

**Minutes of Trust Board meeting held in Public  
Thursday 26<sup>th</sup> January 2017  
Room AD77, East Surrey Hospital**

**Present**

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

**In Attendance**

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

<b>1.</b>	<b><u>General Business</u></b>	
	<b>1.1</b>	<b>Welcome and Apologies for absence</b>  AM opened the meeting by welcoming Trust Board Members, governors, members of the public and staff.  There were no apologies for absence noted.
	<b>1.2</b>	<b>Declarations of Interest – For approval</b>  AM asked whether any Board members had any additional declarations of interest. None were raised.
	<b>1.3</b>	<b>Minutes of the last meeting</b>  The minutes of the meeting held on 22 <sup>nd</sup> December 2016 were reviewed and agreed as an accurate record.
	<b>1.4</b>	<b>Action Tracker</b>  The Board reviewed the action tracker and CP confirmed : TBPU-05 was agreed to close. AS confirmed that the Executive Committee for Quality & Risk (ECQR) had considered the need to deliver valid and reliable data with action to resolve issues. The ECQR had agreed to focus on the delivery of the data quality strategy. TBPU-10 was agreed to close. TBPU-11 was discussed at SQC and agreed to close. TBPU-16 was discussed and agreed to close. MP discussed the plan to support the delivery of health and safety training including e-learning, follow up of DNAs

	<p>and a target for completion for all new staff. TBPU-17 is due at the end of February 2017 TBPU-19 was agreed to close, details are included in the BAF report.</p> <p>There were no other matters arising.</p>
1.5	<p><b>Chairman's Report for Assurance</b></p> <p>AM reported that this would be Alan Hall's last public meeting. Thanking AH for his hard work, fresh and different perspective to strategic and operational issues.</p> <p>The format of the Public Board agenda has changed to reflect the development of the single oversight framework. This will be further developed as needs are identified.</p>
1.6	<p><b>Chief Executives report for Assurance</b></p> <p>The Board noted the report in advance of the meeting.</p> <p>MW presented the report noting the CQC's consultation on proposed changes to inspection regime. This will focus on leadership and specific elements of care measurable in national data focusing on services.</p> <p>Jane Cummings, NHS England's Chief Nursing Officer has visited the Trust to see the SASH+ work first hand. This was a very positive meeting and provided good external assurance.</p> <p>RS asked what the new CQC inspection regime would mean for the Trust. MW highlighted the emphasis on the well led domain and intelligent review of data, outcomes and mortality are high on the national agenda. The Trust is considered to be on the border of being outstanding and now needs to focus on key services to continue to deliver great care to our patients. MW went on to note that it would be very difficult for those organisations that are already challenged to meet the requirements of good.</p> <p>PS highlighted the proposal to include the use of resources as 6<sup>th</sup> domain in the overall judgment that would rely on data identified by the Lord Carter work. The initial plans for use of data is vague but similarly this could have a significant effect on the rating of challenged Trusts.</p> <p><b>The Board duly noted and took assurance from the report.</b></p>
1.7	<p><b>Board Assurance Framework (BAF) and Significant Risk Register (SRR) for Approval and Assurance</b></p> <p>The Board received the paper in advance of the meeting.</p> <p>GFM presented the report, noting the 13 risks to the Trusts strategic objectives, 5 of which are considered key strategic risks and red rated. Following discussion at the AAC it was proposed that two financial risks are amended to reflect the Trust's revised forecast position and the new level of risk of delivery which has reduced.</p> <p>The Board discussed how the BAF had been updated to reflect the financial position and agreed the change in risk description for risk 5.1 and 5.2. PS agreed to change the narrative to emphasis the change in forecast position</p>

		<p>detailed. <b>Action</b></p> <p>The Board went on to discuss the workforce and educational issues recorded on the BAF, noting the potential impact of changes to trainee nurses bursary and plans being developed by HEKSS.</p> <p>PL and FA discussed how the Trust seeks to work with and engage hard to reach groups, noting that this impacts on all elements of strategic risk and that this would become a focus of attention throughout the year.</p> <p><b>The Board noted and took assurance from the report.</b></p>
2.	<b>Quality of Care</b>	
	2.1	<p><b>Patient Story for Assurance</b></p> <p>FA introduced the patient story describing a patient's journey over a week of care and the impact that it had had on the patient's daughter. The patient was still in the Trusts care and FA was in contact with both the patient and daughter. The patient who lives with her daughter has a chronic and worsening chest condition and regularly attends the hospital for care. The daughter had contacted FA during the current admission in a state of distress as such FA had met with the family to listen to their story and help them resolve their concerns.</p> <p>The patient was admitted to hospital on a Friday and was looked after on Tilgate annex on the following Monday she was considered medically declared for discharge and discharged on the Tuesday. At the time the daughter expressed concerns about her mother's wellbeing highlighting that she wasn't at her base line tolerance for exercise. The patient was home for two hours when she developed severe shortness of breath and called for an ambulance, leading to her readmission on the same day. Her condition deteriorated further by the Thursday leading to an escalation of care, however the patient is now doing well and recovering.</p> <p>FA reiterated the daughter's concerns that the Trust could not provide appropriate care and that there is work to do to ensure that confidence is rebuilt. An initial review of the care shows that there were early indicators of infection within the blood samples taken the day before discharge but this picture was not evident in chest x-rays or other elements of assessment. What is clear is that we did not take into account the level of anxiety of the patient or daughter at the time of discharge.</p> <p>DH highlighted how the Trust has started to pilot plans to increase patient and family involvement in management plans and has asked the divisional management team to consider this patients management.</p> <p>PL reminded the Board that these issues do occur and that getting it right for all patients is the key focus of continuous improvement. FA agreed stating that there is always more that we can do to improve experience of our care. PL asked for assurance that there are clear methods for raising concerns. FA stated that there are clear methods and that in this instance they had not resolved the concerns and that the family escalated above the ward. Rebuilding confidence in our care is now the ask.</p> <p>PB asked whether it was possible that the discharging team had taken a risk to ease bed pressure. DH said this was probably not the case, evidence suggests that this was believed to be a safe discharge and to date there is no evidence</p>

		<p>that it was a risk based decision to discharge. The Trust continues to have very good readmission rates despite the pressure on hospital beds which indicates the rigor in discharge assessment and planning.</p> <p>AM drew the discussion to a close thanking FA for the story and highlighting the benefit of discussing individual cases at public board as it sets context for the rest of the conversation.</p> <p><b>The Board duly noted the report and took assurance.</b></p>
	<p><b>2.2</b></p>	<p><b>Safety &amp; Quality Committee Chair Update</b> <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RS introduced the report focusing on the assurance that had been taken from conversations on the Trust's work to develop dementia care. There has been good uptake and delivery of dementia training and the Committee is keen to see how the impact of the dementia strategy can be measured.</p> <p>The Committee also gained good assurance on the Trust's new drives to reduce falls with harm and share learning across the Trust. The Trust's efforts will focus on 8 diverse wards who report the highest numbers of falls.</p> <p>The Board discussed the report noting the need to focus on improvement and shared learning.</p> <p><b>The Board duly noted and took assurance from the report.</b></p>
	<p><b>2.3</b></p>	<p><b>Safety and Quality Indicators</b> <i>for Assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA introduced the elements of the IPR highlighting the serious incident reported in month and noted 'safety thermometer' indicators. It was interesting to note that Trusts have started to move away from the safety thermometer and have developed internal metrics and KPI that have more value.</p> <p>DH highlighted that the Trust's HSMR continues to be better than expected and improving. Going on to highlight that the Trust's SHMI, which includes mortality up until 30 days after discharge is considerably lower than expected and is currently the 2<sup>nd</sup> lowest in the area. The Trust has identified 9 volunteers to take up the role of medical examiners, these will support the review of death and death certification as well as be able to link with the Trust's mortality reviews. This is a good initiative and aligns with the CQC and NHSI view of learning from death. Mortality reviews are good for those patients who die unexpectedly but there is work to do on the review of expected deaths to ensure all possible learning is identified.</p> <p>RD highlighted the conversation at the Audit and Assurance Committee relating to the management of the C-section delivery. Zara Nadim the Chief of WACH and the audit had provided good assurance on the management of C-section rates.</p> <p>FA highlighted usual trends in the Trust's friends and family scores, the only issue of note was the drop in response rates for patients using the emergency department, the overall score remains high. The Trust's management of</p>

		<p>complaints is in a good place.</p> <p><b>The Board duly noted and took assurance from the report.</b></p>
	2.4	<p><b>Safer Staffing and Care Hours Per Patient Day Report</b> <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA introduced the report focusing on the initial review of care hours per patient day. December is a better picture and there is ongoing work to get a full understanding of how best to interpret the metric. AM and FA agreed that the metric and its implications for staffing should be considered at a board seminar. The Board discussed the matter which needs thought as its implications for staffing and patients need to be thoroughly understood.</p> <p><b>The Board duly noted and took assurance from the report.</b></p>
	2.5	<p><b>Serious Incidents Quarterly Report</b> <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>FA presented the report noting the low numbers of cases in quarter three. Patient falls with harm continue to remain a theme within the data. The management of reports remains good and there are low numbers of open investigations.</p> <p>RS commented that the trends in SI themes are encouraging particularly the reduction in clinical diagnosis related cases. The Board discussed how the concentration on the cancer pathway may be having a positive impact on the number of missed or delayed diagnosis.</p> <p>PL asked about the approach to investigating SIs, DH commented that the Trust was trying a new approach based on after action reviews. This can improve the quality of the discussion and report as the emphasis is on timeliness of review. After action review training is being provided to key front line clinical staff.</p> <p>PS asked whether there was an issue with the external closure of SIs, FA indicated that there wasn't a problem but the system is an administrative process of assurance which can take time.</p> <p><b>The Board duly noted and took assurance from the report.</b></p>
3.	<b><u>Finance and use of resources</u></b>	
	3.1	<p><b>Finance and Workforce Committee Chair Update</b> <i>for assurance</i></p> <p>The Board received and noted the report in advance of the meeting.</p> <p>RD presented the report highlighting the review of divisional workforce strategies that need to be considered alongside the Trust's workforce and organisational development strategy.</p> <p>The electronic patient record full business case had been reviewed in detail and approved. The full use of capital £4.5 million and its impact on budget will be discussed and approved at a later date.</p>

		<p>RD noted that the detail of financial and workforce conversations will be covered later in the agenda.</p> <p><b>The Board duly noted and took assurance from the report.</b></p>
	<p><b>3.2</b></p>	<p><b>Workforce performance Indicators</b> <i>for assurance</i></p> <p>The Board noted the report in advance of the meeting.</p> <p>MP introduced the workforce data highlighting that the vacancy Rate across all staff groups has increased by 0.3% to 11.8%. Turnover has increased by 0.9% to 16.4% for all staff groups, however for Nursing this has decreased by 0.1% to 15.8%. The Trust continues to develop retention plans and its systems for gaining information from those staff who choose to leave. Core training (Mandatory And Statutory Training MAST) is at 80% and achievement review completion has just passed 96%.</p> <p>Sickness has increased to 4.3%, this is mostly seasonal short-term absences. The overall sickness absence for the year is low. The Trust achieved 77.6% flu vaccination coverage which is higher than the national average.</p> <p>PL praised the high completion rates for achievement review and MAST training and went on to ask for more detail on the issues that drive the Trust's turnover rate. MP stated that work was being done to greater understand the issue and that this would be reported once fully understood.</p> <p>RD highlighted the workforce conversations at FWC relating to improving training compliance and completion of achievement reviews.</p> <p>RS asked how the Trust was reviewing and acting on retention issues highlighted in the data. MP reported that the Executive team and FWC would be receiving a paper on recruitment and retention that should cover the issues highlighted in the IPR. The Board discussed how this aligned with the BAF and asked that an overview of the retention discussion be heard at public board.</p> <p><b>Action</b></p> <p><b>The Board duly noted and took assurance from the report.</b></p>
	<p><b>3.3</b></p>	<p><b>Finance &amp; Use of Resources Performance Indicators</b> <i>for assurance</i></p> <p>The Board noted the report in advance of the meeting.</p> <p>PS reported the month 9 financial position which was a £2.0 million surplus at the end of December which is £3.0 million adverse to the YTD planned £5.0 million surplus. The Trust has therefore not achieved the metric necessary to receive quarter 3's sustainability and transformation fund payment.</p> <p>The Trust has formally revised its forecast to a £0.3m surplus. The adverse variance to our control total of £14.9 million is due to both external factors; the retention by Trust's Commissioners of £3.3m of marginal rate emergency tariff and readmission deductions, non-receipt of £4.9m STF funding for Q3 and Q4 and the a shortfall of £4.7 million of elective income and £2.0 million pounds from disputes and fines.. The Trust has followed the formal protocol prescribed by NHSI and has written as advised. The new forecast has a lower level of risk as</p>

		<p>described in the BAF but still carries risk.</p> <p>Capacity issues continue to impact on elective income and agency spend continue to be the focus of management attention noting our performance on agency ranks us 23<sup>rd</sup> out of 54 providers in the south region. In particular use of escalation and subsequent agency spend in December has followed as emergency activity increases.</p> <p>The Trust's overall cash position at the end of December is good and the Trust's better payment practice code performance continues to improve and although not hitting the target stands at 80%.</p> <p>AM asked that PS considers including alignment to the financial and resource metrics included in the single oversight framework.</p> <p><b>The Board duly noted and took assurance from the report.</b></p>
<b>4.</b>	<b><u>Operational Performance</u></b>	
	<b>4.1</b>	<p><b>Integrated Performance Report</b> <i>for Assurance</i></p> <p>The Board received the reports in advance of the meeting.</p> <p>AS introduced the data highlighting the Trust's performance against the strategic transformation fund trajectories. The ED 4 hour standard was not met and the Trust has not met the standard for the quarter. There have been significant increases in ambulance attendances and admissions.</p> <p>Cancer standard performance is good, but the standards relating to RTT and diagnostics remain a challenge. There is an element of patient choice that is impacting on these standards, however recovery plans are in place for both standards. Volumes of referrals are higher than planned which is impacting on capacity.</p> <p>There remains delays in ambulance handover with 80 cases recorded where the handover took over 60 minutes. The clinical teams are reviewing the process with a mind to producing a more flexible and effective alternative. MW reflected on the new national SASH+ value stream that will look at ambulance handover and management of flow of patients. This will need to take into account supply, demand and the associated risks.</p> <p>Cancer performance against standards remains high, it should be noted that the decision to not cancel cancer patients impacts on RTT standard delivery.</p> <p>The Board went on to discuss potential impact on safety of the emergency impact in December. To date no SI or serious safety concerns have been raised and the operational team, continue to meet daily to prioritise elective activity and manage safety of services. Noting that this issue is difficult across the NHS and there are hospitals that are managing considerable safety risk. The Trust has daily consultant presence in ED and AMU. The physician associates in ED are having a significant benefit for patient care and safety.</p> <p><b>The Board duly noted and took assurance from the report.</b></p>
<b>5</b>	<b>Strategic Change</b>	
	<b>5.1</b>	<b>Trust vision &amp; values, strategic intent, strategic objectives</b> <i>for approval</i>

		<p>The Board received the paper in advance of the meeting.</p> <p>PS introduced the paper highlighting the final amendments made following earlier conversations with the Board, Executive Committee, Clinical Leads and Council of Governors. The annual priorities have been included which fit with strategic objectives and will make it clearer for all staff to understand. The update also includes a change to the strategic safety goal to take into account quartiles, which can be benchmarked, rather than the target of top 20%.</p> <p>The Board discussed and agreed the content, noting a minor amendment to page 14 and asking that liquidity was included in the SWOT analysis. The Board went on to discuss how the annual priorities could be achieved and how this could be communicated to all staff. The BAF will need to align to this updated strategic plan. The Board went to discuss how it could gain meaningful data to ensure that progress and delivery of strategy can be measured.</p> <p><b>The Board duly noted and approved the document.</b></p>
6		<p><b>Leadership and improvement capability</b></p>
	6.1	<p><b>Audit &amp; Assurance Committee Chair Update &amp; Annual Report</b> <i>for assurance</i></p> <p>The Board received the reports in advance of the meeting.</p> <p>PB introduced the report, highlighting the conversations relating to financial risk and the narrative of the BAF risks. The AAC have asked for early sight of the draft 2017/18 BAF.</p> <p>Internal Audit had provided good assurance on the governance of the Trust's elective and emergency C-section rates. There was good discussion and the Chief of WACH provided reassurance and detail that was not described in the report.</p> <p>PB went on to highlight the AAC annual report to Board focus on key areas of focus including; review of financial controls in the challenging financial environment, monitoring the internal control framework and focus on systems to support workforce. The AAC will focus on the management of risks associated to external factors and their impact on the Trust.</p> <p>AM thanked PB for the annual report which provided good assurance of the work of the committee.</p> <p><b>The Board duly noted and took assurance from the reports.</b></p>
	6.2	<p><b>Inclusion Report</b> <i>for approval and assurance</i></p> <p>The Board received the report in advance of the meeting.</p> <p>MP introduced the paper highlighting the equality objectives, detail on protected characteristics, diversity in the workforce and detail of gender pay audits. The Trust continues to develop its workforce diversity strategy with the equalities charity BRAP.</p> <p>The Board discussed the data included in the report. AM asked MP to consider how to take into account the part time nature of the NED of the Board when presenting data as it appeared skewed. Similarly the ethnicity of the Board appears skewed showing only 66% to be white/British. MP agreed to consider</p>



		the data before the next report. <b>The Board duly approved and took assurance from the report.</b>
	<b>6.3</b>	<b>Future Role for Shadow Council of Governors</b> <i>for approval</i>  The Board received the report in advance of the meeting.  GFM introduced the report. Following review the proposal had been reviewed and agreed by the council of governors. The term of office as a governor has been agreed to commence from January 2017. GFM highlighted specific elements of the role such as involvement in the selection process for senior staff members and the consultant re-validation process.  <b>The Board duly approved the report.</b>
<b>Other Items</b>		
<b>7</b>	<b>7.1</b>	<b>Minutes of Board Committees to receive and note</b>
	<b>7.1.1</b>	<b>Finance and Workforce to receive and note</b> The minutes of the Committee were noted with no questions raised.
	<b>7.1.2</b>	<b>Safety and Quality</b> The minutes of the Committee were noted with no questions raised.
	<b>7.1.3</b>	<b>Audit &amp; Assurance Committee to receive and note</b> The minutes of the Committee were noted with no questions raised.
	<b>7.2</b>	<b>Any Other Business</b>  No further business was raised.
	<b>7.3</b>	<b>Questions from the Public</b>  There were no formal questions from the public received.
	<b>7.4</b>	<b>Review of the Meeting</b>  The review of the meeting was not carried out as the Private Board meeting was scheduled to re-convene.
	<b>7.5</b>	<b>Date of the next meeting</b>  <b>23<sup>rd</sup> February Thursday 2017</b> 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.*

<b>These minutes were approved as a true and accurate record.</b>	
<b>Alan McCarthy</b>	
<b>Chairman:</b>	<b>Date:</b>