

**Minutes of Trust Board meeting held in public
on Thursday 26th May 2011 - 10:30 to 12:30
in the Post Graduate Education Centre, Maple House,
East Surrey Hospital, Canada Avenue, Redhill, RH1 5RH**

Present

Alan McCarthy	Chairman
Bernadette Bluhm	Chief Operating Officer
Jo Thomas	Chief Nurse
John Power	Non-Executive Director
Michael Wilson	Chief Executive
Paul Simpson	Chief Financial Officer
Richard Durban	Non-Executive Director
Yvette Robbins	Deputy Chairman and Non-Executive Director

In Attendance

Anne van Vliet	Trust Board Administrator
Charles Marshall	Board Observer from Health Skills
Denise Newman	Matron, Neo-natal and Delivery Suite (for item 2.1)
Derek Cooper	Chairman, Patients' Council
Fionnula Robinson	Director of Communications
Ian Mackenzie	Director of Information and Facilities
James Penny	Consultant Obstetrician (for item 2.1)
Joe Chadwick-Bell	Director of Strategy and Transformation
Larisa Wallis	Trust Board Secretariat
Sue Chapman	Head of Midwifery (for item 2.1)
Vikki Carruth	Deputy Chief Nurse
Yvonne Parker	Director of HR

Apologies

Dr Des Holden	Chief Medical Officer
Edward Cooke	Non-Executive Director
Norma Christison	Non-Executive Director

1	<u>General Business</u>	Action
1.1	<p>Welcome and Apologies</p> <p>The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public.</p> <p>Members of the Trust board each introduced themselves in turn.</p> <p>The Chairman congratulated Jo Thomas for her substantive appointment this week to the post of Chief Nurse.</p> <p>Apologies for absence were noted as listed above.</p>	
1.2	<p>Declarations of Interest</p> <p>The Trust Board members confirmed that they had no additional interests to declare.</p>	
1.3	<p>Minutes of the meeting held on 24th March 2011</p> <p>The minutes of the meeting held on 24th March 2011 were approved as a true record and signed by the Chairman.</p>	
1.4	<p>Actions from the last meeting on 24th March 2011</p>	

	1.4.1	Foundation Trust (FT) Application The Chief Executive would update the board on the subject of the FT application in his report under agenda item 1.7 – action closed.	
	1.4.2	Channel 4 Television Programme “Dispatches” The Chief Nurse would be reporting on the outcome of the investigation under agenda item 2.2 – action closed.	
	1.4.3	Quality Account The Quality Account would be discussed under agenda item 2.3 – action closed.	
	1.4.4	Divisional Deep Dive Exercises <u>ACTION 1</u> The non-executive directors confirmed that they had not been contacted with regard to representation at each of the four Divisional Deep Dive Exercises – action ongoing.	1) D Holden (previously R Haigh)
	1.4.5	Board Assurance Framework The Director of Strategy and Transformation reported that the Board Assurance Framework would be discussed at the Board Seminar on 14 th June – action closed.	
1.5	Minutes of Board Committees The following approved minutes were received by the meeting for information - - Audit and Assurance Committee held on 15 th February 2011; - Safety and Quality held on 22 March 2011; - Investment and Workforce 29 March 2011.		
1.6	Verbal Updates from Board Committee Chairs		
	1.6.1	Audit and Assurance Committee (AAC) In Chair’s (Edward Cooke) absence the Chief Financial Officer reported that the committee had met in April and May. ▪ The Accounts for 2011/12 had been approved for submission within deadlines. AAC members will receive final accounts at the end of this week. ▪ Auditors went through Risk plan and would complete audit of accounts tomorrow. ▪ Revaluation of the trust’s estate has been undertaken by the District Valuer and confirmed decrease in value. This increases the reported surplus to £875K and worsens the technical deficit to £4m. Revaluation means we have £0.5m less to pay for capital depreciation expenditure, now and in the future and it is this that improves the surplus. This did not affect repayment of the loan. ▪ Review of annual report and statement of internal control by 2 nd June. ▪ The Internal Audit report on the Endoscopy Unit Project was presented. The report described issues in 2008/09 over the tender process and absence of a completed design. More assurance on the project gained once project manager was appointed in 2010 and remedial action taken. AAC accepted the report. <u>ACTION 2</u> AAC to sign off final accounts on 2 nd June. <i>The Chief Financial Officer was thanked for his verbal report.</i>	2) E Cooke /P Simpson

	1.6.2	<p>Charitable Funds Committee (CFC)</p> <p><i>There was nothing to report. The next report would be due at the July meeting of the Trust Board in public.</i></p>	
	1.6.3	<p>Quality and Safety Committee (Q&SC)</p> <p>Yvette Robbins reported that the new committee was not yet operating as it should. Clinical representation at the committee was required. The third meeting of the committee was not quorate but welcomed the first patient representative from Surrey & Sussex LINKs.</p> <ul style="list-style-type: none"> ▪ Terms of Reference were reviewed and agreed. ▪ Quality account was reviewed prior to submission to the board. Committee noted that all improvements and patient clinical outcomes need to be patient-led /driven. ▪ Presentation on safe practice in Neonatal Unit was given by WaCH which assured the committee that effective management ensured safety to patients. Committee asked for additional assurance on patient avoidance. ▪ Investigation into the patient death in Maternity Unit in February. Findings showed inadequate training and supervision. Action plans are now in place to develop appropriate training for midwives. Training across the trust will be closely monitored by the committee. Progress against Action plan would be reported at the next meeting on 22 June. <p>Chairman emphasized the importance of safety and quality within the organisation for the board.</p> <p>Chief Executive added that safety and quality was at the top of the trust's agenda. It needs to be promoted and embedded in all trust business. Clinical leadership of the organisation is a key to the success. We need to get to a place where clinicians lead organisation with support from the management and the board.</p> <p><i>Yvette Robbins was thanked for her verbal report.</i></p>	
	1.6.4	<p>Investment and Workforce Committee (I&WC)</p> <p>Richard Durban report that the second meeting of the Investment and Workforce Committee was held on 28th April.</p> <ul style="list-style-type: none"> ▪ The Terms of Reference were approved and the meeting moved on to substantive business. <p><u>Workforce</u></p> <p>The Director of Workforce tabled the first cut overview of the 2011/12 programme of actions covering workforce planning and workforce development. Some actions were added on performance management, appraisal, recruitment and retention sections.</p> <p><u>Business Planning</u></p> <p>The Director of Strategy presented a paper setting out the content and timings of the annual planning cycle for 2012/13 which incorporated FT requirements. Business Planning needs to move from the theoretical stage to looking into how the trust is managed strategically.</p> <p><u>Capital and Estates</u></p> <p>The Director of Information and Facilities presented a summary of the capital programme and papers on four specific projects.</p>	

		<ul style="list-style-type: none"> ▪ Approval was given to two Outline Business Cases (OBC) which are now moved to the Full Business Case (FBC) stage: <ol style="list-style-type: none"> 1. <u>Unscheduled Care (£3.6m)</u> - this combines previous projects on side rooms, SAU and Emergency Department. Its benefits include improvements in health and safety, infection control and patient experience and better compliance with building standards. 2. <u>Theatres (£2.0m)</u> - this is a maintenance project aimed to bring trust's theatres up to required standard. ▪ Committee approved funds of £43K to complete the Endoscopy Unit project. ▪ West Entrance project - the aim of the project is to redesign the Main Entrance of the hospital (currently West Entrance). Three outline proposals from architects were presented to the committee. Preferred option will be presented to the Board. <p><u>Financial Modelling</u></p> <p>The committee received an update from the Chief Financial Officer on the current financial modelling around service provision. It was noted that the capital programme would be sense-checked against any significant change to the service model.</p> <p>Chairman asked about the timescale for the West Entrance project – Director of Information & Estates informed that the project was part of the capital 2011/12 plan which was ambitious but achievable.</p> <p>Chief Executive informed that he and Director of Information & Estates met with representatives from Reigate and Banstead Council and shown trust's projects. The council is supporting the trust in going forward by accelerating planning permission, looking at road access to the hospital site and opportunities for golf club course. The lease for golf course expires next year and will revert to the trust. The trust is in discussion with the council about possible options.</p> <p>Yvette Robbins added that they were going to look at council's training facilities which trust might be able to use in the future.</p> <p><i>Richard Durban was thanked for his verbal report.</i></p>	
1.7	Chief Executive's Report	<p>The Chief Executive welcomed Jo Thomas to the substantive post of Chief Nurse.</p> <ul style="list-style-type: none"> ▪ Michael Wilson informed the board that there were many capacity and delivery issues around unscheduled care. As of last Monday ownership of the Urgent Treatment Centre (UTC) was transferred back to SASH management. This will improve patient flow in emergency department. ▪ Chief Executive shared his pride for trust's midwives who won National Award for Midwifery. <p><u>Strategic modelling and FT update –</u></p> <ul style="list-style-type: none"> ▪ All remaining 116 trusts have to gain their Foundation Trust status by 2014. ▪ Strategic modelling is taking place with assistance of KPMG funded by the Regional Transformation Fund. Range of options based on income and expenditure, length of stay, activity levels and other metrics. The preferred model has to be clinically and financially sustainable. The decision will be evidence-based. <p>Investment and Workforce Committee will have an opportunity to assess available options. The board will be updated on developments in due</p>	

	course. The Chief Executive was thanked for his verbal report.	
2	<u>Safety and Quality</u>	
2.1	<p>Presentation on SASH Maternity Services by James Penny, Consultant Obstetrician and Denise Newman, Matron</p> <p>Mr James Penny and Matron Denise Newman were introduced by the Chief Nurse and gave the presentation on the advancements and changes put in place in the Maternity department (a copy of the presentation was embedded within the agenda).</p> <p><u>Questions and comments received -</u></p> <p>John Power – What is the Department of Health doing about obstetricians being trained? What happened to Band 7 staff who were not appointed as team leaders? What is the issue of recruitment to middle grades?</p> <ul style="list-style-type: none"> - <i>All Training (clinical, non-clinical, specialist) is part of consultants job plans.</i> - <i>Two Band 7 staff had left the trust. Other staff stepped down with protected pay. They are still utilising their skills but now managed by a team leader.</i> - <i>There is difficulty when matching middle grades to consultants. On average we get 60 applicants for consultant posts, more than other specialities. Fine balance to deliver the service and not to overstaff.</i> <p>Richard Durban – Is there enough time built into job plan to allow for training to take place?</p> <ul style="list-style-type: none"> - <i>It is always difficult because priority is to deliver service. Mandatory training is carried out within the department to make it more time-efficient. Department is currently organising Child Protection training.</i> <p>Yvette Robbins – Can the AAR (After Accident Review) be adopted across the trust?</p> <ul style="list-style-type: none"> - <i>Yes, it can be used in some areas. AAR is a way of learning from an event and taking onboard lessons learnt to prevent an incident from happening again or to improve response for next time.</i> <p>Joe Chadwick-Bell – How service is felt different to mums on wards? Are there any changes for patients?</p> <ul style="list-style-type: none"> - <i>Staff culture is changing. We have now role models leading the service in the labour, pre-natal and postnatal wards. We are very clear how we greet the patient, how we involve them in their care. There has been tremendous change but challenge is to get the reputation improved and to maintain the new standard.</i> <p>Derek Cooper added that he had had conversations with several new mothers who had highly rates and praised East Surrey Maternity Services.</p> <p>Alan McCarthy – Do you share information on locums, if not up to the standard?</p> <ul style="list-style-type: none"> - <i>Yes, we feed this information back to the agency.</i> <p>The Board noted the contents of the presentation and thanked Mr Penny and Matron Newman for their presentation and the work they were doing for the trust.</p>	
2.2	<p>Chief Nurse's and Chief Medical Officer's Report</p> <ul style="list-style-type: none"> • In the CMO's absence the Chief Nurse gave her account on what she observed since joining the trust as an interim. Her focus was on safety and quality of care. Jo reminded that she and Des Holden had joint responsibility for care and therefore wanted to know about any concerns relating to safety or quality of patient care. ▪ Jo Thomas thanked Vikki Carruth who was Acting Chief Nurse in interim 	

	<p>period, and gave her congratulations to maternity unit for their award.</p> <ul style="list-style-type: none"> ▪ Dispatches – Police completed the investigation with no further actions. Trust is completing its own internal investigation. Systems issues will be dealt with the multidisciplinary team. ▪ CQC unplanned visit is expected at any time. ▪ CQC recent planned visit regarding management of SUIs and Patient Safety Alerts went very well. They were assured by the process of monitoring and collation of information and attention to detail. <p>Richard Durban asked what systems issues were related to the End of Life care.</p> <ul style="list-style-type: none"> - <i>End of Life care requires strong partnership from all parties / agencies involved (family, social care workers, nursing homes, nurses). It is not just about how you deliver the care but covers the whole journey for the patient. Issues included education and training of staff, communication, culture and compassion. Changes need to be led and driven and new practices to be adopted, e.g. Discharge team is working with the continuing healthcare external nursing support that comes on site to provide continuity of care for patients.</i> <p>The Chief Nurse was thanked for her verbal report.</p>	
2.3	<p>The Quality Account 2010/11 and the Statement of Responsibilities</p> <p>JT presented the Quality Account 2010/11 for the Board’s approval. The trust is still awaiting feedback from PCT which will be added and presented at the next AAC meeting. The document has been audited and confirmed to be compliant with Department of Health’s requirements. All comments and recommendations received from internal auditors were taken into account and addressed accordingly. The board was asked to sign off the Quality Account in its present form.</p> <p>The Board duly approved the Quality Account and gave authority to the Chair and Chief Executive to sign the statement of Directors’ Responsibilities in respect of the Quality Account.</p>	
2.4	<p>Updated response to the Ombudsman’s Report on “Care and Compassion”</p> <p>The Ombudsman’s report looked at 10 patients’ experiences in the NHS across the country. The trust revisited cases and patient’s accounts and how they could be interpreted with regard to services provided at SASH.</p> <p>Yvette Robbins asked if the board could be assured that the Quality Standards Framework (QSF) was routinely applied to monitor standards.</p> <ul style="list-style-type: none"> - Vikki Carruth reported that changes were currently being planned for the way we work clinically. <i>The system will be very robust with very visible leadership from directors and divisional chiefs. During the last visit CQC commented on some of the care provided as “outstanding”.</i> <p>Formal Response to the Ombudsman was prepared and will go to the Safety and Quality Committee.</p> <p><u>ACTION 3</u> Formal Response to the Ombudsman to go to the Safety and Quality Committee.</p>	3) J Thomas
2.5	<p>2010 Staff Survey</p> <p>The paper details results of the staff survey carried out between October and December 2010. The paper recommends focusing on four priority areas for the trust - Staff engagement, Appraisals & PDPs, Leadership & Management capability and Staff development & Career progression.</p>	

		<p>Survey results and recommendations have formed the Staff Survey Action Plan that will be implemented by the Wellbeing Group under the Organisational Development workstream as part of the Transformation Programme. Actions will be monitored by the Staff and Wellbeing Group.</p> <p>Richard Durban welcomed the emphasis on four key areas and added that staff surveys should fit with Investment & Workforce Committee and Workforce planning.</p> <p>ACTION 4 Yvonne Parker to re-word ‘recommendation’ of the Wellbeing Group into ‘agreed action’ of the Wellbeing Group.</p> <p><i>2010 Staff Survey was received and noted by the board.</i></p>	4) Y Parker
3	<u>Strategy</u>		
3.1	SASH Rules of Procedure	<p>The paper describes corporate governance arrangements within the trust and includes SASH Code of Conduct and Values. It outlines roles and responsibilities of the trust board and its sub-committees. New board committees are now set up and running. The revised terms of reference have been agreed by each committee and will be ratified by the trust board through inclusion in the Rules of Procedure.</p> <p>Chairman noted that this paper was a dynamic document and would be reviewed in January 2012 or as required.</p> <p><i>The Rules of Procedure were unanimously approved by the board.</i></p>	
4	<u>Financial and Operational Performance</u>		
4.1	Integrated Performance and Quality Report –		
	4.1.1 & 4.1.2	<p>Quality KPIs and Operational KPIs</p> <p>BB presented the redesigned report that updates the board on the key national, contractual KPIs for Month 1 (April) of 2011/12 and highlighted improvements in performance, areas to watch and areas of concern.</p> <p>Key issues include –</p> <ul style="list-style-type: none"> - Unscheduled Care (performance at 90% against 95% target) - Capacity related services and performances are affected. - Operational bed pressures resulted in cancellations of elective surgery. - Issues with validating the 18 weeks position following the Cerner upgrade. - Cancer breast targets – capacity issues due to study & annual leave. - VTE data is an issue – performance is significantly better than reported. - Hospital Acquired Infections stretch targets have been achieved. - Falls prevention – number of falls has reduced and patients have been managed better (usage of pressure-relieving aids, cushions, etc). - Stroke targets - ring-fencing of stroke beds on Abinger ward should improve trust’s stroke standards. <p>Ongoing work on UTC will make favourable impact on performance in Emergency Department. Some improvements have already been seen in weekly performance. There has not been a seasonal dip in activity as expected. Excess of demand over Trust’s capacity puts pressure on</p>	

		<p>trust's services, finances and staff.</p> <p>18-weeks backlog of 1100 patients is gradually reducing and being validated in chronological order. Some cases (ENT and T&O) are being outsourced, although some patients prefer to wait in order to have surgery at SASH.</p> <p>Theatre utilisation is being looked at within financial strategic modelling work undertaken by KPMG. Theatres efficiencies are part of the workstream (Surgical division) within trust's Transformation Programme.</p> <p>Jo Thomas informed that James Moore was appointed as the Patient Safety Lead within the safety and quality team.</p>	
	<p>4.1.3</p>	<p>Workforce Key Performance Indicators</p> <p>YP reported that -</p> <ul style="list-style-type: none"> ▪ Sickness absence rate was at 3.8%. Plan to be at 3% or less by the end of this year. ▪ Usage of Bank staff has not gone down whilst agency usage has reduced. ▪ Chief Financial Officer reported that the agency spend was 30% (£1.6m) less than last year. <p><i>The Board received and noted the Integrated Performance and Quality Report.</i></p>	
<p>5</p>		<p><u>Financial Performance</u></p>	
	<p>5.1</p>	<p>Finance Report</p> <p>Chief Financial Officer presented the Finance report for April and stated that the trust was on plan at Month 1 with the surplus of £0.3m. This included an accrual £1.6m of non-recurrent income. The underlying position was £1.3m deficit.</p> <p>Risks come from savings shortfall of £1.6m, overspending in divisions (Medicine) and nursing budgets due to use of escalation beds and cost of delivering 18-week target (backlog of patients). Reserves of £0.2m have been released to offset the escalation pressures.</p> <p>PS stated that the balance of quality against finance was such that trust needed to open escalation areas despite cost.</p> <p>Divisions have been asked to implement action plans to control and recover overspending.</p> <p>The trust is 30% behind the savings target due to slippages and phasing issues in some workstreams (e.g. procurement).</p> <p>The trust have recruited KPMG to look at potential savings in the short term on a "no savings no fee" basis. If this work is successful, then KPMG may be recruited for further work to address any remaining savings gap now and for future years.</p> <p>PS described the risks listed, the main one being the position over securing the £19.8m of non-recurrent income. The position would be reviewed ahead of Month 2 depending on progress with PCTs. Other risks concerned savings and overspending as described.</p> <p>Yvette Robbins - How much of slippage of savings down to escalation? PS: <i>Escalation affects every area of the trust and will impact indirectly on savings from surgical and medical divisions. Escalation areas also need additional staff to operate safely, adding nursing costs in areas where savings may be expected. Attention being placed on management of escalation areas to</i></p>	

	<p><i>mitigate financial impact while divisions look to maintaining savings from areas not impacted.</i></p> <p>JCB wished to give assurance around savings monitoring process. <i>Programme Management Office (PMO) will meet all project managers twice a month to challenge project plans and go through actions in detail in order to gain assurance on their delivery.</i></p> <p><u>Cash flow position –</u></p> <ul style="list-style-type: none"> ▪ Trust was managing its cash at Month 1 but would require cash support in August, if the £19.8m payment had not begun then. ▪ That and the funding of the capital programme were the subject of discussion with the SHA, noting the importance of the capital programme and avoiding any delay to projects through cash control. <p><i>The Board received and noted the Finance Report.</i></p>	
6	<u>Risk and Regulatory</u>	
6.1	<p>Regulatory Update</p> <p>This report provides information on the trust’s quality and risk profile for April 2011 produced by CQC. It evidences where CQC consider the risk level of non-compliance with each regulation to be.</p> <p>The report is available from the CQC every month and gives all information CQC has on our organisation. It indicates that there were no patient’s complaints and that SASH is not on the CQC radar.</p> <p>We should be using this information to see where things need to be improved.</p> <p><i>The Regulatory update was received and noted by the board.</i></p>	
7	<u>General</u>	
7.1	<p>Opportunity for members of the public to ask questions</p> <p>There were no questions from the public.</p>	
7.2	<p>Any Other Business</p> <ul style="list-style-type: none"> ▪ Sign-off of Annual Accounts to be delegated to the Audit & Assurance Committee. <p>The meeting closed at 13:05.</p>	
7.3	<p>Date of Next Meeting</p> <p><i>Thursday, 21st July 2011 at 10:30 in the Post Graduate Management Centre, Crawley Hospital, West Green Drive, Crawley, RH11 7DH.</i></p>	

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.

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

ACTION LOG

**Person
responsible**

<u>ACTION 1</u>	Divisional Deep Dive Exercises - The non-executive directors confirmed that they had not been contacted with regard to representation at each of the four Divisional Deep Dive Exercises – action ongoing.	D Holden <i>(previously R Haigh)</i>
<u>ACTION 2</u>	Audit & Assurance Committee to sign off final accounts on 2nd June.	E Cooke / P Simpson
<u>ACTION 3</u>	Formal Response to the Ombudsman to go to the Safety and Quality Committee.	J Thomas
<u>ACTION 4</u>	Staff Survey Action Plan - Yvonne Parker to re-word ‘recommendation’ of the Wellbeing Group into ‘agreed action’ of the Wellbeing Group.	Y Parker