

**Minutes of Trust Board meeting held in public
on Thursday 21st July 2011 - 10:30 to 12:30
Lecture Theatre, Post Graduate Management Centre,
Crawley Hospital, West Green Drive, Crawley, RH11 7DH**

Present

Alan McCarthy	Chairman
Bernadette Bluhm	Chief Operating Officer
Dr Des Holden	Chief Medical Officer
Edward Cooke	Non-Executive Director
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
Derek Cooper	Chairman, Patients' Council
Fionnula Robinson	Director of Communications
Ian Mackenzie	Director of Information and Facilities
Joe Chadwick-Bell	Director of Strategy and Transformation
Larisa Wallis	Trust Board Secretariat
Yvonne Parker	Director of HR
John Gooderham	West Sussex LINKs representative
Vanessa Kirby	Member of the public
Mrs Hobbs	Member of the public
Other members of the public	

Apologies

Norma Christison	Non-Executive Director
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<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>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 26th May 2011</p> <p>The minutes of the meeting held on 26th March 2011 were approved as a true record with two minor corrections on pages 4 & 5 and signed by the Chairman.</p>	
1.4	<p>Actions from the last meeting on 26th May 2011</p>	
	<p>1.4.1 Divisional Deep Dive Exercises –</p> <p>The non-executive directors confirmed that they had not been contacted with regard to representation at each of the four</p>	

		<p>Divisional Deep Dive Exercises –</p> <p>The Chief Medical Officer reported that involvement and participation of non-executive directors in “Deep dive” meetings and hospital / ward walkabouts was discussed with Chief Nurse and Director of Strategy.</p> <p><u>ACTION 1:</u> Des Holden to update the board.</p>	
	1.4.2	<p>Audit & Assurance Committee to sign off final accounts on 2nd June</p> <p>Action has been completed and closed.</p>	
	1.4.3	<p>Formal Response to the Ombudsman to go to the Safety and Quality Committee -</p> <p>Action has been completed and closed.</p>	
	1.4.4	<p>Staff Survey Action Plan -</p> <p>Yvonne Parker to re-word ‘recommendation’ of the Wellbeing Group into ‘agreed action’ of the Wellbeing Group.</p> <p>Action has been completed and closed.</p>	
	1.5	<p>Minutes of Board Committees</p> <p>The following approved minutes were received by the meeting for information -</p> <ul style="list-style-type: none"> - Audit and Assurance Committee held on 20th April 2011; - Safety and Quality Committee held on 18th May 2011; - Investment and Workforce Committee held on 1st June 2011; - Charitable Funds Committee held on 15 February 2011. 	
	1.6	<p>Written updates from Board Committee Chairs</p>	
	1.6.1	<p>Audit and Assurance Committee (AAC)</p> <p>In Chair’s (Edward Cooke) reported that the committee had met twice since May.</p> <ul style="list-style-type: none"> ▪ At the meeting on 2nd June the final accounts for 2010/11 were signed off for submission to the Department of Health. ▪ Committee received reports from Management Board, external and internal counter fraud auditors and Board Assurance Framework at the meeting on 19th July. ▪ Governance of clinical audit was discussed and a report on Clinical Audit will be submitted to the September meeting. ▪ HR areas of staff appraisals, delays in recruitment process and inconsistent practices when booking temporary staff have also been discussed. Internal audit showed that staff appraisals were at 30% against 80% target. Director of HR assured that appraisals will be at 90% by April 2012. ▪ The next meeting of the committee is on 13th September. <p><i>Edward Cooke was thanked for his verbal report.</i></p>	
	1.6.2	<p>Charitable Funds Committee (CFC)</p> <p>Yvette Robbins gave a verbal update on the key discussions of the committee meeting held on 19th July.</p> <ul style="list-style-type: none"> ▪ Account management services for trust charitable funds previously provided by JS2 have come back to SASH for cost effectiveness. ▪ Expenditure of Charitable funds is twice the income from donors and legacies. ▪ Review of accounts for 2010/11 shows a year on year decrease in donations by 20%. ▪ Process of making donations should be made easier. Information on how to donate will be easily accessible (web page on the hospital 	

		<p>internet).</p> <ul style="list-style-type: none"> ▪ It was agreed that donors should be more recognised and visible (e.g. photos on noticeboards), notified that funds have been spent as intended, receive follow up letters for larger donations and invitations to present the purchase to its recipient. ▪ Committee approved the merger of several funds and change of use for a number of funds that were previously deemed restricted. ▪ The next meeting of the committee is on 13th September. <p><i>Yvette Robbins was thanked for his verbal report.</i></p>	
	1.6.3	<p>Safety and Quality Committee (S&QC)</p> <p>Yvette Robbins reported that the committee was not fully functioning as yet. Whilst clinical representation was a key for the committee's work, clinical attendance was not consistent.</p> <p>It was proposed and agreed to use summer holiday period to smooth out processes and address the issues affecting the committee and put in place some of the foundations (clinical audit plan, strategies, scorecard etc). The aim was to have everything in place for re-launch of the committee on 14th September.</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 updated the board on the key discussions of the committee on 12th July.</p> <p>RD noted that whilst delivery of Capital Programme was challenging the trust have been making best endeavors to achieve it within the set timescales and available resources.</p> <p><u>Unscheduled Care project</u> – phases 1 & 2 will be implemented by Christmas. Delegated authority to agree contracts was given to the Chief Executive in order to avoid any delays.</p> <p><u>West Entrance project</u> – the architect was selected and a consultancy appointed to approach suitable retailers. Outline Business Case will be submitted to the September meeting of I&WC.</p> <p><u>Endoscopy project</u> – equipment costs to be covered within the contingency budget.</p> <p><u>Cash & Working Capital Strategy</u> - First draft of the strategy discussed. Management and governance arrangements needed more strengthening. The final strategy will be submitted to the next meeting on 7th September.</p> <p><i>Richard Durban was thanked for his written report.</i></p>	
	1.7	<p>Chief Executive's Report</p> <p>The Chief Executive updated the board on key developments and work currently undertaken by the trust -</p> <ul style="list-style-type: none"> ▪ Refurbishment of A&E department – aim of the project is to renovate the ED department and improve care provided to patients in A&E. The first phase of works will start at the end of August with completion in March 2012. ▪ Day Surgery Unit – the project is in development. The unit will increase day services at East Surrey Hospital site. ▪ Implementation of a number of projects (UTC, Surgery pilot at Caterham Dene) that are supporting the delivery of care closer to home models. ▪ The trust is in discussions with the whole health economy system (SHA, 	

	<p>PCTs and other providers) to address issues around capacity.</p> <ul style="list-style-type: none"> ▪ CQC June report into Dignity and Respect stated that SASH complied with all essential standards. ▪ There was discussion around trust capacity and patient demand at various sites (Caterham Dene, Dorking, Crawley). ▪ The board also discussed the 4-hour closure of A&E department on 19th July. The trust needed to resolve capacity issues, particularly as we are approaching winter. SASH need to work more closely with Ambulance Service, PCTs and community care providers. <p><u>Launch of trust's Values -</u></p> <ul style="list-style-type: none"> ▪ Director of Communications showed the board the video (DVD) promoting the vision and priorities for the trust. ▪ The video will be used in the induction programme of both clinical and non-clinical staff and is part of wider organisational programme. ▪ Derek Cooper commented that he was glad to see that Dignity, Respect and Compassion were included in trust's vision as treatment of all patients should have these essential elements in their care. <p><i>The Chief Executive was thanked for his verbal report.</i></p>	
2	<u>Strategy</u>	
2.1	<p>Transformation Programme Progress Report - Q1</p> <p>Director of Strategy presented the Transformation Programme report that updated the board on the progress made in quarter 1 against the programme objectives.</p> <ul style="list-style-type: none"> ▪ Joe Chadwick-Bell noted that whilst number of projects was delivering savings, some projects were non-financial and transformational. ▪ The programme has delivered YTD savings of £1,181K against the target of £1,212K (adverse variance of £31K) which was an excellent achievement. ▪ There remains an unidentified saving of £1,547K against the saving plan of £7.7m. Further opportunities within divisions are being worked through with support from the finance team. ▪ Exceptions included Nursing & Midwifery – overspend due to the need to maintain the safety and quality of care over the savings. ▪ The programme has established the governance structure and arrangements, robust monitoring and reporting processes. ▪ More transformational work to come in the future months (2 further workstreams). ▪ Edward Cooked asked about KPMG's input into savings programme. - <i>Paul Simpson informed that KPMG's work was separate from the transformation programme and was not incorporated in the report. Final report with savings identified by KPMG has been received and being reviewed.</i> ▪ Richard Durban asked if the trust had internal resource and drive to deliver the programme. - <i>In conjunction with the delivery of day to day running of services and operational and financial pressures, delivery of the programme is challenging. The nature of the programme is that it has to be owned and driven by divisions. There are some gaps in skills needed around facilitation and project management and trust is pursuing opportunities to address skills gaps with SHA and PCTs. Trust and its staff also need to get their confidence back and re-build relationships due to the history of the organisation.</i> ▪ The Chairman asked about the Closure of Pharmacy at Crawley Hospital project. Chief Operating Officer informed that the project was on hold as more / clearer understanding was required around complications of the 	

		<p>closure and future of the service. The Chairman emphasized that any further developments on this project should be communicated to the staff at Crawley Hospital more effectively.</p> <p><i>The report was received and noted by the board. Director of Strategy was thanked for her verbal report.</i></p>	
3		<u>Safety and Quality</u>	
3.1		<p>Chief Nurse's and Chief Medical Officer's Report</p> <ul style="list-style-type: none"> ▪ Chief Nurse reported that the main concern regarding safety and quality for nursing was in Emergency department. High rate of bed occupancy compared to other trusts at 113% - 118% adding pressure on overstretched workforce on wards. ▪ New tool has been designed and will be piloted in A&E next week. The tool will provide simple markers to show overall assessment of patient and care. ▪ Falls prevention – new measures have been piloted to prevent patient falls (non-slippery safety socks, new beds and sensitive to movement pads). ▪ 'Pill timers' have been introduced as additional reminders for medication administration. <p>Chief Medical Officer added that his focus was also on Emergency department.</p> <ul style="list-style-type: none"> ▪ Number of outstanding consultant posts in A&E which are hard to recruit to. ▪ Theatre processes have been re-looked. ▪ Enhancing Quality project - pneumonia pathway - mortality rates have fallen as a consequence of the work Dr E Cetti is leading on. Dr Cetti has been invited to present his work to the SHA Quality Board. ▪ For heart failure SASH is also best performing trust for some of the metrics. ▪ Clinical Appraisals of doctors – the trust had worked with University of Anglia and had elected a new faculty of clinical appraisers. The faculty will be trained in modern multi-source feedback and appraisal on 6th and 8th September. The new appraisal, consistent with the needs of revalidation, then will be in place. ▪ Research & Development – SASH outperforms expectations with the local research network. More patients are recruited in to trials, bringing more money into the trust as a consequence. The event on 31st October hosted by CLRN is open to all consultant staff and is aimed to drive this even further. <p>John Power asked if A&E Consultants are specialty in itself and bearing in mind the shortage of A&E consultants whether other hospital consultants could be flexible to cope with picks in ED.</p> <p><i>- Des Holden replied that the staff needed to work creatively. Although some T&O consultants could work in ED, majority of patients are elderly people.</i></p> <p><i>Chief Medical Officer and Chief Nurse were thanked for their verbal report.</i></p>	
3.2		<p>Health & Safety annual report 2010/11</p> <ul style="list-style-type: none"> ▪ Chief Nurse presented the Health and Safety Annual report that provides the board with an evaluation of trust's arrangements to meet its duties under Health & Safety Act. ▪ The board was asked to approve the objectives for 2011/12 and authorise assurance of their delivery to the Safety & Quality Committee. ▪ Yvette Robbins noted significant improvements from last year's report and asked how stress was managed and addressed. <p><i>- Jo Thomas informed that a new health & safety officer started in January 2011 who was responsible for taking this matter forward, capturing data and training on how to deal with stress.</i></p> <p><i>The Board received and duly approved the Health and Safety report.</i></p>	

3.3		<p>Emergency Planning and Business Continuity Management report</p> <ul style="list-style-type: none"> ▪ Chief Operating Officer presented the report outlining the trust's position on emergency planning and business continuity management. Bernie Bluhm noted that since 2008 the trust had not have the Emergency Planning manager post until March 2011. ▪ Business Continuity Group has been re-established and has identified a number of business continuity plans for priority review along with the urgent update of the Major Incident policy. ▪ The trust need to test the plans as they are revised and to undertake series of exercises to ensure SASH's preparedness and organisational resilience which will form the focus of the Emergency Planning manager and Business Continuity Group. <p><i>The Board received and approved the Emergency Planning and Business Continuity report.</i></p>	
<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>Chief Operating Officer noted that due to the board meeting being held earlier in the month than usual, some data presented was not 100% accurate or validated. Key areas of concern -</p> <ul style="list-style-type: none"> - A&E target – 82% against 95% target. Under-achievement of targets is linked to the capacity issues that hinder the patient flow through the trust. - 18 weeks performance – in order to bring waiting list down to the acceptable level and clear the backlog, it has been agreed with PCTs and SHA for the SASH to underperform on 18 weeks in Q1 & Q2. - Patient experience indicators have dropped from 90% to 70%; - Stroke compliance is still below target due to continued pressures on bed capacity. Ring fencing on its own has not made a significant impact. - VTE risk assessments – 53% against 90%target. Concern about the integrity of data collection. <p>Bernie Bluhm informed that for the first time all cancer targets have been achieved and congratulated Cancer team on this achievement.</p> <p>It was noted that there was no consistency in 'Outcome' column within Exception Performance reports, i.e. what the trust is aiming to achieve. Bernie Bluhm responded that user education was required on using the new template.</p> <p>Yvette Robbins suggested that complaints and SUIs indicators were included in the performance dashboard for the board.</p> <p>The wider programme of work undertaken by the trust will resolve capacity issues and positively impact on future performance. However some simple issues (e.g. wheelchairs) should not be left unnoticed but rapidly solved.</p> <p><u>ACTION 2: Director of Information and Facilities to resolve the issue of the trust's wheelchairs and to test the current protocol is working.</u></p>	
	4.1.3	<p>Workforce Key Performance Indicators</p> <p>Director of HR reported that -</p> <ul style="list-style-type: none"> ▪ Vacancy Rate remains within the target with a slight increase from 	

		<p>10% in May to 10.1% in June.</p> <ul style="list-style-type: none"> Sickness absence rate has gone up by 0.4% to 4%. Plan to be at 3% or less by the end of this year. Agency and bank staff usage has increased since last month due to sickness and vacancies. <p>The Board received and noted the Integrated Performance and Quality Report.</p>	
5	Financial Performance		
5.1	Finance Report (Month 3)	<ul style="list-style-type: none"> Chief Financial Officer noted that the issue of the report was delayed by external negotiations and conversations the trust had with SHA and PCTs regarding £19.8m gap. The income gap has been subsequently decreased to £6.1m which is a significant reduction of risk for the trust. However SASH still need to resolve the remaining deficit. The revised financial plan is included in the report. Other risks include increased unidentified savings gap of £1.6m, continuing overspending by divisions (mainly on nursing and escalation areas) and new risk of activity reductions and income loss as a result. The agreement with the local health economy to support SASH in 2011/12 include the following elements that all parties have committed to - <ol style="list-style-type: none"> SASH's contribution of £2.9m through a number of actions; PCTs' commitment to reinvest readmission funding previously deducted (£3.4m); SHA will provide £3.8m of non-recurrent funding to support the trust. At Month 3 (June) financial performance was favourable against the revised plan but with a £2.8m deficit. Analysis of financial performance at divisional level shows that all divisions except for Medicine were within their overspend tolerance. Contributing factors to Medical overspend are continuing usage of nursing specials, high drug spend and use of FP10s and high use of agency staff in Emergency department due to existing vacancies and use of escalation areas. The action plan has been agreed with the division to address the overspend. <p>Alan McCarthy – As SHA provides non-recurrent funding for this year what trust's plans for the next year? MW: <i>Trust will need to re-balance provision of emergency and elective care and resolve existing capacity issues.</i></p> <p><u>Cash flow 2011/12 –</u></p> <ul style="list-style-type: none"> Cash shortfall of £6.1m. Trust is receiving the cash support from PCTs in form of contract payment advances. Cash will run out later in the year unless the deficit is resolved. Confirmation is awaited from the Department of Health (DH) regarding the capital funding. <p><u>Outstanding working capital loan -</u></p> <ul style="list-style-type: none"> Outstanding balance of the loan stands at £4.5m (as of 31 March 2011). Revised repayment schedule has yet to be agreed with the DH. <p>The Board received and noted the Finance Report.</p>	
6	Risk and Regulatory		
6.1	Board Assurance Framework		

	<ul style="list-style-type: none"> ▪ This report updates the board on their progress with mitigating the principle risks to their objectives for 2011/12 and identified actions to further mitigate the risk. ▪ The principle risks have been assessed with the current controls in place hence the initial and residual risk ratings are identical for this issue of the BAF. They will be updated next month and will show downgrading of the residual risk. <p>The Board Assurance Framework was received and noted by the board.</p>	
6.2	<p>Regulatory Update</p> <ul style="list-style-type: none"> ▪ This report provides the board with information on the Quality and Risk profile (June 2011) produced by CQC. ▪ Jo Thomas informed that there were no significant changes from the last month. <p>The Regulatory update was received and noted by the board.</p>	
7	Other	
7.1	<p>Any Other Business</p> <ul style="list-style-type: none"> ▪ Yvette Robbins questioned the appropriateness and safety around the use of POPPA for escalation. <p><i>- The matter will be picked up and discussed outside this meeting.</i></p>	
7.2	<p>Opportunity for members of the public to ask questions</p> <p>Question 1 (Mrs Hobbs, patient) was regarding the care received on Redwood ward and lack of toilet facilities for patients on the ward as most of patients are unconscious.</p> <ul style="list-style-type: none"> - <i>MW responded that new Day Surgery Unit would address this issue and will provide proper and adequate facilities for all patients admitted to the unit.</i> <p>Question 2 (Mrs Hobbs, patient) was regarding the cancellation of Mrs Hobb's operation due to the lift not working as a result of the fire alarm.</p> <ul style="list-style-type: none"> - <i>IM replied that he was not aware of operations were cancelled due to the lift being out of order and would investigate this issue.</i> <p><u>ACTION 3:</u> Ian Mackenzie and Bernie Bluhm to look into the issue and ensure that the system is working effectively.</p> <p>Question 3 (Vanessa Kirby) – Since the TV programme “Dispatches” are there plans for better care of the elderly?</p> <ul style="list-style-type: none"> - <i>Jo Thomas informed that the plan was in place and included regular ward rounds, re-education and re-training of staff, visibility of nurses on wards etc.</i> <p>Question 4 (John Gooderham, West Sussex LINKs) was regarding 24/7 service provision of Stroke Thrombolysis. Mr Gooderham asked the board to confirm if the date for the service available 24/7 at ESH was 6 September and that Crawley patients would no longer have to be taken to Brighton.</p> <ul style="list-style-type: none"> - <i>Bernie Bluhm confirmed that the planned go-live date was 6th September. However she also noted that ongoing technical issues (Telemedicine) could further delay the launch date. These issues were out of trust's control and were affecting all parties within the Surrey Stroke Network. She also noted that some complicated patients for clinical reasons would still have to go to BSUH.</i> <p>Question 5 (John Gooderham, West Sussex LINKs) - Mr Gooderham said that he was glad that capacity issues have been voiced and accepted publicly. He noted that the acknowledgment of the problem was part of the solution. John requested that the trust consult on any developments</p>	

		regarding the closure of the pharmacy at Crawley hospital with West Sussex LINKs in the future.	
	7.3	DATE OF THE ANNUAL GENERAL MEETING (AGM) Tuesday 20th September 2011 at 14:30, Lecture Theatre, Post Graduate Education Centre Maple House, East Surrey Hospital, Canada Avenue, Redhill	
	7.4	Date of Next Meeting Thursday, 29 th September 2011 at 10:30 in Room 7/8, Post Graduate Education Centre, Maple House, East Surrey Hospital, Canada Avenue, Redhill	

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.

ACTION LOG		Person responsible
<u>ACTION 1</u>	The non-executive directors' at the four Divisional Deep Dive Exercises – Chief Medical Officer to update the board on involvement and participation of non-executive directors in “Deep Dive” meetings and hospital / ward walkabouts.	D Holden
<u>ACTION 2</u>	<u>Trust's wheelchairs -</u> Director of Information and Facilities to resolve the issue of the trust's wheelchairs and to test the current protocol is working.	I Mackenzie
<u>ACTION 3</u>	<u>Operations cancellation due to the lift being out of order -</u> Ian Mackenzie and Bernie Bluhm to look into the issue and ensure that the system is working effectively.	I Mackenzie / B Bluhm

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman:

Date: