Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of the Trust Board Meeting held in public on Thursday 24th March 2011 from 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**
Joe Chadwick-Bell	**Director of Strategy and Transformation**
Norma Christison	**Non-Executive Director**
Edward Cooke	**Non-Executive Director**
Richard Durban	**Non-Executive Director**
Dr Rob Haigh	**Chief Medical Officer**
Ian Mackenzie	**Director of Information and Facilities**
John Power	**Non-Executive Director**
Yvette Robbins	**Deputy Chairman**
Paul Simpson	**Chief Financial Officer**
Jo Thomas	**Chief Nurse**
Michael Wilson	**Interim Chief Executive**

In Attendance

Bernadette Bluhm	**Chief Operating Officer**
Dr Des Holden	**Chief Medical Officer (with effect from 1st April 2011)**
Yvonne Parker	**Director of HR**
Fionnula Robinson	**Director of Communications**
Anne van Vliet	**Trust Board Administrator**

Apologies

Derek Cooper	**Chairman, Patients' Council**

			Action
1	**General Business**		
	1.1	**Welcome and apologies** The Chairman welcomed Jo Thomas, who had just been appointed Chief Nurse, to replace Mary Sexton who had left the Trust. He also welcomed Dr Des Holden, who would be replacing Dr Haigh as Chief Medical Officer with effect from 1st April 2011.	
	1.2	**Declarations of Interest** A paper showing declarations of interest of the Trust Board Directors was received by the meeting. Jo Thomas gave a verbal declaration that she had no conflicting interests to declare.	

	1.3	**Minutes of the meeting held on 27th January 2011** ***The minutes of the last Trust Board held in public were approved as a true record.***		
	1.4	**Agreed actions tracker**		
		1.4.1	**Health and Safety Update** To be discussed under agenda item 4.1.1. ***ACTION CLOSED***	
		1.4.2	**Board Assurance Framework** John Power noted that the key and formatting was unchanged but was nevertheless grateful to Sharon Gardner-Blatch and Brenda Kelly for having provided some useful background material. ***ACTION CLOSED***	
		1.4.3	**18 Week Plan** The Trust was continuing to work with the Intensive Support Team from the Department of Health. The plan was complete and endorsed by the 18 week team. Some actions had been issued and carried out. Mapping of capacity and demand had been implemented. The Trust was moving to the second phase. In response to questions: 1) The term “cashing up” was explained as stopping the clock when the patient had received treatment. 2) The following scenarios could potentially give problems with delivery - if the system were not sufficiently robust; if incorrect data were entered; if a patient was lost in the system. ***ACTION CLOSED***	
		1.4.4	**Caterham Dene Rapid Assessment Unit** The Chief Operating Officer reported that the centre had been running well since 5 January 2011. There had been 39 admissions in February 2011. Patients with less acute conditions and those being stepped down after surgery were being sent there. ***ACTION CLOSED***	

		1.4.5	**Wheelchair Availability** The Director of Information and Facilities said he had received confirmation that monitoring of wheelchairs was well understood by the Facilities team and volunteers. Reinforcement of instructions was ongoing. There were 50 wheelchairs in general circulation. Improved monitoring was still under review. ***ACTION CLOSED***	
	1.5	**Reports from Board Committees** The Chairman explained that board committees had been reviewed and reformed to give priority to governance of the organisation.		
		1.5.1	**Audit and Assurance** Edward Cooke gave a verbal report as follows on the last meeting of the Audit and Assurance Committee which was held on 15th February 2011. **Non Financial Matters:** 1 AAC received second paper on performance of new Management Board (Quality & Risk). Committee discussed paper and requested a further paper, describing actions being taken to address identified weaknesses. This paper to be presented to AAC in April. 2 BAF was discussed and the respective roles of AAC and the Board. Agreed that AAC was concerned with control and process issues, and Board the content. Various minor format changes to be introduced this month. 3 Paper received on standard and content of clinical notes (AC having identified this as a problem area last year). The paper compared results of audits in 2009 and 2010. Results of 2011 audit due for April AAC. Chief Executive advised he has recently written to all lead clinicians on the importance of this and need to adhere to professional standards. **External Audit:** 1 Outlined work to do on (i) financial resilience, and (ii) efficiency, economy & effectiveness of Trust.	

			2 Presented two draft reports, first on Reference Costs. Noted a significant improvement since report 4 years ago – obtaining 3 out of 4. The chairman advised against complacency, arguing that detailed costs (at maximum level of granularity) essential to compete successfully in a world of 'any willing provider'. 3 The second report was on Data Assurance Framework relating to outpatients, where the Trust scored 2 out of 4. AAC will receive management's response in April. **Internal Audit:** 1 Presented three reports providing substantial assurance on (i) contract and non-contract income, (ii) general ledger and (iii) information governance. 2 Most discussion was created by the fourth report, on the CAPEX over-run on the Endoscopy Project. The report was in draft, awaiting management's response. It identified factors contributing to the over-run being (i) under-budgeting, (ii) contract delays and (iii) changing requirements. While recognising only right to await management response (due next meeting), AAC was keen to learn any immediate lessons to benefit this or other current projects. The Chief Executive assured this would happen. 3 Finally under IA, agreed that in future the auditors will maintain the Audit Tracker, with responsibility for actions remaining with the Trust. **Other:** **1** Local Counter Fraud Service presented their report with no significant matters arising. **2** Bribery Act and Gifts Register: discussed and agreed that Finance and HR will report back to the next meeting with recommendations on how to proceed in order to adhere to new regulations. **3** AAC discussed a report on its own work-plan and ways of working. Agreed to adopt the recommendations in the report, which suggested an even balance of time spent on financial and non-financial matters. With this in mind, the committee is scheduled to receive at the June meeting a comprehensive review of the processes and controls surrounding clinical audit.	

			4 Edward Cooke wished to record thanks to Yvette Robbins who, as deputy chair of the trust, is stepping down as a regular member of the AAC. Yvette has contributed greatly to the performance of the committee and has ensured that all matters coming before it have been thoroughly and properly considered. ***Edward Cooke was thanked for his verbal report.*** The Chief Financial Officer reported that the Trust reference score was 94% for 2009/2010, which was the third best in the South East Region and 43rd nationally.	
		1.5.2	**Charitable Funds Committee** Yvette Robbins reported that at the meeting on 5th February it was reported that the accounts had been examined and positively assessed. JS2 had been managing the charitable funds accounts but their contract would terminate in April 2011. Thereafter the funds would be managed in house by the Trust finance team. For the sake of good governance, there would be a service level agreement with the Trust. Donations had not increased over the past year. The Trust was investigating how other trusts raise their charitable funds and considering fundraising options. Work had taken place to ensure that funds were designated correctly. The Charities Commission expected funds to be spent. The funds currently stood at £800,000. A newly furbished garden had been opened last week by Edwina Currie. Amongst other things, funds had been used to pay for long-service awards for staff, Christmas events for patients and staff, and a new garden for cancer patients. ***Yvette Robbins was thanked for her verbal report.***	
		1.5.3	**Quality and Safety** Yvette Robbins reported that this new committee had held its first meeting on 22nd March. The terms of reference had been discussed. The committee would be focusing on patient safety, patient experience, and quality of care. The Trust was currently	

			under-performing and plans to get on target. The committee would be looking at what audits were telling us about our service. SUIs occur and the Trust needs to demonstrate that it is embedding implementation plans in the system, and learning from them. The Committee would consider how the Trust was improving patient experience. Membership of the committee was mainly clinical. Representation from patients and GPs would be invited. Dr Holden and Jo Thomas have both had experience in setting up a similar committee at Brighton and Sussex University Hospital Trust. The committee would be meeting monthly and reporting to the Trust Board. ***Yvette Robbins was thanked for her verbal report.***	
		1.5.4	**Investment and Workforce** Richard Durban reported that the first meeting of this committee would take place on 29th March. Its role would be to challenge financial and workforce business planning, and major investment decisions. It would review whether the benefits expected had been delivered. This did not conflict with the role of the Trust Board to agree strategy and the role of the Audit and Assurance Committee to oversee financial assurance. ***Richard Durban was thanked for his verbal report.***	
	1.6	**Chief Executive's Report** The Chief Executive reported that there had been a major change in Sussex, with the three PCTs merging to form the Sussex Cluster, with Amanda Federa as the new Chief Executive. **<u>ACTION 1</u>** **The Trust would be in discussion with the Department of Health on 25th March regarding the Foundation Trust (FT) application. The Chief Executive would update the Trust Board.** The Chief Executive reported that the financial position right across the South East Coast region was becoming challenging.		**1) M Wilson**

		The Trust was working with the PCTs to negotiate the most advantageous position for the trust. **ACTION 2** **The Chief Executive reported that, following a Channel 4 production "Dispatches" which was broadcast on 14th February, highlighting concerns within the NHS around end-of-life care, and including under-cover filming at East Surrey Hospital, an internal investigation was taking place and the outcome would be reported to the Trust Board.** As part of that process, The Chief Executive had invited the Care Quality Commission to inspect the hospital. They had spent two days in the Trust and had given encouraging feedback. They were also making their routine annual unannounced visit to the Trust today (24th March). 150 Trust employees, including senior clinical consultants, registrars, managers and clinical leaders, had enrolled on a new trust-wide organisational development programme, which would work on changing culture and strategy in the Trust. ***The Chief Executive was thanked for his verbal report.***	**2) M Wilson**
2	**Strategy**		
	2.1	**Board objectives and quality account priorities** The Director of Strategy and Transformation presented her report on Board Objectives and Quality Account Priorities which had to be submitted to the auditors by 21st April. **ACTION 3** **The Quality Account would come to the Trust Board meeting in May for approval.** She explained that the Trust's six strategic objectives would be changed to standardise terminology in line with FT requirements, aligning with three strategic elements. Further work would follow on the vision and strategy. The strategic elements had been broken down into objectives. During 2010, the Trust Values had been developed by the Board, and followed with a staff consultation. As a result of the consultation, the values had been reworded and reduced to four key values. The Director of Strategy and Transformation explained each objective and answered questions from the Board.	**3) J Chadwick-Bell**

		The leadership programme would help to disseminate the values throughout the Trust. It was important that all staff demonstrated the values through their work. It was agreed to add a further priority to the quality account: "Dignity, respect and compassion for all". ***The Trust Board approved the content of the Board Objectives and Values and Quality Account Priorities.***	
3	**Safety and Quality**		
	3.1	**Presentation on Stroke Thrombolysis by Dr Ben Mearns** Dr Haigh said that the value of clinical presentation was widely recognised. He was pleased to introduce Dr Ben Mearns, the Clinical Lead for the Acute Medical Unit, Children's Assessment Unit and Clinical IT Lead. Dr Mearns had a particular interest in acute medicine and has expertise in ambulatory care. He said that the Trust was building on its rising talent and Dr Mearns was a prime example. Dr Mearns said that he had been Stroke Lead and the subject of Stroke Services was very dear to his heart. He said it was important for all clinical areas to work together. He explained how the stroke service worked to prevent strokes and reduce admissions. He explained the difference between a stroke and a transient ischemic attack (TIA) which technically lasts under 24 hours and does not leave lasting damage. Knowing how to identify of symptoms had been widely publicised in the media and was an important factor in reducing the risks. There was a robust TIA team at East Surrey Hospital. Tests were all carried out within one day. The Trust was part of a national improvement project and its findings had been presented nationally. The service gave 80% reduction in risk to the patient of a stroke. The ambulatory pathway kept risks down and reduced admissions. GPs were very pleased with the service. East Surrey Hospital offered a stroke service 8:00 am to 8:00 pm Monday to Friday, with a consultant on duty, but was looking at increasing this to 24/7. Heavy investment would be required. Currently, patients were being diverted to Guildford or Brighton outside operating hours. Dr Mearns then explained Thrombolysis, which is medicine that dissolves clots to reduce damage. The treatment has to be given	

		as early as possible, with a 4½-hour deadline. There are certain risks with the treatment, but overall it improves outcomes. He said the Trust had dedicated stroke beds at Crawley and on Abinger and Capel wards. He said Telemedicine is a system whereby robots are used to remotely look at patients across the catchment area. ***Dr Mearns was thanked for his presentation and the work he was doing for the Trust.***		
4	**Risk and Regulatory**			
	4.1	**Regulatory Update**		
		4.1.1	**Health and Safety Update** Vikki Carruth, Deputy Director of Nursing, explained that this was an interim report; the full annual report was due in July. This overview referred to inspections in 2010. There had been recommendations and improvement notices which had already been implemented. The Action Plan had been reported to the Management Board for Quality and Risk and in future would report to the new Quality and Safety Committee. The Chairman said that there must be a very rigorous approach to Health and Safety. He said he did not feel completely reassured by this paper. The Chief Executive said that the Trust was addressing new national Health and Safety legislation. ***The Health and Safety Update was received by the meeting.***	
		4.1.2	**Care Quality Commission (CQC) Compliance** Following a visit on 16th February, the CQC confirmed that the Trust was largely meeting standards, but several recommendations had been made. The report was available on the Trust website. The Trust was sending its action plan to the CQC. Patients had given good feedback to the CQC inspectors. Negative comments were related to delayed treatment and discharge. ***The Report on Care Quality Commission compliance was received by the meeting.***	

		4.1.3	**Single Equality Scheme Report** The Director of HR reported that a significant amount of work had been done over four months, with public consultation and feedback from patients. Patient information leaflets have been improved to make sure they are equality impact assessed. Applicants from minority and disability groups were being specifically encouraged to apply for employment, but this did not exclude other applicants. The Chief Executive thanked Sally Knight for the work she was doing. ***The Single Equality Scheme was duly ratified by the Trust Board.***	
	4.2	**Board Assurance Framework (BAF)** The Chief Executive said this paper had been brought to the Trust board to highlight changes in the BAF. Edward Cooke said that, as a publicly available document, it contained too much jargon. Expressions such as “improvement trajectories” and “robust” should be more precise and written in plain English. Dr Haigh reported that “deep dive” exercises were taking place on each clinical division, which was meeting four times a year with the Chief Medical Officer, Chief Nurse, Chief Operating Officer and Director of HR to test in detail all aspects of clinical performance. **<u>ACTION 4</u>** **Dr Haigh asked for representation of one Non-executive Director at each of the four divisional deep dive exercises.** Dr Holden observed that the risk rating was coming down, which implied good behaviour and procedures. **<u>ACTION 5</u>** **Norma Christison observed that some actions were aspirational statements rather than actions. She said the language should be changed to make clear actions.** ***The Board Assurance Framework was received by the meeting.***	**4) NEDS** **5) J Thomas**

5	**Financial and Operational Performance**		
	5.1	**Integrated Performance and Quality Report** Due to high attendances of ambulances and older patients, the four-hour target in Emergency Department continued to be a challenge. Bed closures, necessitated by infection prevention and control, had had a negative affect on patient flow. Redesign of ED pathways was being looked at. Medical staff were starting to change their ways of working, expediting early discharges to free up beds. This was starting to have a positive impact but high demand was hampering progress. It was hoped that the worked being carried out by the transformation board to reduce admissions would impact through Quarter 1 of the new financial year. The national support team were providing support three days a week to improve flow through ED. Work was taking place to reduce the number of Caesarian sections carried out in the Trust, in line with national guidelines. The number had to be reduced by three or four per week to achieve the required level. Performance against Cancer targets was good. With regard to the 18 weeks target, demand and capacity had been mapped out as never before. The Trust had under-capacity of approximately 600 cases per year and was looking at how to deal with this, including clearing the backlog. It would not be possible to deliver the 18 week target until Quarter 2. Correct coding had been a problem nationally, but Dr Haigh said he was confident that improvements were being made by senior clinicians and the electronic system would help accuracy significantly. ***The Integrated Performance and Quality Report was received by the meeting.***	
	5.2	**Finance Report** The Chief Financial Officer reported that there was still overspending in clinical divisions and the year to date deficit was £1.5m (which was, however, still favourable to the revised forecast to the SHA). However, the forecast remained at breakeven (with a technical deficit). The FCO noted that escalation areas remained open throughout the month and was the main reason for overspending.	

		The CFO went through risks and potential benefits, outlining the remaining (small) income disputes over provider to provider contracts. The final stock-take had yet to be completed, but a benefit from that would balance overspending, noting that the stock-take simply allowed for the correct accounting of items not used (so it was not a "technical" adjustment). The CFO reminded the Board that the breakeven was against Department of Health performance targets and that there would be a technical deficit from asset impairment. This may not be limited to the Fairfield House sale. Discussions were being held with auditors over estate valuation about its exact size. The Chief Executive said that for the first time core management was working with clinical chiefs to reduce spending in the divisions. There was still significant dependency on agency nursing staff, but recruitment was taking place in Ireland to increase the substantive staff and significantly reduce reliance on agency staff. Confirmation had been received that the loan from the Department of Health was long term. The CFO went through the cash and liquidity position. The Finance Report provided detail about that and the CFO explained that the cash surplus reported, although better than, expected, was not a permanent position and the liquidity problem remained as before. ***The Finance Report was received by the meeting.***	
	5.3	**2011/12 Financial Budget** The Budget had been discussed by the Trust Board in depth, approved at a meeting of the Trust Board on 18th March, and submitted to the Strategic Health Authority (SHA) on Monday 21st March. It included projected non-recurrent funding of £19.8 million. Assurance had been received from the SHA regarding rescheduling of the £4.5m loan, and in respect of a range of other items impacting the Board's ability to set the Budget (these are described in the paper). Agreement had been reached with the PCTs and GP commissioners on financial modelling work to understand financial sustainability for different service options. While this work proceeded and during the implementation of outputs, financial support would be needed. This was recognised in the Tripartite Agreement signed by the Trust and the Strategic Health	

		Authority and submitted to the Department of Health. The Trust Board had approved the budget on 18th March, recognising there was a risk against non-recurrent funding but that there was reasonable expectation that external funding would be available. In response to a question about post reductions, the Chief Executive said that vacancies were being taken out to avoid redundancies. A saving of 4% was required, which the Department of Health had confirmed was realistic for this organisation. Authority for changes to the capital budget was delegated to the Workforce and Investment Committee within the overall control total. ***The Trust Board formally agreed the revenue budget and delegated authority for the capital budget to the Workforce and Investment Committee.***	
	5.4	**Cerner Update** The Director of Information and Facilities reported that the Cerner update went live in February. He thanked Andy Humm and his team for their work. There had been issues around use of smart cards and these were being resolved. The Chairman offered his congratulations to Ian Mackenzie and the IT team. With regard to impact on patients, one advantage of the new system was that information would now be more easily available for clinicians, resulting in faster treatment. Yvette Robbins added her thanks to Ian Mackenzie and his team. ***The Cerner update was received by the meeting.***	
6	**General**		
	6.1	**Opportunity for members of the public to ask questions** There were no questions from the audience.	
	6.2	**Any Other Business** The Chairman thanked Dr Rob Haigh for the work he had done for the Trust during his secondment over the past six months. The Board members concurred.	

	6.3	**Date of next meeting** Thursday 26th May 2011 at 10:30, in Room 7/8, Post Graduate Education Centre, Maple House, East Surrey Hospital, Canada Avenue, Redhill, RH1 5RH.	

	ACTION POINTS	
1	**Foundation Trust (FT) Application** **The Chief Executive would update the Trust Board with regard to FT application, following a meeting with the Department of Health on 25th March.**	**M Wilson**
2	**Channel 4 Television Programme "Dispatches"** **The Chief Executive reported that, following a Channel 4 production "Dispatches" which was broadcast on 14th February, highlighting concerns within the NHS around end-of-life care, and including under-cover filming at East Surrey Hospital, an internal investigation was taking place and the outcome would be reported to the Trust Board.**	**M Wilson**
3	**Quality Account** **The Quality Account would be resubmitted to the Trust Board meeting in May for approval.**	**J Chadwick-Bell**
4	**Divisional Deep Dive Exercises** **Dr Haigh asked for representation of one Non-executive Director at each of the four divisional deep dive exercises.**	**NEDs**
5	**Board Assurance Framework** **Norma Christison observed that some actions were aspirational statements rather than actions. She said the language should be changed to make clear actions.**	**J Thomas**