

Minutes of the Public Trust Board meeting held in Public (Virtual meeting)

Date: Thursday 26th November 2020

Time: 9.30am – 11:30am

Location: MS Teams, East Surrey Hospital, Redhill

Agenda

Present			
Name and Initials	Job title	Name and Initials	Job title
(RS) Richard Shaw	Chairman	(PS) Paul Simpson	Chief Finance Officer (Deputy Chief Executive)
(PB) Paul Biddle	Non-Executive Director	(JD) Jane Dickson	Chief Nurse
(PSw) Paula Swann	Non-Executive Director	(AS) Angela Stevenson	Chief Operating Officer
(DS) David Sadler	Non-Executive Director	(EC) Ed Cetti	Medical Director
(CW) Caroline Warner	Non-Executive Director		
(PL) Pauline Lambert	Non-Executive Director		
In attendance			
Name and Initials	Job title	Name and Initials	Job title
(MP) Mark Preston	Director of Organisational Development & People	(IM) Ian Mackenzie	Director of Information and Facilities
(AAP) Anouska Adamson-Parks	Director of Strategy	(CP) Colin Pink	Head of Corporate Governance
(DM) Deborah Mayne,	Freedom to Speak Up Guardian (item 5.1)	(SM) Simon Monkhouse	(item 5.2)

1. General business	
1.1	<p>Welcome and apologies for absence as noted above.</p> <p>RS opened the meeting by welcoming Trust Board members.</p> <p>The Board meeting was held virtually in line with National Guidance to avoid unnecessary travel.</p> <p>Apologies for absence from Michael Wilson, Yasmin Khan and Gillian Francis-Musanu were noted.</p>
1.2	<p>Declarations of Interest for assurance</p> <p>There were no new declarations of interest.</p>

<p>1.3</p>	<p>Minutes of the last meeting held on 24th September 2020 <i>For approval.</i></p> <p>The minutes of the meeting held on 24th September 2020 were reviewed</p> <p>DS queried the minutes of the October meeting, item 2.4, in which it appears that constipation had caused a fatal incident. EC noted that constipation was the cause of the admission. The fatal incident is believed to be caused by a ruptured aneurysm, which was visible and unfortunately not identified in the diagnostic test used to review the constipation. The management of constipation was appropriate as expected.</p> <p>The minutes were confirmed as a true record of the meeting,</p>	
<p>1.4</p>	<p>Action Tracker & matters arising <i>For assurance.</i></p> <p>CP introduced the action tracker. The Board noted those actions which were closed and those due in the future.</p> <p>EC provided an update on action TUPB-94, noting that the pathology re-accreditation actions had been put on hold. The development of pathology networks is being considered by the system and accreditation of the Trust services are not currently a priority. He noted that significant actions have been taken and there has been particularly good progress in the development of quality management systems to meet strict accreditation requirements. Accreditation is highly desirable and provides assurance but is not essential for the running of the labs.</p> <p>MP provided an update on action TBPB-97, asking to close the action as the results of the next staff survey will shortly be published. MP noted that there has been an increase in security and conflict resolution training which will be discussed in detail at the Finance and Workforce Committee. MP noted that there has been a significant amount of work with staff relating to stress management during the pandemic, in particular, the use of a psychologist and usage of the CIC employee assistance helpline. Findings have been correlated with the critical stress management team, and align with the work from the National Survey which is having a positive on absence of staff due to stress.</p> <p>RS thanked MP and EC for their updates, noting that anecdotally, since the new security had been put in place, he has heard a lot of positive feedback from staff. The new security teams are working well with staff, and members of the public. MP noted that the Trust hopes that that it will see improvements in the staff survey results relating to staff violence and stress in the next staff survey results. IM agreed, noting that the new security contract was a very positive and was working well.</p> <p>There were no further matters arising.</p>	
<p>1.5</p>	<p>Chair's Report <i>For discussion and approval.</i></p> <p>Richard Shaw noted that this had been a busy month; he had attended a virtual mental health summit, which has included over 100 leaders and specialists, from different areas and organisations. This had discussed the provision of care for young people and women, and aimed to promote improved care for mental health across the patch, including early</p>	

	<p>intervention and access to child and adolescent mental health services. The Board will consider how to drive this agenda item forward with the local mental health trust, once the management of the pandemic has settled.</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>1.6</p>	<p>Chief Executive's report For assurance.</p> <p>The Board noted the report in advance of the meeting.</p> <p>PSi provided the Chief Executives report, thanking everyone for their hard work throughout the pandemic.</p> <p>The Trust, as part of Surrey Heartlands ICS, has signed up to membership of the ICS Black Asian and Ethnic Minorities Alliance BAME. This will prioritise efforts to eliminate racism and drive improvement in equality. There will be a focus on inclusion and the Executive Team have all agreed personal annual objectives. There will be continued focus on staff risk assessment of our BAME colleagues who are at higher risk during the pandemic.</p> <p>The Board supported this initiative.</p> <p>PL and CW commented on potential engagement in mentoring activities and asked for further opportunities for Board involvement. This was agreed, RS asked that the Trust inclusion strategy should be updated at the next opportunity.</p> <p>MP noted that reverse mentoring training had started, and there are plans to extend the cohort into the new year. RS noted that he is taking part in the reverse mentoring programme and could see potential benefits for the Trust and its staff.</p> <p>The Trust has appointed a new head of inclusion, who will refresh objectives and look to review data and increase awareness, focussing on an improved experience for all those staff, visitors and members of the public who are come into contact with the Trust.</p> <p>The review and refresh of the inclusion agenda and strategy will come to board in the new year. Action MP</p> <p>PSi went on to talk about the pandemic, and the impact of the national lockdown. The Trust has implemented new changes in the way the medical division is working, which has been discussed at Board Seminar previously. These changes are working well in terms of improving the amount of capacity and flow for the management of COVID-19. The main issue at the moment will remains transferring patients out and capacity across the system to deal with people who are recovering.</p> <p>EC noted that COVID-19 numbers are reducing and that it is reassuring to see that lockdown measures are working. There has been no internal cases of infection in the last 12 days. Infection Control is working well. EC went on to note that ICU capacity for the system reaching high levels and is being reviewed daily.</p> <p>PB asked if there any issues around discharge to care homes. AS noted similar issues as those experienced in March and April. There are national requirements for testing on discharge which is impacting on discharge as patients may still test positive 14 days after</p>	

	<p>onset of the infection. The system is working well and is reassuring care homes to support good flow and transfer of patients back into the system. AS noted that although there are patients being transferred home who are medically fit, the Trust is offering training and support to ensure safety across care homes for medically fit for discharge patients, and this is helping to reduce the average length of stay.</p> <p>PSi noted that the staff are responding well to the situation and the Trust is currently still running elective surgery lists and delivering elements of outpatient and diagnostic activity.</p> <p>PSi noted the implementation of staff testing, which is a significant logistical effort, in particular, organising the collection of lateral flow test kits and ensuring that results are recorded. MP noted that all patient facing staff were being asked to register and obtain a kit. Sue Jenkins, Director of Kaizen, is developing guidance for staff to use the system once they have it. The testing kit has an appropriate level of accuracy, assuming that instructions are followed and two tests are carried out each week.</p> <p>PL noted how hard the Trust staff have been working and commented on how good it was to see that the bed modelling and changes in medicine were working.</p> <p>The Board discussed the upcoming National Vaccine programme, noting challenges with the cold storage of the Pfizer vaccine and that plans are still being developed nationally. It is expected that the Trust will vaccinate its own staff, while the local system will look to vaccinate patients, as inpatients could leave before they need the second dose.</p> <p>RS thanked everyone for their comments and went on to reiterate the Board's gratefulness and thanks to all its staff for continuing to work hard and focus on the management of the pandemic.</p> <p>The Board expressed its thanks to Donna Webster and Dawn Huish for their work on input on developing English language for staff. This has been a very successful programme developed internally, which has seen great benefits for the staff involved.</p> <p>There were no further questions.</p> <p>The Board duly noted and took assurance from the report.</p>	
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2. Quality of care

<p>2.1</p>	<p>Patient Story For assurance.</p> <p>The Board noted the report in advance of the meeting.</p> <p>JD provided the staff patient story to the Board. The story describes the experiences of a family who lost their child to the pandemic, during the first wave. JD thanked the family for allowing the Trust to share their experience.</p> <p>The loss had happened during the first peak of the pandemic and the patient had been a resident in a learning disability home at the time. The family were unable to visit because of the personal risks associated with shielding and could not leave their house.</p> <p>There had been good communication between the family, the patient and the ward. A good rapport was established and the family remained in contact with the ward. After the first wave</p>	
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	<p>of the pandemic had passed, the Trust managed to facilitate an opportunity for the family to come in and meet some of the staff and see the areas where their child had been cared for. The family were greatly comforted by this, and particularly the opportunity to talk to the staff who had looked after their loved one.</p> <p>The family wrote to Michael Wilson, Chief Executive, thanking all staff for their work and stating how well they had looked after their child. There were points to note in the letter in terms of gaps in information between the medical and nursing teams, and the division is trying to identify how best to resolve this in the future.</p> <p>PL noted how impressed she was by the care and attention the staff had shown, making sure that the family were informed at each step at what was a very challenging time. PL asked what the Trust was doing to support its staff and asked if there was anything more that can be done.</p> <p>JD confirmed that the Trust was taking all appropriate actions to ensure the wellbeing of its staff. There is a significant senior clinical staff presence across the Trust who are offering support role modelling positive behaviour. The Trust is strengthening its critical incident support team (CISM). There are listening events and the Trust has commenced clinical Fridays, in which frontline clinical managers, spend most of their day on the wards.</p> <p>Charitable funds have also been used to increase places of comfort and increase staff wellbeing opportunities, for which there has been good and positive feedback.</p> <p>JD went on to mention the use of charity money to increase availability of mobile technology for patients to contact their families.</p> <p>The Trust's visiting rules have been monitored regularly to ensure the risk to members of the public is low.</p> <p>RS thanked JD for the report and the assurance it provides.</p> <p>RS asked the Charitable Funds Committee to consider all opportunities to improve staff wellbeing during this period, and went on to thank all of the staff involved for the care they provided.</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>2.2</p>	<p>Safety & Quality Committee (SQC) Chair Update For assurance.</p> <p>The Board noted the report in advance of the meeting.</p> <p>CW presented the report, noting that the Committee had received good assurance on recovery of elective activity from the first wave of the pandemic, in particular cancer and clinical outcomes.</p> <p>The Committee had considered differences in emergency pathways from GPs across Surrey and Sussex, noting that patients from some areas are more likely to present as an emergency, depending on the GP cover in their area.</p> <p>The Committee had received the annual report for infection control, which was a tribute to</p>	

	<p>the team's work during the year and provided a great deal of assurance to the Committee. The Committee noted and thanked Ashley Flores, Nurse Consultant and Deputy Director Infection Prevention and Control, for her work with the Trust as she is moving on to new opportunities. AF's input into the Committee over the years has always been insightful and welcomed.</p> <p>There were no questions, RS thanked Caroline for the report.</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>2.3</p>	<p>Safer Staffing & Care Hours Per Patient Day- COVID-19 Report For assurance.</p> <p>The Board noted the report in advance of the meeting.</p> <p>JD provided the safe staffing report. The report highlights the management and fluidity of staff to ensure that safe staffing levels are maintained across clinical areas. Ratios are improving since the first peak of the pandemic and the Trust is preparing for the winter surge that the Trust is anticipating.</p> <p>JD went on to talk about recruitment and retention issues, in particular, the difficulty to appoint overseas staff, due to travel restrictions. At this time the Trust is expecting its next cohort of overseas staff to arrive in January.</p> <p>PL noted the good news that 15 nurse associates had joined the Trust and asked for assurance on the actions being taken to halt the increasing vacancy rate. JD noted that the vacancy rate includes extra wards and associated establishment increases compounded by recruitment issues relating to overseas nurses.</p> <p>The Board noted the positive assurance taken from student nurses who choose to come and work with us after they finish their qualification.</p> <p>PSw noted the strength of the detail in the report and the assurance it provides. PSw asked how the Trust monitors skill mix in areas, noting issues highlighted in the next paper. JD noted that the safer staff report is a national format and that we use other sources of information to gain assurance that our levels of staffing are appropriate, such as the number of complaints and compliments. JD agreed that this could be discussed at a later date or Board Seminar. Action JD to provide an overview of assurances and systems of control to monitor skill mix and safer staffing at a Board Seminar.</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>2.4</p>	<p>Serious Incidents Report For assurance.</p> <p>The Board noted the report in advance of the meeting.</p> <p>EC provided the serious incident report, drawing attention to the earlier conversation about incidents relating to skill mix on wards and the ability to observe beds. Lessons had been learnt and are being considered and shared across clinical teams.</p> <p>Three Healthcare Safety Investigation Branch (HSIB) investigations have been closed.</p>	

	<p>Immediate actions were identified at the time of the incidents and actions were taken, as such there were no recommendations from the investigations.</p> <p>PL complimented the Trust on the transparency of the report, noting how emotive the report could be. PL asked for more information on the incident relating to low skill mix. The Board discussed this incident noting there was an action plan that had been developed following the incident. There are lessons to be learned and shared across the wider organisation.</p> <p>The Board went on to discuss the maternity incident recorded in the paper. There were no new concerns raised during this discussion. The Board asked for an update on the 18 month child noted in the report, and was informed that the child was well and had made a full recovery following the incident. The Trust is continuing to work with the family to support them through this time of need.</p> <p>CW asked for assurance relating to the incidence of violence on Outward ward and what support had been offered to staff. JD noted there had been significant work to improve staff awareness on management of challenging behaviour and training. The Trust had developed safer holding policies and the has developed a rapid tranquillisation policy. There is also now a greater presence from the security staff and anecdotally clinical staff are more assured of the ability to contact support. JD went on to note that there was still work to do. The Board reflected on the need to ensure appropriate mental health capacity and services across the ICS. This will be a matter of future debate.</p> <p>RS thanked EC and JD for the report.</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>2.5</p>	<p>Integrated Performance Report (IPR) (M10) – Overview For assurance.</p> <p>The Board duly noted the report in advance of the meeting.</p> <p>AS provided the summary of the report, noting trends throughout the report.</p> <p>AS noted that there was one SI declared in October.</p> <p>The Trust falls rate remains lower than the national average, however, there had been 98 unwitnessed falls in October. Focus continues on the management of falls and the Trust has made a commitment to reduce the number of unwitnessed falls to the lowest levels possible.</p> <p>There has been a spike in mortality (HSMR) which is higher than it has been in previous months. This has been audited and no concerns have been identified to date.</p> <p>AS noted Trust performance against the national four hour emergency department access standard, noting that there had been far more ambulance conveyances than previous months and an increase in the acuity of the patients coming to the Trust. Despite this, there were no ambulance handover breaches in October and the Trust 15 minute target for handover of ambulances had been good.</p> <p>AS provided a detailed review of cancer access and diagnostic standards achievement detailed in the report. There have been significant improvements and access standards have</p>	

	<p>been delivered. There is a diagnostic backlog that has built up during the first wave of the pandemic which will affect the delivery of the standard in the coming months. There are some 1,500 patients waiting diagnostics, for whom a percentage will have some form of cancer that needs to be identified and treated. This has been micromanaged by senior managers across the Trust, who are carrying out regular reviews of patient waiting lists to try it to ensure that all appropriate actions are taken.</p> <p>AS noted that the Trust is focusing on the top ten patients on the waiting lists and managing RTT standards and associated risks. The Trust is doing well nationally for RTT and benchmarks well for radiology access.</p> <p>AS noted that the vacancy rate has increased as had turnover. The Trust has appointed its new inclusion lead and the flu vaccination programme has commenced.</p> <p>Financially the Trust has received its COVID monies to date and a further, eight million pounds of funding relating to the pandemic. The Trust continues to be paid by block funding, as does the rest of the country.</p> <p>RS thanked AS for the updates and asked the SQC to consider the increase in pressure damage incidence and consider the management of cancer access at a later opportunity.</p> <p>PSw thanked AS for the report, which is well presented and provides assurance. AS noted that PSw's previous comments have improved the report thanking PSw for the earlier challenge.</p> <p>The Board discussed HSMR, noting the twelve month rolling average and good learning from the Trust mortality reviews which is linked with the Trust SI processes.</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>2.5.1</p>	<p>Safety & Quality Indicators For assurance.</p> <p>There were no questions raised.</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>2.5.2</p>	<p>Patient Experience Indicators For assurance.</p> <p>There were no questions raised.</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>Operational performance</p>		
<p>3.1</p>	<p>Operational & Access Performance Indicators For assurance.</p> <p>There were no questions raised.</p> <p>The Board duly noted and took assurance from the report.</p>	

4. Finance and use of resources		
4.1	<p>Workforce performance Indicators For assurance.</p> <p>There were no questions raised.</p> <p>The Board duly noted and took assurance from the report.</p>	
4.2	<p>Finance & Use of Resources Performance Indicators For assurance.</p> <p>There were no questions raised.</p> <p>The Board duly noted and took assurance from the report.</p>	
4.3	<p>Finance and Workforce Committee (FWC) Chair Update For assurance.</p> <p>The Board noted the report in advance of the meeting.</p> <p>DS presented the Finance and Workforce Committee report. The meeting had met virtually and reviewed a normal agenda. The meeting had received good assurance throughout, particularly from the management of finances and as such, no significant issues had been raised</p> <p>The Committee had noticed an increasing vacancy rate, particularly in nursing positions, which was discussed in detail. Assurance was taken that the situation was well understood and that actions were being taken.</p> <p>PSi had provided an update on the management of the Trust finances, noting that the ICS had a ring fenced budget for the management of the pandemic from which the Trust could claim. This has been managed well by the ICS, which allows the Trust to develop a good financial forecast.</p> <p>Total capital costs and funding are forecast to be around £23.1 million. The Trust's baseline capital programme for 2020/21 was £11.0 million. As the year progresses other capital projects have been approved and added to this programme. Including additional funding to be received for the improvements in oxygen flow, discussed earlier in the year. The capital programme we'll be "back ended" and the Trust will be working hard to deliver projects at the end of the year.</p> <p>PL asked if there any problems with medical vacancies. DS noted there were one or two areas that have been discussed by the FWC but there was a good pipeline to fill all vacancies. EC concurred, noting that the Trust is an attractive place for consultants to work, however there are areas, such as haematology, where there is a national shortage. Even in these areas the Trust generally does well.</p> <p>The Board duly noted and took assurance from the report.</p>	
4.4	<p>Audit and Assurance Committee (AAC) Chair Update For assurance.</p>	

	<p>The Board noted the report in advance of the meeting.</p> <p>PB presented the Audit Assurance Committee report. The AAC had met earlier in the week and considered the Board Assurance Framework. The Committee noted the scale of challenge facing the Trust particularly on the management of waiting lists for patients to receive treatment, and the potential impacts of planning rounds on the Trust finances, from the ICP.</p> <p>The Committee had also considered a report on the Trust's use of waivers and special payments. The Trust has seen an increase in the use of waivers, which is linked to the use of short notice, funding during the pandemic. It is hoped that with new systems in place, there will be less of a reliance on the of Estates Department's use of short notice waivers.</p> <p>Internal Audit had reviewed the management of finances during the pandemic, in particular the applications for money from the centre. This audit had provided substantial assurance that the Trust financial systems and controls were being well maintained by the Finance team.</p> <p>There had been reasonable assurance from Internal Audit on audits relating to risk management, data quality, digital strategy and governance systems in radiology.</p> <p>Good assurance had been taken from a benchmarking exercise, comparing the assurances provided by Internal Audit. The Trust benchmarks very well in terms of the level of assurance that Internal Audit can provide. Assurance was provided to the AAC that the Trust's internal controls are in good shape and appropriate, while 57% of the Trust's audits provide good assurance, in comparison to a national benchmark of 22%.</p> <p>PSi noted that the local system (CRESH) is meeting to consider the use of finances. The Trust is relying heavily on the systems developed by CRESH which have been put in place for the management of finances during the pandemic. The Executive Team has regular oversight of the systems financial position.</p> <p>There were no questions raised.</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>4.5</p>	<p>Charitable Funds Committee (AAC) Chair Update For assurance.</p> <p>The Board noted the report in advance of the meeting.</p> <p>PSw presented the Charitable Funds Committee report and noted the use of the Trust funds to provide benefits to support the Trust staff during the management of the pandemic.</p> <p>Funds will be spent on welfare developments, extended opening hours for the Three Arches restaurant area, outdoor gym equipment and other schemes to support staff wellbeing. There was also agreed spend on iPads for use on inpatient areas to improve digital communication with relatives and family members.</p> <p>The CFC thanks all staff involved in the management of the charity and those who continue to fund raise.</p>	

	<p>The Committee is also supporting the development of plans to provide a thank you message to all staff members individually.</p> <p>There were no questions raised.</p> <p>The Board duly noted and took assurance from the report.</p>	
5. Strategic change		
<p>5.1</p>	<p>Freedom to Speak Up Guardian – Quarterly Report For assurance.</p> <p>The Board noted the report in advance of the meeting.</p> <p>DM provided the second quarter Freedom to Speak Up Guardian (FSUG) report for the year. There has been an increase in recent cases raised with the FSUG in that quarter. This trend is being monitored and is similar to trends in local hospitals.</p> <p>The highest proportion of concerns raised to the FSUG relate to attitudes and behaviours of other staff. DM provided some examples where concerns have been raised, triggering response from senior staff, which has been well received.</p> <p>DM reflected on the number of cases relating to the management of the pandemic that have been raised. As could be expected, it has been a very difficult experience for the country. There will be a national FSUG report, which will cover all elements of the management of pandemic which have been raised across the country.</p> <p>October was national ‘speak up’ month. There has been a number of successful events to raise awareness, led by FSUG ambassadors, all at social distance.</p> <p>RS asked for an update on the case described relating to English not being a first language. DM provided a brief update, noting there was a specific case relating to one ward, it had been considered and appropriate action has been taken. JD reflected on this issue, and the need to ensure staff are aware and follow the translation policy and use the translation services available to staff</p> <p>RS thanked DM for the report</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>5.2</p>	<p>Guardian For Safer Working – Quarterly Report For assurance.</p> <p>The Board noted the report in advance of the meeting.</p> <p>SM presented the report noting the assurances provided to the Board. The Trust had maintained compliance during the pandemic. SM reflected on the goodwill and efforts of all departments during the pandemic to ensure the management of junior doctor contracts and staffing was appropriate. SM noted that there have been some exemption reports which are being considered, but no major concerns have arisen.</p> <p>SM indicated that he was seeing the start of a trend relating to people's concerns around their own mental health. The Trust is putting in place pastoral support for junior doctors and is working with the British Medical Association to build and improve welfare facilities.</p>	

	<p>SM noted that the junior doctor forum continues to work well. There are concerns relating to individual access to computers to help with accessing Trust material. This is hampering the role of the junior doctor forum. In future this may move to the lecture theatre, meeting in a socially distanced format.</p> <p>CW thanked SM for the report, noting how exceptionally well the Trust was managing and supporting junior doctors given the circumstances, and going on to ask if all of the appropriate systems and mechanisms are in place to support junior doctors and their consultant colleagues. SM reflected on the work carried out by teams on mental wellbeing, which continues to be one of our the Trust's top priorities for working with staff. There have been some significant improvements in the last year to support staff with the impact of the pandemic. The Trust is using every opportunity to signpost opportunities for breaks and encourage people to reflect and consider their own mental wellbeing. AS described how the Trust had brought in a psychologist, to support staff working in intensive care, following the first wave of the pandemic. AS confirmed she would meet with SM to consider if it would be appropriate for rollout across the whole trust.</p> <p>RS and SM discussed training opportunities provided by the trust and the system, SM noted that there was a significant backlog in training opportunities caused by the pandemic and service demand. SM is working with Sarah Rafferty, the Chief of Education to review and prioritise staff to ensure they have all of the training opportunities they need.</p> <p>RS thanked SM for the report</p> <p>The Board duly noted and took assurance from the report.</p>	
<p>5.3</p>	<p>Progress Report on Risk Assessment Process For assurance.</p> <p>EC provided the verbal report on the management of staff risk assessments relating to the pandemic.</p> <p>EC noted that the Trust had set a high standard for risk management for BAME communities. There had been 100% compliance with the risk assessment for both substantive staff and bank. The results have been collated and reviewed and actions taken. At the peak there were 62 high risk staff members working with the Trust, of which a number were shielding.</p> <p>The Trust is beginning to make preparations for a second peak of the pandemic and will be looking to allow people to work from home where appropriate.</p> <p>EC stated that, to date, no negative feedback was received from the staff on the management of the risk assessment of the actions taken. The Trust BAME network have been holding open meetings, on the management of risk and staff concerns, which have been well.</p> <p>There were no questions raised.</p> <p>The Board duly noted and took assurance from the report.</p>	

6. Leadership and improvement capability

<p>6.1</p>	<p>Quality Account 2019/20 – For approval</p> <p>The Board noted the report in advance of the meeting.</p> <p>EC commended the report to the Board for approval, noting that there had been a significant amount of contribution from staff all across the trust. This represents a significant achievement considering the year that had impacted on its development.</p> <p>The report had been reviewed by the SQC, who recommend the report to the report to the Board for approval.</p> <p>There were no questions.</p> <p>RS thanked EC and the team for the report.</p> <p>The Board duly noted and approved 2019-20 Quality Account.</p>	
<p>6.2</p>	<p>Rules of Procedure - Annual Update – For approval</p> <p>The Board noted the report in advance of the meeting.</p> <p>CP presented the annual review of the Trust Rules of Procedure, which details the Board and its subcommittees Terms of Reference. This has been updated by subcommittees, Board members and Gillian Francis-Musanu (Director of Corporate Affairs) throughout the last month. It is presented to the Board for annual approval.</p> <p>DS noted that in the Board section of the terms of reference, section 3.1, there were a number of inconsistencies between the narrative that describes the Board. This could be interpreted in a number of ways and lead to confusion of roles and responsibilities of the Board.</p> <p>CP agreed to reconsider the section with GFM and bring it back to the January meeting for approval. Action CP/GFM</p> <p>The Board duly noted the draft document.</p>	
<p>6.3</p>	<p>Emergency Preparedness Resilience & Response Report – For approval</p> <p>The Board noted the report in advance of the meeting.</p> <p>AS presented the report, noting that local leads have changed reduced the requirements of the assurance system for the year, focussing on three key areas of assurance. The Trust has reviewed and provided good assurance back to systems that controls are appropriate and are in place.</p> <p>AS went on to highlight that the Trust had decided to carry out a detailed review using the full assurance template that was available in 2019, encompassing 64 Core Standards. This supports the external assurances provided by the Trust. AS thanked all staff involved in the preparation and management of emergency controls.</p> <p>Based on the previous year's compliance criteria, four areas of control have been identified</p>	

	<p>where the Trust was not fully compliant. These included the need to improve plans for mass countermeasures and update plans for chemical incident management. Actions have been developed.</p> <p>RS asked for an update on the identified four areas of limited compliance. AS agreed to provide an update at the March board meeting. Action AS</p> <p>The Board duly noted and approved the report.</p>	
7. Other items		
7.1	Minutes from Board Committees To receive & note.	
7.1.1	Safety and Quality Committee	
	The minutes of the Committee were noted with no questions raised.	
7.1.2	Finance and Workforce Committee	
	The minutes of the Committee were noted with no questions raised.	
7.1.3	Audit and Assurance Committee	
	The minutes of the Committee were noted with no questions raised.	
7.1.4	Charitable Funds Committee	
	The minutes of the Committee were noted with no questions raised.	
7.2	ANY OTHER BUSINESS	
7.2.1	<p>EC highlighted that David Heller the Chief Pharmacist for the Trust for many years, is now retiring. EC thanked DH for his hard work and contribution to the Trust. David has been a valuable member of the Trust and will be greatly missed.</p> <p>On behalf of the Board RS expressed the Board's thanks and gratitude to DH upon his retirement and wished him well for the future.</p>	
7.2.2	No any other business was raised.	
7.3	QUESTIONS FROM THE PUBLIC	
	There were no questions raised by the public.	
7.4	Review of Meeting	
	No issues were raised.	
	<p>Date of next Board meeting: 28th January 2021 at 09.30am – East Surrey Hospital</p>	

<p>Richard Shaw: Chair</p>	<p>Date:</p>
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