patients would be treated in the most appropriate setting. MW also noted that he had recently met with local GPs to discuss the proposal which had been well received.</p> <p>MW also highlighted the Trusts response to the world-wide Ransomware cyber-</p>

	<p>attack which had taken place on 12th May which included a significant attack against the NHS. Whilst there was no evidence that SaSH was included in this attack the Trust had taken a number of actions to ensure that we remained secure. These measures included disabling access to internal and external email from Friday evening to Monday morning. All clinical systems remained functional throughout the whole period.</p> <p>At the same time all Trust computers were patched with the latest antivirus and anti- ransomware updates that became available over the weekend. The Trust had already applied previously released updates that dealt with this known security issue. Approximately forty eight NHS Trusts were affected by this ransomware attack. No patients at SaSH were adversely affected by this event.</p> <p>The Board acknowledged the timely response by the IT department and thanked all those involved for such an excellent response.</p> <p>PB asked about cyber security and questioned whether there was a need to consider whether the new fire wall which had been scheduled to be in place by September should be brought forward. In response IM confirmed that the new fire wall was already in place and other measures had also been taken.</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 presented the report which described the principal risks that relate to the Trusts strategic objectives and priorities. The Board Assurance Framework (BAF) for 2017/18 detailed a total of 14 risks to the 5 Trust strategic objectives. The BAF was reviewed by the Executive team throughout May and updated to reflect the current position, including updates following review at the April private board meeting. The BAF included six key red risks to the Trust objectives that had been identified at time of updating the framework.</p> <p>AM asked whether the Board was satisfied with the current rating for risk 2.2 which related to improved discharge planning. In response AS confirmed that there were currently three projects in place related to discharge planning and included a new senior leadership post with a focus on integrated discharge as well as working with nursing homes. Demand and capacity work with Community providers as a focus to reduce patients who are medical ready for discharge. Additionally there was still a significant deficit in Continuing Health Care (CHC) and the Trust continues to work in partnership with all necessary agencies to improve discharge planning. AS also confirmed that with this work underway she was confident that the original and current risk rating along with the target risk score was appropriate.</p> <p>AM also asked whether we refresh initial risk scores at the start of the year. In response GFM reminded the Board that initial risk scores would not change but the Board undertakes an annual review of current and target risk scores. These had been recently reviewed by the Board as part of the review and refresh of the BAF during March and April. The current and target risk scores presented in the report were those which had been previously agreed by the Board. There would of course be opportunity to review these on a month by month basis as the BAF continues to be a dynamic document.</p>

		<p>DS asked whether in view of the work we had undertaken in relation to IT we should now be looking to review and reduce the current scoring. PB also noted that the Board should give consideration to reviewing the finance risk scores particularly at the start of the financial year. Action: Executive</p> <p>CW asked about strategic objective 3.1 which related to learning from patient feedback. As the Trust had rich data she asked how well do we triangulate and understand this from a thematic basis. In response FA confirmed that the patient experience committee reviews this information on a monthly basis with a focus on the headlines. Although they may not look at the detail the information is used in a variety of ways at ward, service and specialty level.</p> <p>CW also asked about our ambition to use this data more widely. FA confirmed that the Trust is currently changing the supplier and will have a new platform which will help to improve the analysis of feedback data. CW also asked how insights from staff were used. FA confirmed that there were a wide range of opportunities for the Trust to use and learn from staff insight and feedback including from ward teams, all staff had access to the Ideas to Innovation Factory, Culture Champions as well as the input from staff in RPIWs as part of the SASH + work.</p> <p>GFM highlighted that there were seven risks on the Trust significant risk register. Each risk was in date and had mitigating actions to reduce the level of risk to an acceptable level.</p> <p>The Board duly noted, took assurance and approved the report.</p>
2.	Quality of Care	
	<p>2.1</p>	<p>Patient Story for Assurance and approval</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA presented the report which shared the story of Lauren who had been admitted to one of our orthopaedic wards following a fall off her horse. She sustained soft tissues injuries but no fractures were identified.</p> <p>Two weeks after the fall Lauren remained an inpatient on the ward and had been unable to move from her bed or begin to mobilise. She was losing confidence and belief in herself. She had been assessed by a psychiatrist and a neuro physiotherapist who were concerned Lauren was experiencing post-traumatic stress. The ward sister (Sandy) recognized she needed additional support and asked Lauren what would help.</p> <p>The ward sister then arranged for the patient to visit the stables and see her horse on a Sunday. When she returned to the ward the patient wrote her goals and objectives the following week which would help her recover. Lauren became fully mobile over the following week and was discharged.</p> <p>When the FA visited the patient on the ward Lauren was preparing for discharge. She spoke powerfully of her care and support by staff on the ward also stated that the ward sister was her “hero” and had given her the support and confidence she needed to begin to recover and to progress and be discharged from hospital. FA shared this story with the board as one which showed the difference being made to our patients when our staff go the extra mile. This had made a significant impact on the patient, her family and the staff on the ward.</p>

	<p>PL agreed that this was indeed a powerful story and thanked FA for sharing with the Board. She went on to ask how this story had been shared with other staff across the Trust. FA confirmed that the story had initially been shared with over 150 nursing staff who attended the celebration of nurse's day earlier in May. Additionally the story would be written up and shared with staff on a trust-wide basis.</p> <p>DP asked whether there were soft outcomes which were linked to patient value, reduction in length of stay and whether consideration had been given to any of the environmental linkages. In response FA felt that sometimes some patient stories and feedback could stand on their own in particular ones like these which showed how staff can make a personal difference to patient care. DP noted that there was value in bringing a collection of such experiences together ensuring that we do not lose the key message and fundamental of patient care within the bigger picture along with context and positive impact.</p> <p>RS reminded the Board of a story which had been shared previously in relation to a patient who was at the end of their life and where staff had arranged to bring the patients horse to the hospital. He noted there was something special about the motivation of the nurses in both stories about going the extra mile.</p> <p>DH commented that in the Trusts pursuit to become an outstanding organisation these were stories that could be used to demonstrate that looking after the needs of patient's equal outstanding quality of care and there is a commensurate benefit i.e. good quality of care can also save money. One of the elements of the national Vanguard programme is being able to demonstrate personalization of patient care which in turn reaps rewards.</p> <p>AM summarized that we should take the story as presented, but also to look for where value can be added especially in sharing the story. On behalf of the Board he asked FA to pass on our gratitude and thanks both to the ward sister Sandy and to Lauren for sharing her story.</p> <p>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 presented the report noting that the Safety and Quality Committee (SQC) had received a summary report on the meetings of Executive Committee for Quality and Risk (ECQR) and its sub-committees in April. The report continued the focus on deep-dive self-assessments of how services measure up against Care Quality Commission (CQC) domains, covering Intensive Care Unit, Estates and Therapies. The Committee took good assurance from the positive findings from the reviews, and from the staff enthusiasm for showcasing their good work.</p> <p>SQC also noted the importance of the therapies service, especially for patient rehabilitation and welcomed the development of a therapies strategy and requested a presentation to the Committee when it is completed. It was also suggested that the Board should be further involved in discussion on the Well-Led Framework, as it had been on its predecessors (BGAF & QGAF).</p> <p>The Committee explored a number of questions arising from the monthly Quality Report, including the pressures facing the hospital as a result of high demand for services, noting that escalation was in place. Good assurance was taken from the continuity plans that were working well in managing demand. SCQ also discussed the continuing challenge in meeting RTT standards and sought</p>

	<p>assurance that the priority given to cancer treatment was not having an adverse impact on other patient treatments and pathways.</p> <p>SQC welcomed the appointment of the new Director of Outcomes, Richard Brown, who attended the meeting. His role included analysing whether there may be any longer term impact on patients as a result of steps taken to manage demand. The Committee invited him to present a report to SQC when he had been able to make progress with this valuable work.</p> <p>The Committee noted that there had been five cases of C.diff in March. The Committee took good assurance from the root cause analysis and action reviews that followed each case. It was also noted that incidence of C.diff was generally lower at SASH than other Trusts, or in line with them.</p> <p>In a discussion on mortality, it was noted that the HSMR rolling 12-month graph is showing a gradual trend upwards over the last five years. An external; review by the regional lead ortho-geriatrician found no evidence of sub-optimal care, but that there was over-representation of older age groups and of co-morbidities. The Committee took good assurance from these findings and welcomed continuing further exploration of potential causes.</p> <p>The Committee approved the draft Quality Account for circulation to partner organisations and stakeholders seeking their comments. A subsequent version will be submitted to SQC for approval following consultation in early June.</p> <p>SQC received seven assurance reports, providing a summary overview of the successes, challenges and risks facing services. The reports provided a simple grading of assurance, and next quarter Executive Leads would provide a short commentary and indication of relative risk. Overall the picture was of good or adequate assurance.</p> <p>The Committee was also briefed on a recent national media report about a complaint against maternity services at the Trust. The most recent contact with the patient had been a meeting with her in January 2015 which had appeared to have resolved concerns. The conclusion was that like many other complaints and concerns which had been raised by patients and their families, this had highlighted the importance of having open dialogue and honest conversations with patients and their families and setting clear expectations.</p> <p>In response to a question from MW, DH gave an overview of the role of the new Director of Outcomes, Richard Brown, which had been funded by Health Education England for a period of two years. This role would focus on mortality rates, critical incidents, look back reviews and metrics that would be rolled out across Kent, Surrey & Sussex. This is the first role of this kind. SASH has good mortality rates which could be further improved.</p> <p>DP asked whether this role would focus only on SASH specific data, to which DH confirmed that this would include SASH data as well as national data sets, Dr Foster and national benchmarking data. Richard's background was in psychology and law with good experience of going into organisations to look and improve safety and quality.</p> <p>The Board duly noted and took assurance from the report.</p>
2.3	Safer Staffing and Care Hours Per Patient Day Report <i>for assurance</i>

	<p>The Board received and noted the report in advance of the meeting. FA presented the report which provided an update on nurse staffing in relation to planned versus actual staffing, an update regarding safer staffing monitoring and on recruitment activity.</p> <p>The report confirmed that the Trust delivered a planned versus actual staffing profile in April at organisational level. The red shifts which showed compliance below 80% were managed by the relevant clinical team with no concerns regarding patient safety. Burstow Ward formed part of the maternity unit and staff are managed by the matrons across the service to ensure all areas are staffed appropriately to the clinical need.</p> <p>In relation to care hours per patient day (CHPPD) the data comparison with March showed that the CHPPD were broadly similar to previous months across the acute inpatient wards. Care hours per patient day were calculated by dividing the total numbers of nursing hours on a ward or unit by the number of patients in beds at the midnight census. This calculation provides the average number of care hours available for each patient on the ward or unit. The tool links with planned versus actual reporting and other data such as safety thermometer, incident reporting, sickness rates, vacancy rates and professional judgement to determine the appropriate staffing levels for a ward or unit.</p> <p>The Board duly noted and took assurance from the report.</p>
<p>2.4</p>	<p>Compliance with Nasogastric Tube Misplacement Safety Alert – For assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA presented the report on the national patient safety alert which referred to previous alerts sent out in 2005; 2011; 2012; and 2013 regarding the risk of harm relating to NG tube misplacement. The harm resulting from NG tube misplacement was listed as a Never Event (Revised Never Events Policy and Framework March 2015).</p> <p>The alert required NHS organisations to complete an assessment in accordance with a number of safety-critical areas identified from analysis of nationally reported incidents and previous alerts. As a result of the assessment within SASH, a number of areas required action and an action plan developed to address these.</p> <p>The areas for action included; review of the previous Trust Policy and development of a revised policy; review of current equipment used for NG tube placement to improve safety and support best practice; competency based training for nurses and doctors; review and revision of clinical documentation; and development of on-going audit of compliance.</p> <p>FA confirmed that the action plan is being monitored via the Nutrition Steering Group and the Patient Safety Committee until completion. All actions apart from one had been completed and this related to changing NG tube for feeding patients. The Executive Committee has agreed the new tube which will be in place and implemented by the end of June.</p> <p>AM asked why this specific safety alert was being brought to the Boards attention. In response FA confirmed that the national directive required Trust Boards to review compliance and to sign-off the action plan.</p>

		<p>The Board noted and took assurance from the report and resolved to sign-off and approve the action plan.</p>
<p>2.5</p>		<p>Safety & Quality Indicators – For assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA presented the report noting that the trust had declared one serious incident in April 2017 which related to a failure of inter-provider metastatic spinal cord compression pathway resulting in paralysis.</p> <p>The safety thermometer performance continued to improve for the “New Harm” measure from 98.7% in March to 98.9% in April. Performance for “All Harm” reduced to 91.1% in April. The main driver of which was community acquired pressure damage.</p> <p>The percentage of patient safety incidents causing severe harm or death was 0.2% in April 2017 and was within the expected range.</p> <p>There were no cases of MRSA in April 2017 and three cases of Trust acquired C.diff.</p> <p>RS asked about the community acquired C.diff and how well the Trust was working with partners. FA confirmed that the Trust continued to work in partnership however more would be done to continue to improve dialogue with community partners in particular nursing homes to ensure that there was a joined-up approach including how we could provide additional support.</p> <p>DH noted that the latest HSMR data for the Trust was good and indicated that we remain lower than expected for our patient group when benchmarked against national comparators. DH also acknowledged however that this may change as some of our emergency department system coding had been allocated as transfer to another Provider. We are working with Dr Foster to understand and update the data over a period of three to six months.</p> <p>Maternity indicators continue to be monitored and reviewed by the Divisional Governance process as well as the Clinical Effectiveness Committee.</p> <p>RS asked about the emergency caesarean section data which had indicated an increase as a percentage of all births. In response DH confirmed that the effectiveness sub-committee were reviewing to see if this was a one off or a trend and whether there was any learning for the Trust. MW asked if this related to any past changes in NICE guidance. DH indicated that some women will still make this choice however the Trust needed to review and understand the data.</p> <p>MW noted that births had remained static over time although the age range of women may have changed. DH confirmed that in 2011 there were a reasonable sized group of women making that choice due to the perceptions of an elective C-section. As part of the review of data he would ask the Division of women and children to review this particularly in light of the Robson criteria.</p> <p>The Board duly noted and took assurance from the report.</p>
<p>3.</p>		<p><u>Operational Performance Report</u></p>

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 presented the report highlighting that the Emergency Department (ED) 4hr standard was not achieved in April 2017 with performance of 92.9%. April was a challenging month for emergency care with ED attendances 6% higher than the same period in the prior year and admissions 8% higher. Most notable was the increase in admissions for patients aged 75 and over which was 15% higher than in 2016/17.</p> <p>Ambulance turnaround performance declined in April 2017 with 27 breaches of the 1hr standard (c.1% of attendances). The Trust was aligned with the national plans for Ambulance handover improvement and is part way through an action plan with partners and further improvement is expected in quarter one of 2017/18.</p> <p>AS noted that conveyancing was currently over 4% with around 10 to 12 amber during the week day. We are discussing current crew behaviour with SECAMB as there appears to be lack of clarity on clinical pathways with crews not using urgent treatment centres. More work needs to be undertaken with clinical assessment units.</p> <p>Occupancy rate has been high all winter with this week being one of the most challenging this year in terms of numbers, conveyancing and acuity.</p> <p>In light of the on-going operational pressures in the Trust, the following risk is on the significant risk register: ED access standard - failure to maintain the emergency department standard due to lack of capacity in the health system with a risk score of 16 (Likelihood of 4 and consequence of 4).</p> <p>The Two week rule and Cancer 62 day referral to treatment screening standard was not achieved in April 2017 which was mainly due to late patient referrals. The 62 Day GP and 31 day treatment standards were achieved. There is currently a 19% increase in referrals. Some patients still do not appear to understand the importance of the two week rule appointment as well as the Trust being more responsive in the way we offer appointments.</p> <p>Internal capacity, high referral volumes and patient deferral were a challenge in April resulting in amber performance for TWR target, clinical conversations with patients in relation to the urgency of appointment will happen throughout May & June to support patient care.</p> <p>In response to a question from AM, AS gave the Board further detail on the cancer 62 day referral to treatment screening. A total of four screening referrals were received in April. Two colorectal patients breached the 62 day target. Both patients were received late on in their pathways due to patient deferrals at the screening centre. Patient 1's referral was received at SASH day on 40 and was treated on day 67. Patient 2's referral was received at SASH on day 37 and was treated on day 64.</p> <p>Ring fencing of capacity for cancer continues to see a knock on effect on RTT and diagnostics and the Trust did not achieve the 92% RTT Incomplete pathway standard with performance of 88.7% in April 2017. With significant growth in referrals and activity patterns changing to the South of the Trust, capacity challenges remain in a number of specialties and plans continue to be put in</p>

		<p>place to mitigate. At the end of April 2017, 19 patients were waiting over 52 weeks for treatment. Delay reasons include patient choice, capacity and complex pathways. The 6 week diagnostic standard was achieved in April 2017 with performance of 0.4%</p> <p>The following risk is on the significant risk register: RTT Access Standards - Due to on-going operational pressures and increasing demand for elective services, the Trust cannot offer all services within the 18 weeks standards set out in the NHS Constitution. Longer waiting times result in poor patient experience and increase the number of formal and informal complaints with a risk score of 15 (Likelihood of 5 and consequence of 3).</p> <p>AS noted that there was a significant amount of micromanagement on a daily and weekly basis for all patients at 38 weeks and above along with RTT performance along with clinical emergency. The indicators were inextricably linked.</p> <p>MW also noted a decrease in patients attending other units and a 19% increase in referrals for the two week rule this was putting pressure on the system including out of area work.</p> <p>RS mentioned the recent presentation at SQC which included the national guidance and the increase in diagnostics. It was noted that the Trust is achieving the 31 and 62 day RTT targets.</p> <p>PS asked whether there were good reasons for the changes in guidance particularly in relation to “clock stops”. In response AS confirmed that these changes should lead to more focus on meeting patient’s needs which was in line with patient feedback and choice and contractually the Trust needed to take this into account.</p> <p>AM noted that there is a new Chair in post at SECAMB and he was due to visit the Trust on 4th July.</p> <p>The Board duly noted and took assurance from the report.</p>
4.	<u>Operational Performance</u>	
4.1		<p>Finance and Workforce Committee Chair Update <i>for Assurance</i></p> <p>The Board received the report in advance of the meeting.</p> <p>DS presented the report and highlighted the following key areas. The Committee agreed the Post Implementation Review approach which had been recommended. It was noted this was reflected in the Business Case templates to provide a consistent approach. The Committee asked that the lessons learned section should be expanded and the tone of the purpose be amended so that it reflected quality as well as financial and operational details.</p> <p>The allocation of additions to divisional budgets is a work in progress and would be resolved fairly soon. Activity would be represented differently, with comparisons against last year and this year’s plan to include assumptions and actuals.</p> <p>The Committee had noted the Trusts estimate of the use of resources rating and the Committee drew attention to the importance of achieving level one or two. The Committee also noted the on-going improvement in better payment practice code performance which is 94% by volume, 97% by value for April 2017 which</p>

	<p>was the best in the Trust's recent history. It was noted contingency to the value of £154k in period one had been applied to savings. The Committee questioned this and was advised that a) this was from clearly earmarked reserves to manage savings risk and b) would be re-paid later in the year.</p> <p>Given the performance audit and the Trust being a pilot site for the NHSI Transformation Costing programme, FWC approved the costing methodology and delegated authority for the Chief Finance Officer to sign off. However, this provoked discussion around value of data and how it was used. It was noted that the data feeds into the Modern Hospital model which was useful as a key driver for our ability to benchmark performance. The Committee also noted that Carter (more correctly "NHS Operational Productivity") would provide an additional stream (£500k) that may contribute to the Trust CIP.</p> <p>The Committee discussed the VMI compact agreement and tensions between the Trust's approach and that advocated by VMI and how it would dovetail with the Trust's own values. There was a consensus around fitting the VMI approach under the Trust's existing values rather than a different set of values which may create a 'them and us' situation. The Committee highlighted that this was a significant decision which should be put to the Board for ratification either under workforce development or a future agenda item before a decision is made. MP noted that there was a need to get agreement on the wording and it would be helpful to have input from the Board.</p> <p>FWC noted that the Trust needed to recruit around 250 nurses per year to maintain a vacancy rate of 16% and to achieve a target of 14% which would require approximately 50 additional nurses. Normal recruitment brought in 10 nurses per month and there was concern that these figures represented a downward trend for next year.</p> <p>The process for recruiting overseas nurses had slowed down mainly due to increased standards of assessment in English language tests and the costs of visas. The Committee noted the Trust's ongoing actions around recruitment and retention including discussions with both providers to agree a targeted approach for funding the language test for candidates who are experiencing difficulties in paying for their tests locally. In addition a programme of direct nurse recruitment continues with 78 registered nurses anticipated to join the organisation in 2017.</p> <p>Resourcing staff continue to work closely with operational divisions to proactively transfer temporary Continental Travel Nurse workers onto permanent directly employed contracts.</p> <p>Noting the update MW asked if the Trust should consider over recruiting as we are clear on our current and future needs. FA confirmed that we currently do this where there are good employable candidates however retention then becomes more important.</p> <p>The Board duly noted and took assurance from the report.</p>
<p>4.2</p>	<p>Workforce performance indicators for Assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>MP reported that vacancy rates across all staff groups had increased by 0.1% to 9.5% and had also increased in nursing by 0.2% to 15.9%. Turnover had</p>

		<p>increased by 0.2% to 16.0% for all staff groups, but remained at 16.1% in nursing. Sickness had reduced by 0.7% to 2.8% which was the lowest figure in the Trust for some time.</p> <p>Mandatory and statutory training (MAST) figures were recorded as 77% which is amber on the Trust RAG rating. Achievement Review completion rates have been reset for the 2017 cycle and completion rates at the end of April were 1.32%. Actions were in place to increase completion rates.</p> <p>There is still on-going high usage of Bank & Agency staff, and PMOs are reviewing usage on a weekly basis.</p> <p>MP brought to the Boards attention the start of Adele Kendrick the new Head of Education & Training who would be leading the Trusts education strategy.</p> <p>The Board duly noted and took assurance from the report.</p>
4.3		<p>Finance and Use of Resources Performances Indicators <i>for Assurance</i></p> <p>The Board received the paper in advance of the meeting.</p> <p>PS presented the report which highlighted that Trust achieved a £1.0m [adjusted] deficit at the end of April which was £0.6m favourable to the month one planned £1.6m deficit. The position included £0.4m STF funding. This was a good position at the start of the year although the Trust was not complacent and the financial environment was difficult.</p> <p>Agency spend in April was £1.2m which was £0.2m lower than the plan but offset by increased bank spend. The cash balance at the end of April 2017 was £3.8m. The Trust repaid £3.5m working capital facility (RWCF) in April 2017 leaving an outstanding balance of £12.5m. Extra cash had supported on-going improvement in Better Payment Practice performance which was 94% by volume, 97% by value for April 2017.</p> <p>The planned Capital Resource Limit (CRL) for 2017/18 was £17.9m including £1.1m CRL deferred from 2016/17. In addition the Trust had secured additional funding of £0.9m in respect of A&E Primary Care Streaming. The capital programme will be funded by £9.8m from depreciation, £7m capital investment loans and other internally generated funds and the Trust will repay £1.3m of existing capital investment loans.</p> <p>The Board duly noted and took assurance from the report.</p>
5		<p>Strategic Change</p>
5.1		<p>Revisions to the Integrated Performance Report – For approval</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>AS presented the report which outlined proposed changes to the format and content of the Trusts Integrated Performance Report. The two specific changes proposed were the format and layout of the report and the measures and key performance indicators (KPIs) used within the report.</p> <p>The proposed changes would align the report with the “How are we doing?” and “How are we improving?” questions that now form a key element of the performance system within the Trust. Alignment and reporting with the annual priorities and strategic objectives would also be supported.</p>

		<p>DS asked whether the changes to the report could also include a quarterly review against plan which would benefit the Board in year benchmarking and reviewing longer trends. In response AS indicated that the performance team would look to see how this could be included.</p> <p>The Board duly noted and resolved to approve the report.</p>
6	Leadership and improvement capability	
	6.1	<p>Retention Strategy – Progress Update – For assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>MP presented the report which provided the Board with progress on implementation of the Retention Strategy which was approved by Executive Committee in January 2017.</p> <p>The strategy included four key priorities for retention; development of ‘Stay interviews’, succession planning and use of the Talent Grid during Achievement Reviews, annualised hours contracts for appropriate roles (commencing with student nurses) and revitalizing and re-promoting the ‘leavers survey’. Additional actions included refreshing the SASH employer branding and development of ‘transfer window’ process for internal moves.</p> <p>Actions that had been successfully completed so far included, mobilising and engaging with the divisional nursing teams, sharing experience and input from the national Retention Programme with Human Resources Business Partners and wider nursing groups, agreed documentation to support annualised hours contracts, a fast-track process for student nurses to work on the Trust bank on joining and practice development support for new starters and those seeking their next career move.</p> <p>RS commended the report and asked whether there was confidence that the strategy had captured what staff would be looking for. In response MP indicated that so far feedback from staff had been positive, but there was more to do in relation to gathering information from exit interviews and from new starters as well as through the achievement review process.</p> <p>CW supported the actions taken so far and thanked MP for such a comprehensive report. CW went on to ask whether part time staff had the same access to career development and progression. MP confirmed that part time staff were treated no differently to full-time staff and were afforded the same opportunities. FA also confirmed that if part-time staff met the requirements for new or different roles within the Trust they would have the same access both to professional development and career progression.</p> <p>CW also asked whether the Trust had considered opportunities to recruit individuals who were seeking a career change including those who were willing to work and study and cited the work in education and recruitment of teachers as an example. In response FA indicated that the apprenticeship route was one way the Trust is offering such opportunities. MW noted that there were also opportunities at a national level which come through Health Education England and the Trust supports these initiatives.</p> <p>DP asked about the application of the talent grid and whether it would be helpful to use actual examples. In response MP indicated that the talent grid is currently under review in order to help make this clearer and examples might be a helpful</p>

		<p>suggestion.</p> <p>RS asked about the governance in terms of reporting future progress and outcomes. MP confirmed that this would be through the Executive Committee through review of the action plan and KPIs.</p> <p>The Board duly noted and took assurance from the report.</p>
6.2		<p>The Single Oversight Framework NHS Provider Licence – For approval</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>GFM introduced the report which highlighted that for the first time NHS trusts were required to self-certify that they can meet the obligations set out in the NHS Provider Licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution). Trusts were required to confirm that they have complied with these governance requirements.</p> <p>The aim of self-certification is for providers to carry out assurance that they are in compliance with the conditions and from July 2017, NHSI will contact a select number of NHS trusts to ask for evidence that they have self-certified.</p> <p>Although not an NHS Foundation Trust, SASH is required to self-certify against the NHS Provider Licence. GFM noted that the assessment which was attached to the report (Appendix A) confirmed the Trusts compliance with the relevant requirements of the NHS Provider Licence and this had been reviewed by the Executive Committee.</p> <p>DS asked whether as part of their review the Executive Committee had any concerns. GFM confirmed that the only concern expressed was the fact that the Trust was being asked to confirm compliance with condition FT4 which applied to NHS Foundation Trusts.</p> <p>Once approved the self-certificates would be signed by the Chairman and Chief Executive and uploaded to the Trust website no later than 31st May 2017 for condition G6/CoS7 and 30th June for condition FT4.</p> <p>The Board duly noted and resolved to approve the report and the Board self-certificates.</p>
6.3		<p>Updated Standards of Business Conduct Policy – for approval</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>GFM presented the report noting that following the recent national review by NHS England on Conflicts of Interest, new national guidance has been issued to all NHS organisations which would take effect from 1st June 2017. This has meant that Trust was required to review the new guidance and update the current Standards of Business Conduct Policy.</p> <p>The Standards of Business Conduct Policy has been updated policy following the publication of a new national policy “Managing Conflicts of Interest in the NHS” – publications gateway reference: 06419 – Feb 2017</p>

		<p>Changes to the policy were are as follows: inclusion of the NHS definition of conflict of interests, managing conflicts of interest, changes to the total value of gifts a staff member can receive, more detail included on hospitality, outside employment, procurement, clinical private practice intellectual property and the consequences of failure to make a declaration including breaches.</p> <p>New sections in the policy included declarations of shareholding and other ownership interests, loyalty interests, strategic decision making groups, donations, sponsored events, sponsored research, sponsored posts and the maintenance and publication of registers.</p> <p>Plans were in place to publicise the requirements of the updated policy throughout the Trust.</p> <p>The Board duly noted and resolved to approve the report and ratified the updated policy.</p>
<u>Other Items</u>		
7	7.1	<p>Change to UK Threat Level – For assurance</p> <p>AS shared a recent notification and action letter from NHS England which had been sent to all NHS organisations informing them that the Joint Terrorism Analysis Centre (JTAC) has advised that the UK Threat Level should be changed from SEVERE (an attack is highly likely) to CRITICAL (an attack is expected imminently). As a consequence of this the longstanding NHS Emergency Preparedness Resilience and Response (EPRR) protocol meant that there were some immediate steps that all NHS organisations were required to undertake.</p> <p>AS assured the Board that all requirements had been actioned and all submissions had been made in line with the mandated requirements.</p> <p>RS noted that the NHS had been praised for their readiness and response in relation to the recent terror attack In Manchester and asked whether we were confident that the Trust was in a state of readiness. AS confirmed that the Trust was confident of being ready should the need arise. AS also noted that there were lessons to be learnt from recent incidents nationally and the Trust would also take these on board.</p> <p>MW also confirmed our readiness and a significant part would also be the assurance that partners were also ready.</p> <p>AS confirmed that staff had been briefed before any incident arose. The Trust also participates in “table-top” exercises with our partners and had regular regional conference calls.</p> <p>PL asked whether current levels of hospital security had been reviewed and whether there was any more we should be doing. MW confirmed that security had been recently reviewed with a view to an increase to security across the Trust.</p> <p>AM asked whether there was an indication of any additional underlying intelligence to which AS confirmed that the notification was part of required cascade system in order to ensure that all organisations were fully prepared and being vigilant.</p> <p>The Board duly noted and took assurance from the report.</p>

	7.1.1	Minutes of Board Committees to receive and note
	7.1.2	Finance and Workforce to receive and note The minutes of the Committee were noted with no questions raised.
	7.1.3	Safety and Quality 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 Overall was a good meeting with more focused discussion. The movement between the sections of the integrated performance report was smoother and the retention strategy update was a very productive discussion.
	7.5	Date of the next meeting Thursday 29th June 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>
