

**Minutes of Trust Board meeting held in Public
Thursday 26th October 2017
Room AD77, East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman	Chairman
(MW) Michael Wilson	Chief Executive	Deputy Chief Executive
(FA) Fiona Allsop	Chief Nurse	Medical Director
(PS) Paul Simpson	Chief Finance Officer	
(AS) Angela Stevenson	Chief Operating Officer	
(RS) Richard Shaw	Non-Executive Director	Chief Operating Officer
(PBi) Paul Biddle	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	

Non-Executive Director

In Attendance

(MP) Mark Preston	Director of Organisational Development and People
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(IM) Ian Mackenzie	Director of Information & Facilities
(AAP) Anouska Adamson-Parks	Director of Strategy
(SR) Sarah Rafferty	Chief of Education (for Medical Director)

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 Des Holden, Caroline Warner and Daphnee Pushparajah.
	1.2	Declarations of Interest No additional interest were declared.
	1.3	Minutes of the last meeting The minutes of the meeting held on 28 th September 2017 were reviewed and agreed as a true record. The minutes were agreed as an accurate record.
	1.4	Action Tracker The Board reviewed the action tracker and GFM confirmed: TBPU23: was due in November TBPU33: was closed TBPU35: was closed

		<p>TBPU36: was closed</p> <p>There were no other matters arising.</p>
1.5	<p>Chairman's Report <i>for Assurance</i></p> <p>AM noted the forthcoming hot topic event due to take place on 2nd November which would focus on Dementia Care. He encouraged members of the Board, governors and the public to attend.</p> <p>The Chairman also noted that Michael Wilson had recently stepped down from the role of CEO lead for the Sussex and East Surrey STP. The Chairman thanked Michael on behalf of the Board and health and social care partners for the significant achievement in steering the STP through to the current position. The Board noted that Bob Alexander from NHS Improvement had been appointed as the Executive Chair of the STP.</p> <p>There were no additional issues to raise that were not covered elsewhere on the days agenda.</p> <p>There were no questions.</p> <p>The Board duly noted the report.</p>	
1.6	<p>Chief Executives report <i>for Assurance</i></p> <p>The Board noted the report in advance of the meeting.</p> <p>MW brought to the Boards attentions two public consultations led by the Department of health. One in relation to statutory professional regulation of nursing associates with a focus on the need for further evidence to make an assessment about the impact of the policy. The second consultation focused on options for the professional regulation of physician associates, (PA), physicians' assistant (anaesthesia) (PA(A)), surgical care practitioners (SCP) and advanced critical care practitioners. (ACCP). The deadline for responses to both consultations was the end of December 2017.</p> <p>Attention was also focused on the recently published Care Quality Commission (CQC) State of Care report. The CQC noted that health and care services were currently at full stretch along with the complexity of demand for health care and adult social care services in England which was continuing to rise. It was also noted that quality had improved overall, but that there was too much variation and some services had deteriorated. In order to deliver good, safe and well-coordinated care that is sustainable into the future, providers would have to think beyond their traditional boundaries and reflect the experience of the people they support and there was a greater need for more local collaboration and joined-up care.</p> <p>In terms of local issues, MW noted the recent national review by NHS Improvement of the work currently undertaken as part of the Virginia Mason Institute partnership and our SASH+ programme which had yielded very successful and sustainable outcomes thus far.</p> <p>Other local initiatives of note were the MacMillan Coffee morning, clinicians supporting an annual trip for paediatric patients to Disneyland and a number of children who had received resuscitation training at East Surrey Hospital in</p>	

		<p>support of European Restart a Heart Day.</p> <p>RD asked about the nursing associate role and whether the Trust was supportive of the plans to introduce regulation. FA confirmed that the Trust was in support of the plans and were currently working with a local University to help shape their training as one of the national pilot sites. One of the areas currently being worked through was in relation to administration of medication. FA reminded the board of the previous two-tier nursing training which had included state enrolled nurses as well as registered nurses. PL also noted that the workforce had significantly changed and the development of the nursing assistant role was to help bridge that gap.</p> <p>MW noted that more work was required at a national level in relation to physicians associates as currently the highest band was AfC band 7. Future pathway design for the role would be required as well as further consideration as to where the role would sit within future workforce.</p> <p>SR confirmed that in relation to nursing associates the Trust was already working in partnership with Brighton and learning from experiences there. Currently we have 15 members of staff already ready to join the programme with 40 additional potential candidates as well as good interest from other staff.</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 throughout October and had been updated to reflect the current position. The BAF detailed 14 risks to the Trust’s strategic objectives, six of which are recorded as significant risks to delivery of strategy. There were eight significant risks recorded on the Trust risk register. The Executive Team had reviewed and agreed to downgrade the risk relating to paediatric ophthalmology capacity from the significant risk register.</p> <p>RS asked about the reasons for downgrading the risk in relation to paediatric ophthalmology. AS confirmed that a locum had been recruited as a full-time post which would start early in the new year. Team working had also significantly reduced the risks.</p> <p>PBi asked whether the key performance indicators in relation to workforce had been included in the BAF and whether this should be better reflected. MP confirmed that the Trusts vacancy rate was still green-rated and the Trust was doing more as part of a national retention programme with NHSi. FA also noted that she was currently working on a workforce report which would come to the Board at the end of the year and depending on the outcome of this report the Board should consider at that time whether workforce risks remained the same or should be changed. RD also noted that nursing turnover had been discussed in detail at the recent Finance and Workforce Committee.</p> <p>The Board duly noted, took assurance and approved the report.</p>
2.		Quality of Care
	2.1	Patient Story – A Carers Perspective - for assurance

The Chairman welcomed Sue Bass a carer who had come to share her experiences with the Trust. Sue was accompanied by Chris O'Connor, Dementia Nurse Consultant and Sally Harper from the patient experience team.

Sue shared the experiences of herself and her husband Andrew who had initially been diagnosed with vascular dementia in 2015. In general she had been treated as part of the team by paramedics, the staff in the emergency department and in most wards, however this was not always the case and in one particular ward she felt almost dismissed. A junior doctor had also not been very courteous or attentive when looking after her husband and this had been brought to the attention of the consultant.

One particular experience related to trying to change some administrative errors in her husband's records and was only successfully changed when Sue insisted and sought the help of her consultant.

The discharge process appeared at times disorganized and as a result became quite stressful for both Sue as carer and for her husband. Sue was pleased to see the changes that the hospital had made over the last year in terms of open visiting and the opportunity to be present for ward rounds as both of these initiatives would have made a significant difference to her husband's inpatient stay.

In Sue's experience the liaison between the hospital, social services, patients and carers was challenging. No information had been given to her about the Red Cross Home from Hospital service and she had found out about this by chance. It would have also helped to have been sign-posted to carer services in her area.

Sue expressed gratitude to the Trust for the focus over the last year on Dementia services and the invaluable help from Chris O'Connor, and Cathy White, Patient Experience Lead. This had made a significant difference to her and Andrew's quality of life with the implementation of initiatives such as the Carers Passport, and the Carers Steering Group. Staff across the Trust are much more aware of the needs of dementia patients and their carers and this has been due to the delivery of focused training.

Two important areas that have come out of Sue's work with the Trust is the realization that carers can also be patients and that some of the Trusts staff are also carers too and by providing support to patient carers and staff carers this could make an important difference to their quality of life.

Sue closed by thanking the Trust for being willing to listen to her experiences and for the current changes that have taken place and she hoped that this would continue to be sustained and improve the experiences of other patients and their carers.

PL thanked Sue for sharing her experiences and asked whether we know if carers feel supported. Sally responded by saying that the feedback we have indicated that carers were supported. PL also went on to ask how we know that the carers passport is making a difference. In response FA noted that the carers' passport has been in place for about a year and some wards know more than others. Chris O'Connor noted that as more staff underwent training this would become more known and that there was more that could be done to promote its existence and how it could be used.

	<p>RD asked how the Trust currently identified whether staff were also carers. MP indicated that requests for flexible working can indicate this and also the Trust has set up a staff carers support group.</p> <p>MW thanked Sue for her willingness to share her experiences with the Board. He also noted that small things can make a difference and that the Trust needed to do more to hear feedback from patients.</p> <p>AM thanked Sue on behalf of the Board for her comprehensive and honest feedback and indicated that the Trust was willing to learn from the experiences she had shared. He also noted that some of the Board members had recently undergone dementia training and had found this very informative.</p> <p>The Board duly noted the report and took assurance from the discussion.</p>
<p>2.2</p>	<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 & Quality Committee (SQC) had taken assurance from the fact that a deep dive was underway on pressure damage and would be receiving an update when the conclusions were clear. PQRM had met for the first time which had replaced CQRM and was focusing on quality and performance.</p> <p>SQC had received a verbal update on the CQUIN programme. While much of the programme was proceeding well, progress on sepsis remained challenging. The committee was due to receive a written report at the end of Q2 when sepsis audit reports were completed.</p> <p>As part of the monthly quality report SQC sought assurance on a number of issues arising, including, RTT and the strategy for electives. Reports from Executive Committee are due to be submitted to the private board on alternate months.</p> <p>It was reported that the “It’s Not OK” campaign was having a positive impact. Examples were given of staff being more prepared to raise concerns about aggressive or threatening behaviour from the public.</p> <p>In relation to the Safety Thermometer, good progress was noted on most indicators and the committee will continue to closely monitor performance on pressure damage.</p> <p>SQC had been asked by the Trust Board to monitor safety and quality risk mitigation in relation to the expansion of the neo-natal unit. An initial discussion had taken place which considered the risks associated with managing both the current situation and the period of building works. There was good assurance that current infection control risks were being well managed. There had been no infection outbreaks since 2014 and there was a strict hand hygiene regime in place. Risks relating to the refurbishment period will be scoped in detail when the phasing of the works is clarified, but good assurance was taken from the successful expansion of operating theatre space and the sharp focus on dust prevention.</p> <p>The Committee also received a report on elective and emergency c-section rates and the contributory factors for the upward trend. The increase in emergency c-</p>

	<p>sections may be due in part to high numbers of induction and of pregnancies in women aged over 40. Good assurance was provided by the numbers of successful deliveries in both first and second pregnancies. There was increased focus on elective and emergency c-sections and significant review and audit is in place.</p> <p>SQC also received an annual report on the achievements and challenges facing Medical Division. This included a summary of achievements, a SWOT analysis, top risks, priorities for the division, productivities and efficiencies, and capital requirements. The committee welcomed the report, and took good assurance from the work of the division.</p> <p>Key highlights from the Legal Services report indicated that the urology cases were requiring a considerable effort from the legal team. The report summarized high value cases involving the Trust. Not all of these were SIs, but the committee was assured that all cases received appropriate investigation, and that the Trust is improving in reporting incidents and learning from them.</p> <p>MP noted the positive response in relation to the “It’s Not OK” campaign and AS commented that the early supportive discharge pathways were in train.</p> <p>In relation to the CQC assurance AM asked about the term “seldom heard” groups. GFM confirmed that this was the more up-to-date term which had replaced “hard to reach” groups. RS also noted that the Trust would need to be able to provide a range of different examples of how they engaged with groups that are seldom heard and diverse communities and could include travelers, BME and of disabled people etc.,</p> <p>The Board duly noted and took assurance from the report.</p>
<p>2.3</p>	<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 presented the report which showed that Trust delivered the planned versus actual staffing profile for September at organisational level. The overall compliance remained similar to that of previous months. However the paediatric ward had occasions where there was the expected numbers of registered nurses but the nursing assistant shift was not filled at night giving 70% compliance for these shifts. This was monitored by the nursing team to ensure safety was maintained. ITU/HDU showed an overall compliance of 99.5% and all registered nurse shifts were filled.</p> <p>The safer staffing profile for Burstow Ward in September demonstrated a similar picture to that in August, where there was not the expected number of registered nurses on the night shifts (73.3%) with an overall compliance of 82.95%. This was due to staffing challenges within maternity including an enhanced ratio of 1:33, a high number of staff on maternity leave and current vacancies. On a daily basis, staff were re-deployed to maintain safety with particular emphasis given to intrapartum care which is the highest area of risk. The mitigation for these areas includes the utilization of staff in managerial roles to work clinically to support the wards, thus ensuring that safety was maintained.</p> <p>In relation to care hours per patient day the report for September was included as part of the report. The data comparison showed a consistent picture with previous months.</p>

	<p>DS asked whether there was a slowly growing issue in relation to registered nurses and whether the Trust should be concerned. In response FA confirmed that the RAG rating was not a concern. A daily review by the site team ensured each shift had safe staffing. Care hours per patient day was still in the early stages of development and refinement. Decisions were made on a daily basis with a focus on acuity for each ward. DS asked what would happen if staff were not comfortable that there was safe staffing in a particular area. FA confirmed that a decision would be taken as to whether staff from other areas could be provided for a specific area.</p> <p>AM asked what account was taken of staff health and wellbeing. FA confirmed that patient safety was the first priority but that it was also noted that staff can only work in a high pressured environment for a particular length of time. At times there was potential tension and a review of skill-mix would also be taken into consideration.</p> <p>MP also noted that the Trust was doing some work with South London and the Maudsley NHS Trust around mental health and wellbeing with a focus on 8 areas within the Trust where there appeared to be higher levels of stress. FA also noted that the introduction of the electronic patient record would be a significant help to staff where accessing new technology would also make a difference to patients.</p> <p>The Board duly noted and took assurance from the report.</p>
<p>2.4</p>	<p>Serious Incident Report for Q2 2017/8 – for assurance</p> <p>The Board received and noted the report in advance of the meeting</p> <p>FA presented the report on Serious Incidents (SI) noting that a report was produced each month to provide assurance to the Board that SIs are being managed, investigated and acted upon appropriately and that action plans were developed from the Root Cause Analysis investigations.</p> <p>The report looked specifically at those incidents that are considered as SIs following the guidance from the NHS England’s ‘Serious Incident Framework’ published March 2015. A summary of open SIs is published weekly and circulated to the Executive Committee.</p> <p>SI reports are also reviewed by the Sussex Scrutiny Group. The Patient Safety and Risk Lead presents the reports to the panel and provides feedback to the Trust Serious Incident Review Group.</p> <p>There were a total of 2235 incidents reported on DatixWeb in quarter two of 2017/18 of which 1879 (84%) were clinical/patient safety incidents. The breakdown of incidents were included in the report. Over the quarter 447 of the 1879 incidents (24%) caused harm.</p> <p>The Trust declared 13 serious incidents in quarter two 2017/18; 6 in July; 3 in August; 4 in September. The incident description, date, category. The outcome and learning for the Trust were also included in the report and this information had also been shared with families.</p> <p>DS asked what the data in table two was showing. In response FA confirmed that this was broadly a similar position to the previous quarter. AM asked what was</p>

	<p>good reporting; did this include increases in numbers and in low harm or no harm. FA confirmed that an increase in reporting should be considered a positive indicator as the Trust had previously been considered a low reporter but this had improved. Low harm and no harm was also a good indicator.</p> <p>The Trust Board noted the report and took assurance regarding the management of SIs and the on-going work to improve performance on completing SI investigations within the national timeframe.</p>
2.5	<p>Integrated Performance Report (M06) - Overview – for assurance</p> <p>The Board received and noted the report in advance of the meeting.</p> <p>AS provided an overview of the integrated performance report.</p> <p>In relation to Safety There were four SIs declared in September 2017. Patient safety indicators continue to show expected levels of performance. There were no MRSA bloodstream infections and four Trust-apportioned <i>Clostridium Difficile</i> cases in September 2017.</p> <p>The indicators for Effectiveness showed that Mortality was lower than expected for our patient group when benchmarked against national comparators. Readmission indicators continue to see the Trust perform well.</p> <p>The Caring performance indicators showed that the Friends & Family Test continue to show good patient feedback for the Emergency department during a time of both high demand and refurbishment while Inpatient FFT improved in September maintaining Amber performance on the Trust RAG rating.</p> <p>The Responsive performance indicators showed that the 4hr ED standard was not achieved in September 2017 with performance of 94.1%. National performance for 'Type 1 Departments' in September was 84.6%. The Cancer 62 Day GP was achieved in September with performance of 86.3%. Cancer TWR did not achieve with performance of 91.6%. Actions to support improved performance are in place and are progressing. In relation to 18 Weeks RTT the Trust did not achieve the RTT Incomplete pathways standard with performance of 86.1%. Recovery actions and trajectory are in place.</p> <p>The Well-led indicators confirmed the results of the 2017/18 Quarter 2 Staff Friends & Family Test which showed that 86.8% of staff would recommend SASH as a place to work (an increase of 5.4% on the previous quarter). 94.6% of staff would recommend SASH as a place to receive care / treatment (which is a 3.3% increase on quarter 1).</p> <p>The 2017 National Staff Survey was launched on 5th October, SASH Week 1 response rated equate to 25%, (the national average for the same period is 6%) We have submitted our updated retention plan to NHSi as part of their Retention Support Programme. The work to support mental health awareness, (with South London & the Maudsley NHS Trust), has been launched with positive feedback received for these interventions to date.</p> <p>The Trust's Health & Well-being Day was held on 12th September and over 500 Trust staff attended.</p> <p>AS summed up by highlighting that The Trusts Income & Expenditure 2017/18 Control Total was a £21.3m adjusted surplus. The current forecasts showed a</p>

	<p>£16.0m risk against delivery of this control total. The Trust achieved a £4.4m [adjusted] surplus at the end of September 2017, which was £0.1m better than plan for the YTD position. The position includes £3.1m of STF funding, which is in line with plan and represents 35% of the total £8.8m funding potentially available. £2.2m of savings have been achieved YTD.</p> <p>The Board noted and took assurance from the report.</p>
<p>2.6</p>	<p>Safety & Quality Indicators – for assurance</p> <p>FA highlighted that the positive Safety Thermometer performance continued for the “New Harm” measure with performance of 98.8% in September. The Trust continued to monitor ward nursing numbers and skill mix on a daily basis and was assured that adequate staffing is in place. The Trust has delivered the planned versus actual staffing profile for September at organisational level. The overall compliance is similar to previous months. Nurse recruitment continues both locally and from overseas. The Trust continues to embed the various work streams outlined in the retention strategy. One of these elements, the ‘Band 6 Ready Programme’, has to date had 11 students complete the training and out of these, 6 have successfully gained promotion within the organisation into band 6 roles.</p> <p>In September 2017, falls decreased significantly to 76 from 101 in August and Inpatient falls per 1000 bed days remained below the national average at 4.07. This was the lowest rate since February 2013. Focused work continues on the 9 falls pilot wards.</p> <p>RS asked about retention and whether the Trust captured the reasons staff leave. He went on to ask whether this was due to career aspiration or other reasons. In response FA indicated that career aspirations was a factor but there were other reasons. Some wanted to gain experience in a London teaching hospital as well as some staff wanting to follow different career paths.</p> <p>SR noted that the latest HSMR data for the Trust continued to show improvements in relative risk and remained rated ‘better than expected’ for our patient group when benchmarked against national comparators. Latest SHMI data showed an improvement and the Trust mortality rate continued to be amongst the lowest rates in the country.</p> <p>Readmission indicators continue to see the Trust perform well and divisional audit programmes remain on track, with action plans progressing</p> <p>The Board duly noted and took assurance from the report.</p>
<p>2.7</p>	<p>Patient Experience Indicators – for assurance</p> <p>FA noted that in relation to the Inpatient FFT there had been a small increase in the FFT score for September with performance of 95.7% (95.2% in August). Emergency Department FFT score had increased from 93.7% in August to 95.5% in September. The response rate also increased to 19%. The score for the postnatal ward decreased slightly however remains positive at 95.6%. The FFT score for the antenatal, delivery and postnatal community are all at 100%. The number of returns was over 1,200 in September for Outpatients however the FFT score has decreased slightly to 89%, from 90.5% in August.</p> <p>National FFT results for July ranked the A&E department 9th nationally for those</p>

		<p>Trusts with a response rate of 5% or more.</p> <p>Over 3,830 responses to the Friends and Family Test and Your Care Matters were received in September, demonstrating a steady increase following the recent implementation of the new patient experience platform.</p> <p>Work on the new GP streaming area of A&E continues on plan. The new waiting room opened at the beginning of October as did the new ambulance bays.</p> <p>The Board duly noted and took assurance from the report.</p>
3.	<u>Operational Performance Report</u>	
	3.1	<p>Operational & Access Performance Indicators – For assurance</p> <p>AS reported that the Trust continues to benchmark favorably for national access standards.</p> <p>September continued to be a busy month for emergency care. The ED 4hr standard was not achieved in September 2017 with performance of 94.1%. Local health system performance, which includes the other local A&E departments, was 96.4% in September.</p> <p>Ambulance turnaround performance improved in September 2017 with 40 breaches of the 1hr standard (47 in August). The re-development of the Emergency Department “Front Door” including physical re-configuration and revised streaming will support improvements in ambulance handover.</p> <p>Cancer performance for September continued to be challenging. TWR & Breast Symptomatic performance against the TWR standard was 91.6% and the Breast Symptomatic standard was 85.7%. Internal capacity, referral volumes and patient deferral were a challenge in September resulting in amber performance for TWR and red performance for the Breast Symptomatic standards. Clinical conversations with patients in relation to the urgency of appointment continue to happen to support patient care.</p> <p>In relation to the 31 day diagnosis to treatment performance the standard was 95.2%. Internal capacity and the impact of performance against the TWR target both contributed to performance against the 31 day standard.</p> <p>The Trust did not achieve the 92% RTT Incomplete pathway standard with performance of 86.1% in September 2017. RTT remains a challenge with the impact of emergency pressures, cancer referrals, tracking system change over as well as specialty specific capacity issues being the root causes of the under-performance.</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>MP introduced the workforce indicators highlighting key areas relating to vacancy rates, turnover and retention. Sickness has reduced by 0.25% to 3.8%.</p> <p>The Trust has begun work on a formal succession planning and Talent</p>

		<p>Management programme for staff which should support better retention. We have submitted a bid to Health Education England Kent, Surrey and Sussex for funding to support this. We are also designing a programme, under the banner of 'SASH Leaders', to support leadership development at all levels of the Trust.</p> <p>PL asked about the slight reduction in attendance at MAST training. MP confirmed that the team were looking at different ways to deliver the programme to meet the needs of staff as well as ensuring that data capture was robust.</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 introduced the financial elements of the report focusing on effectiveness and the use of resources. The Trust delivered quarter two financial performance which was slightly better than planned and as a result was able to benefit from the award of Sustainability and Transformation Funding which equated to £3.1m; that was in line with plan and represented 35% of the total £8.8m funding potentially available. However there was no room for complacency.</p> <p>The Board had in the private meeting approved the quarter two forecast (which was tht the Trust was still capable of delivery of the £21.3m surplus control total) but noted the risk of £16.0m. The year to date Agency spend was £8.4m, £0.1m lower than planned.</p> <p>The cash balance at the end of August 2017 was £5.4m. The Trust repaid £3.5m revolving working capital in April 2017 and borrowed a further £1.3m in July leaving an outstanding balance of £13.8m. This cash has supported the Trust's Better Payment Practice Code performance which is 87% by volume, 86% by value in the first four months of 2017/18, but declining in recent months.</p> <p>PS indicated that the Trust was continuing to work with CCGs to review income and activity in relation to the baseline which would also impact CCG cash payments. Contracting remained a topic of considerable attention with CCGs.</p> <p>The Trust was developing its approach to clinical efficiency and had put in place a model hospital working group with clinicians. The initial focus has been on urology and orthopaedics.</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. The Committee noted that the Trust had achieved a £4.4m (adjusted) surplus at the end of September which is £0.1m ahead of plan. The position includes £3.1m STF funding as planned and £0.5m release of prior year income risk provisions. The year to date recurrent position was therefore a £0.9m surplus. The Committee's discussions focused on two areas; the cash position and the adverse position of elective and outpatient income to plan.</p> <p>The Committee also discussed the disputes with and challenges from CCGs and noted the time and processes that had to be followed to achieve resolution. The Trust is confident in its position but delay in cash payments is resulting in a</p>

		<p>worsening of our BPPC position.</p> <p>Outpatient and elective income was adverse to plan by (£3.0m). The Committee explored the anticipated second half performance and noted that much of the adverse position could be recovered.</p> <p>The Chief Nurse outlined the position around nursing vacancies and recruitment. The overall vacancy rate for nursing and midwifery staff is 19% with turnover of 18.5%. The Medical Division is particularly high at 23% and 21.6% respectively.</p> <p>A discussion took place on current and future actions to resolve the situation e.g. carry on with international recruitment, retention planning, review of bank staff pay, more flexible working and changes to roles such as the nursing assistants. In addition, the Committee asked whether anything could be done to reduce the demand for nurses in an environment of increased demand. The feeling was that this would continue to be a challenge locally and nationally as long as the level of activity remained.</p> <p>The Committee discussed the Education Strategy (which had been circulated separately to the Board) including how it dovetailed with and supported the overall Workforce strategy. Further work was required from the Executive including the approval of an implementation plan covering 12-24 months.</p> <p>On Capital the Committee noted the current funded position. Paediatric Day Surgery (£350k) and MRI (£850k) would not proceed and the money would be released for additional capital projects. The funding for EPR has not yet been received from the Treasury and therefore the project had been delayed.. One of the options considered in relation to EPR was to split the implementation and funding from our own resources. The Committee would receive an updated capital plan at the November meeting.</p> <p>The MRI project was planned to proceed on a lease basis. The Committee would review the revised plan and seek assurance around potential risks.</p> <p>PS noted that there were restrictions in relation to the ability to roll-over unspent capital and the Trust would need to carefully manage the capital programme with specifically prioritised projects. MW stated that there would be no option to roll-over of the capital programme.</p> <p>The Board duly noted and took assurance from the report.</p>
5	Strategic Change	
	5.1	<p>Annual Plan Q2 Update – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>AAP presented the report which provided progress against each of the Annual Delivery Plan actions for Quarter 2, April to June 2017. The RAG status for the quarter was reported in the report. The Board noted that good progress was being made on a significant number of both strategic and business as usual priorities.</p> <p>There were two red rated priorities in relation to progress with length of stay trend and bed occupancy which aligned with the performance report and the increasing number of patients that the Trust was caring for.</p>

		<p>It was noted that EPR should not be rated as red but amber until there was a clear outcome from the Treasury. The timescales had slipped but this was still a priority for the Trust.</p> <p>The Board duly noted and took assurance from the report.</p>
6	Leadership and improvement capability	
	<p>6.1</p>	<p>Guardian for Safer Working Quarterly Report – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>VP presented the report which was the fourth quarterly report to the Trust Board which involves doctors in training from the new intakes in August and September 2017 along with the arrival of new specialist registrars from 4th October 2017. The report detailed the progress of the implementation of the new Junior Doctors contract 2016, the pattern of exception reports and the management of issues which had arisen.</p> <p>As anticipated, the volume of exception reports increased during this period. The majority were from the foundation year 1 trainees and a few from higher grades. There had been no exception reports from those working outside our Trust to date.</p> <p>The main theme of the exception reports related to doctors in training having to stay on later than their scheduled finish time in the evening due to the volume of the workload. A proportion of these episodes were caused by unfilled posts in the respective departments. As previously, all the exception reports from the Medicine Division were from the cardiology service. On this occasion the problem of high workload in cardiology was exacerbated by a vacant non-training grade post and the fact that the Physician Associate in cardiology had left to join St George's Hospital. The department has since appointed two locum doctors to fill these gaps.</p> <p>There were two exception reports from Paediatrics, both related to high work load, one of which was also aggravated by an unfilled post.</p> <p>In Surgery there were exception reports in general surgery, urology and orthopaedic surgery. Two of the exception reports from orthopaedic surgery related to a critically ill patient who required a great deal of attention from the team and therefore the senior house officer (FY2) could not leave on time. The remainder related to the workload and unfilled posts generating extra burden to those remaining along with sickness levels.</p> <p>In attending to these exception reports the main concern was inability to fill vacant posts, which occur in a predictable or unpredictable way. The Cardiology Department has been asked to schedule more senior grade doctors to assist the foundation year 1 doctors when the workload is high.</p> <p>The main issue of concern during the past three months has been the number of exception reports not attended to in a timely manner. After escalating the concern to the clinical leads and chiefs of services, the problem was partially resolved but there were two clinical supervisors who had not responded. An important task for the next three months is to ensure a better cooperation from</p>

	<p>the clinical supervisors.</p> <p>There were no infringements that resulted in fines during the past three months.</p> <p>Attendance has improved at the guardian forum meetings which is positive. We will continue to raise the profile of these forum meetings in order to achieve greater attendance of attendees.</p> <p>SR noted that in relation to vacancies gaps the Trust is not always aware of these in a timely way. The Deanery should give around 12 weeks' notice but this is not always the case.</p> <p>SR and VP commended the staff in our medical staffing department who provide an invaluable service to helping junior doctors settle into the Trust and who also arrange orientation and induction programmes.</p> <p>RS asked whether the industrial action from last year has impacted on an ill feeling by junior doctors. In response SR noted that most felt that there was not choice when the contract had been imposed. Supervisors have been supportive and therefore there does not appear to be any ill feeling or impact.</p> <p>The Chairman thanked VP for the report and for the work he was doing as the safer working guardian within the Trust.</p> <p>The Board duly noted and took assurance from the report.</p>
6.2	<p>Plans for Implementation of the General Data Protection Regulation – (GDPR) – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>IM introduced the report and welcomed Dipa Bhella, Information Governance Manager & Security Manager who presented the key elements of the report.</p> <p>The GDPR is the General Data Protection Regulation which is a new EU mandate designed to ensure data privacy and enhanced control of personal data for EU citizens. The GDPR replaces the EU's Data Protection Directive. The government has confirmed that the General Data Protection Regulation will form part of UK law following the country's withdrawal from the European Union. As at 25 May 2018, GDPR will need to be fully implemented within the organisation.</p> <p>The key changes included increased penalties and fines which could be as high as 20 million euros or 4 per cent of annual global turnover. There was also a requirement for more timely data breach reporting including mandatory reporting of breaches within 72 hours. In relation to subject access requests the timescale was compliance within one month or up to 2 months extra for more complex cases. Public authorities like the NHS could no longer charge to manage subject access requests.</p> <p>New rights also included the right to data portability with an enhanced form of subject access. The data would need to be provided electronically and in a commonly used format. There was a Right to erasure, i.e. the right to be forgotten; however this was largely exempt in the health and social care sector. Data would need to be kept in line with current retentions schedules.</p> <p>A stronger data subject consent. GDPR states consent should be freely given, specific and unambiguous. The appointment of a Data Protection Officer which is</p>

	<p>now a mandated DPO role to take responsibility for data protection compliance within organisations.</p> <p>The Trust has a robust action plan to ensure compliance prior to the May 2018 deadline. The Board asked that compliance be reported through the Audit & Assurance Committee in early 2018. Action.</p> <p>The Board Thanked Dipa for a clear and helpful presentation of the requirements.</p> <p>The Board duly noted and took assurance from the report.</p>
<p>6.3</p>	<p>Inclusion Progress Report – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>MP presented the report noting that as part of the introduction of the Equality Act (2010), public sector organisations have specific responsibilities know as Public Sector Equality Duties (PSED), along with the general duties of the Act.</p> <p>The board noted that the data for the Workforce Diversity report comprised of information taken for 2016, as well as comparisons over the period 2012-2016. The data has been taken from the Electronic Staff Record (ESR).</p> <p>Along with comparisons between staff groups, the report also highlighted the demographics of the communities we predominantly provide services for. The overall aim of is for the Trust to understand how representative our staff population is of the local communities, and where access to services may be a barrier.</p> <p>The Trust is currently finalising the Inclusion Strategy following work undertaken with BRAP, a national equalities charity, and we hope to launch this in January 2018.</p> <p>The Strategy will include an operational plan which will set out the actions required to deliver the strategy. We are keen to ensure the strategy is a ‘living’ document. We are linking the strategy to other national frameworks (e.g. Workforce Race Equality Scheme), and using feedback from staff (e.g. via the national staff survey), to inform the content of the strategy.</p> <p>This year we have set up the SASH Black & Minority Ethnic Network Group (BAME Network), as well as the Disability Network, which is a collaboration of local employees who meet to discuss issues around disability. We have also employed the SASH Freedom to Speak Up Guardian who supports and advises staff on raising concerns.</p> <p>As a public sector organisation, SASH is committed to delivering national requirements (e.g. our public sector equality duties, etc), however we want to ensure that we are delivering an Inclusion Strategy that is relevant, supports and enables staff and allows for the delivery of first class patient care.</p> <p>AM asked how the Trust uses the data. MP confirmed that the data is part of our submission for the WRES and to make improvements. AM indicated that there appeared to be a difference in the number of staff from BME backgrounds which apply for jobs how this was not seen as comparable to the number who went on to be successful in being appointed. MP indicated that this was correct and also noted that the number of BME staff at senior management and Board level post</p>

		<p>was another area that the Trust needed to focus on. The Inclusion Strategy which was due to be launched in Jan 2018 will have specific actions to help the Trust make improvements in a number of areas.</p> <p>DS asked whether the data in relation to disability indicated that staff were reluctant to disclose whether they had a disability. In response MP indicated that the data came from ESR. Historically across the public sector and the NHS staff underreported disabilities. The disability network would be looking at how staff could be encouraged to improve reporting.</p> <p>The Board duly noted and took assurance from the report.</p>
	6.4	<p>Update from the Council of Governors – for assurance</p> <p>The Board received the paper in advance of the meeting.</p> <p>GFM presented the report. The Council of Governors held its 8th meeting on 17th October 2017. The meeting was attended by elected, staff and nominated governors as well as two non-executive directors, three executive directors, head of corporate governance and head of communications.</p> <p>Areas that governors would like information at a future meeting included Education & Training strategy, Health & wellbeing strategy, Inclusion Strategy and a presentation from the Organ Donation Committee.</p> <p>The Governor Workshop was held as planned on the 29th September. The workshop was facilitated by NHS Providers GovernWell Team who invited Jon Walmsley, Lead Governor from the Hertfordshire Partnership NHS FT to share his experiences of being a governor. Eight governors attended the workshop and where joined by the Chairman, Senior Independent Director, Director of Corporate Affairs & Company Secretary, NED Chair of Audit and Assurance Committee and the Head of Corporate Governance.</p> <p>A number of key actions were agreed as an outcome of the workshop and these were discussed at the governor meeting and included developing the role of coordinating (lead) governor, holding governor-only pre-meetings, consideration of the need for governor-led sub-groups; engagement was agreed, reviewing governor involvement opportunities. A governor briefing sheet to enable clear and concise sharing of messages was designed and the need to raise the profile of the role of governors internally and externally.</p> <p>The Director of Corporate Affairs shared an overview of the current draft Patient and Public Engagement strategy. Governors were pleased to have the opportunity to input into the strategy and were also encouraged to hear that this was being shared with voluntary and community organisations as well as key stakeholders in health and social care. Governors asked whether this could be a good opportunity to invite Healthwatch to share their work with the Council in the future. A number of suggestions were made that could be included in the strategy including the work the trust currently undertakes around research, education and training.</p> <p>The Board duly noted and took assurance from the report.</p>
		<u>Other Items</u>
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 Committee to receive and note 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 There were no questions from members of the public.
	7.4	Review of the Meeting The Board discussed the meeting. The agenda has a significant number of interesting of topics. It was felt that the integrated performance report could be discussed in more detail. It was also discussed whether in the future we would continue with a monthly BAF review. However it was agreed that this would be reviewed next year. The patient story was powerful particularly having Sue in person to share her experiences. There were no other points raised.
	7.5	Date of the next meeting Thursday 30th November 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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