Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 31st May 2012 from 10:30 to 13:00
Lecture Theatre, Crawley Hospital, Post Graduate Management Centre

Present

Alan McCarthy	**Chairman**
Yvette Robbins	**Deputy Chairman and Non-Executive Director**
Michael Wilson	**Chief Executive**
Bernadette Bluhm	**Chief Operating Officer**
Paul Simpson	**Deputy CEO, Chief Financial Officer**
Jo Thomas	**Chief Nurse**
Dr Des Holden	**Medical Director**
Edward Cooke	**Non-Executive Director**
John Power	**Non-Executive Director**
Richard Durban	**Non-Executive Director**
Norma Christison	**Non-Executive Director**

In Attendance

Joe Chadwick-Bell	**Director of Strategy and Transformation**
Janet Miller	**Deputy Director of HR (On behalf of Yvonne Parker)**
Ian Mackenzie	**Director of Information and Facilities**
Fionnula Robinson	**Director of Communications**
Sacha Beeby	**Trust Board Administrator**

Apologies

Yvonne Parker	**Director of Human Resources**
Lisa Bangs	**Chairman, Patients' Council**
Anne Walker	**Surrey LINks**
John Gooderham	**Surrey LINks**

1.	**General Business**	
	1.1	**Welcome and Apologies** The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public. Apologies for absence were noted as listed above.
	1.2	**Declarations of Interest** The Trust Board members confirmed that they had no additional interests to declare.
	1.3	**Minutes of the last meeting – 23rd May 2012** J Power observed that the statement in the minutes referring to the recent CQC Survey, that almost all of our ratings fell within the intermediate 60% of trusts, was difficult to reconcile with subsequent sight of the CQC Survey which showed our score diamond as being wholly or partly in the bottom 20% of trusts for 24 out of the 39 questions (61.5%) and the lower end of our range as being in the bottom 20% of trusts for 34 out of the 39 questions (87%). These points would need to be addressed, but his concern was more with the accuracy of reporting. Minutes of the meeting held on 23rd March 2012 were approved as a true record. They were then signed off by the Chairman.

		Minutes of the NHS Standard Contract sign-off and the Boards decision at the Board Seminar held in April 2012 in this respect were circulated for information. J Power noted that the record showed him as present whereas he had in fact submitted his apologies for absence. S Beeby will ensure this correction is made.		
		1.3.1	**Actions Tracker**	
			1.3.1.1	**Action 1: Circulate Clinical Review** The board confirmed that the report had been received. Action now closed.
			1.3.1.2	**Action 2: Circulate CQC Outpatient Survey** The board confirmed that the report had been received. Action now closed.
			1.3.1.3	**Action 3: Transformation Programme reporting** The board requested that future reports reflected patient benefits. J Chadwick-Bell confirmed that the format for the delivery of the report was under review and agreed that they would look at how they might best incorporate this information going forward.
				Action 4: DToC Update Bernie Bluhm confirmed that the work which was led by Jan Potts will now be led by Joe Chadwick-Bell, following Jan Potts' departure. An update will be available for the Board at the next meeting.
				Action 5: Amendments to the Corporate Governance Manual Changes to the Corporate Governance Manual were not necessary following clarification outside of the board meeting and the board was expected to approve the paper on 31st May 2012.
	1.4	**Chief Executive's Report** A paper was circulated to the board prior to the meeting for information and was agreed as read. M Wilson highlighted that the results of the national inpatient survey were published in April and identified key areas in which the trust needed to improve its performance. These areas particularly related to the patient experience within the Emergency Department. An action plan has been implemented and will be a key focus for the organisation to improve these results. M Wilson took the opportunity to note thanks to Anthony Sumara who has spent time at the trust, sharing his experience in the NHS and inspiring our colleagues during an All Staff forum. The board was assured that, despite delays due to unexpected weather conditions the redevelopment of the new West Entrance was on track and expected to open in August. M Wilson confirmed to the board the appointment of Deputy Chief Executive to Paul Simpson. The board welcomed his new role in addition to his responsibilities as Chief Finance Officer. The Pathology Department were congratulated in their efforts to improve staff productivity through skill-mix review and the introduction of efficient ways of working. The department has achieved unconditional CPA accreditation in all of its disciplines and Y Robbins made the request that this achievement is promoted amongst patients and G.P's. ***Michael Wilson was thanked for his written report.***		

2.	**Safety, Quality and Patient Experience**	
	2.1	**Ambulatory Care Pathways – Presentation by Ben Mearns and Angela Stevenson** B Mearns and A Stevenson presented slides to the Board highlighting the benefits of Same-Day Emergency Care. A Stevenson summarised the key principals of introducing Same-day emergency care as follows; - A significant proportion of adult patients presenting as an emergency can be managed safely and appropriately without staying in an acute inpatient bed overnight - Timely access to high quality same-day emergency care, including diagnosis, observation and treatment in a designated areas - Early access to consultant-led decision making for assessment and diagnosis, observation and any necessary intervention. The objectives include a contribution to the reduction in the overall number of acute overnight admissions, an increase in the percentage of patients presenting with one of the 49 emergency conditions that has a zero day length of stay and improved patient experience. B Mearns presented the AMap template and what this would mean for our patients, which was well received by the board. J Power asked whether in the cellulitis example, a patient would be expected to keep a canulla in place at home, with someone calling in to administer intravenous infusions through it. B Mearns confirmed this. J Power further asked which would be the main determinant of successful implementation: staff deployment or staff attitude. B Mearns responded that attitude and acceptance of this as the 'norm' would be key. ***A Stevenson and B Mearns were thanked for their presentation.***
	2.2	**Safety and Quality Committee (S&QC) Chair Report** The Chair's update was circulated to the Board prior to the meeting for information and was agreed as read. The board agreed that the next board seminar would be dedicated to patient experience, looking at how the trust evaluates and measures patient experience with a view of identifying those initiatives that will have maximum impact on most patients. On behalf of the Committee, Y Robbins requested support from the board for funding of resource for timely implementation of Datix incident reporting system to improve our low reporting levels. E Cooke added that the Audit & Assurance Committee had been assured that resource had been identified to carry out this work. J Thomas responded that due to long-term absence, resource within the team was limited. However, recognising that an immediate, short-term resolution was appropriate, agreed to identify a proposal to present to the Executive Team following the board meeting. ***Yvette Robbins was thanked for her written report.***
	2.3	**Chief Nurse's Report** A paper was circulated to the board prior to the meeting for information and agreed as read. J Thomas summarised that performance was strong, with a 25% reduction in pressure damage cases and a sustained reduction in the number of reported patient falls. The trust have implemented a number of reporting and monitoring methods to better manage patient

		care and further increase its performance in relation to patient experience. J Thomas confirmed that the Chief Nurse's report to the board in future would have a clear focus on patient experience. N Christison requested greater detail be given in relation to falls in future reports and questioned how the board could be assured that cross-infection was not the result of poor practice. JT responded that regular ward audits would identify poor practice and results of those audits were regularly challenged. A further request was made that future reports included notification of ward closures Y Robbins agreed that there would be value in understanding the absolute number of falls reported in order to identify trends across the trust and suggested reporting number of falls per 1000 bed-days as a means of measurement. E Cooke highlighted concerns for the high number of #NOF. D Holden clarified that 87% of #NOF patients had been operated within the 36-hour target and that in reality, a small percentage of patients are not fit for operation. A McCarthy questioned whether the trust should consider Hospital-Acquired Injuries as a never-event. However, due to considerable increases in length-of-stay and end-of-life care patients, hospital-acquired injuries were often unavoidable. Despite this, the trust aims to prevent any cases and continues to observe lessons learned on a weekly basis and has seen a decrease as a result of education and training alongside a change in practice. (Reference Appendix 1) The board was asked to note the compliance with the NPSA alert and that SaSH is ahead of most organisations in implementing its action plans and to support the best clinical practice n Palliative Care by allowing the continuation of the practice of mixing controlled drugs. J Thomas further added that the trust had been advised that it would be following best practice and assured that those responsible in the practice were appropriately trained. The board agreed its continued use of the policy. ***J Thomas was thanked for her written report.***
	2.4	**Chief Medical Officers Report** A paper was circulated to the Board prior to the meeting for information and was agreed as read. M Wilson confirmed that the current Job Planning programme was not the first exercise of its kind for clinicians. However, it has been a more rigorous approach to previous attempts and has been well received by Consultants who generally feel it has been helpful and useful for clarification. A McCarthy impressed on the importance of focus around infection control but felt confident in the Executive Team's commitment to this. ***D Holden was thanked for his written report.***
	2.5	**Quality Account** The Quality Account was received by the Safety & Quality Committee and further amendments were requested to ensure its consistency and provision of assurance. The board received the Quality Account prior to the meeting and was asked to approve the paper in its current form. Y Robbins confirmed that she would submit comments to F Robinson following discussions

		with DH / JT. R Durban added that the board should not wait or rely solely on an annual review and evaluation of progress against its commitments. J Chadwick-Bell responded that the majority of its content existed within the corporate objectives template which is measured on a monthly basis. F Robinson will complete the amendments and the Executive Team will approve the Account on behalf of the Board in time for its submission date of 30th June 2012.
3.	**Operational Performance**	
	3.1	**Integrated Performance and Quality Report (Month 11)** A paper was circulated to the board prior to the meeting and was agreed as read. The report summarised that the Trust's 18-week Referral To Treatment target has been met and performance continues to improve across all admitted and non-admitted care pathways. J Power noted the commendable reduction in the backlog to around 480 now and asked what might be a target or manageable level; B Bluhm confirmed that they would be comfortable with an average of 350-400. Complex surgery and specialties were an immediate focus and there are currently no more than 7 patients who have reached 40 weeks. BB confirmed at its worse the backlog reached 1,300. There is a significant improvement in the 4-hour A&E access standard in Month 1 and the Trust is working to deliver weekly performance of >95% through to Month 2. B Bluhm added that the current data capture for Time To Initial Assessment was inaccurate and the team are now working on an alternative method to reflect actual time. BB further added that the Time To Treatment performance improvement could be attributed to senior clinicians better managing the frontline. South East Coast Ambulance (SECAmb) have also been proactive in better managing ambulance times, a significant improvement over 6 weeks which will be reflected in the next performance report. There are concerns around Endoscopy waits currently seen in Month 1 as a result of the National Bowel Awareness campaign. The DoH predicted a 30% increase in referral – we allowed for a 50% increase but we are showing a 100% increase in referrals. The Trust is implementing additional waiting lists to meet the demand. The Trust is currently focusing on the improvement of the workforce metrics in 2012/13. A McCarthy asked for assurance that the trust was prepared for the upcoming bank holiday weekend. B Bluhm confirmed that the processes and plans in place have been tested rigorously and despite very high numbers in emergency admissions, the trust has continued to achieve its performance targets, proving its resilience. The weekend plan has the confidence of the Executive Team however, community services have been unreliable in the past and this will impact on the trusts performance during that time. P Simpson responded by questioning whether the trust needed to identify ways to engage better with our partners. M Wilson re-iterated the need for all partners to understand a very new way of working however, primary care services would close during the holiday period which will inevitably put additional pressure on the trust. N Christison shared concern in the proposed closure of 4 theatres to accommodate a refurbishment programme. I Mackenzie clarified that the team were developing a plan to construct 4 new theatres from which to operate during the closure and refurbishment of the existing 4 theatres. Phase 1 of this programme is expected to complete by Christmas 2012. M Wilson added that the board in particular needed to understand the importance of the

		current refurbishment programmes throughout the Trust and should be less surprised by their necessity. P Simpson confirmed that an update regarding the Theatres refurbishment would be provided to the Investment & Workforce Committee following the board. The board recognised that the recent drop in performance for the 2-week breast cancer symptomatic indicator was due to patient choice over the Easter holiday period and not due to capacity. The trusts performance against the Stroke indicators have only met compliance in the 'CT within 24-hours' indicator. The board recognised that the indicator measuring 'patients scanned within 1 hour of hospital arrival' did not allow for the time it takes to prepare the patient for the scan once in the room. I Mackenzie was asked to make this comparison with other trusts to identify a realistic gap. A drop in performance was reported in the number of medication errors resulting in an adverse event. Y Robbins requested for data which tracked the number of cases per 1000 beds in order to provide consistency in reporting. The board accepted the priority to address patient experience and will review various sources of information in order to identify an action plan. J Power noted the intention to ensure that all patient experience was captured and asked how this would be achieved, presumably through more than the self selective sample of RTM. This prompted somewhat inconclusive discussion of the difficulties therein. M Wilson added that despite its role in contributing to the SHA's measurement of the trusts performance, NHS Choices was not widely recognised amongst staff and an awareness campaign will be put in place for staff to encourage their patients to provide positive feedback where deserved. Y Robbins requested data to track Norovirus in order for consistency of reporting and D Holden agreed to report this to the weekly Infection Control Taskforce meetings attended by the CEO, Medical Director and Chief Nurse. The Trusts workforce position presented a high percentage of turnover and the board recognised the need to discuss in detail and understand any trends within the organisation which might be affecting the trusts performance in this respect. R Durban agreed that the Investment & Workforce Committee would study this in detail at the next meeting. M Wilson added that it would be helpful to understand and compare turnover rates with similar trusts. J Power noted the substantial improvement in the number of clinical audits started and asked whether the steadily increasing monthly figures were cumulative, in which case when would be the final month when 100% would presumably be the target. D Holden explained that there were difficulties because audits considered desirable did not always match audits defined as essential. ***Board received and noted the Integrated Performance and Quality report.***
4.	**<u>Financial Performance</u>**	
	4.1	**Finance Report (Month 11)** A paper was circulated to the board prior to the meeting and was agreed as read. P Simpson summarised that activity levels remain consistent with previous months and that there is a clear sense that the Trust is working very differently which, in turn, has reflected in the delivery of key target indicators. However, activity levels are higher than health system

		plans. The report demonstrated that year-to-date financial performance at Month 1 was on plan with a small surplus of £36k. The full year savings target is £10m and at Month 1, budgeted savings (for the month) had been delivered. During May, the first major consultation for staff redundancies commenced, affecting Corporate staff. The contract with Clinical Commissioning Groups (CCG's) has been signed. The contract for Sussex CCG's has been 'capped' providing potential maximum income level for the Trust. However, there is wording in the contract to allow action should financial distress for the Trust result. P Simpson added that as the activity levels remain at 2011/12 levels, the budgeted reduction in non elective activity shows a favourable variance. This causes the Trust and the CCG's a difficulty as the plan is based on non elective activity reduction. However, activity in nearly all categories is showing no reduction. The Trust and local CCG's have only 4 weeks to resolve the contract gap; the Trust budget assumes £6.8m more income than the indicative figure in the signed contract. The report highlighted a clear overspend on nursing budgets due to high Bank usage and unusually high Agency costs which is currently under investigation. Correction to the report was duly noted on Page 8 and reference to Agency and Bank were the wrong way round. The report further summarised that the Trust was expecting to deliver the 4.8% savings target and that liquidity performance had improved during Month 1. Y Robbins wanted to understand how the trust was using its escalation beds and whether they were still in use following the Norovirus outbreak. B Bluhm confirmed that they were still in use however were being used less consistently. This was due to the fact that they were not seeing a reduction in unscheduled demand as assured by community partners and continued to admit patients in high volumes. PS agreed to record activity plans within the Finance Report for future board meetings which will demonstrate the split between scheduled and unscheduled patients. ***The Board received and noted the Finance Report.***
	4.2	**Amendments to the Corporate Governance Manual** A paper was circulated to the board prior to the meeting and was agreed as read. At the last board meeting, a request was made by the Chief Executive to further clarify and review contents of the paper. However, it was agreed that no further amendments were necessary and the report was duly approved by the board. ***The board accepted and approved the Corporate Governance Manual.***
5.	**<u>Statutory & Regulatory Items</u>**	
	5.1	**Staff Survey Results** A paper was circulated to the board prior to the meeting and was agreed as read. Results of the staff survey during 2011 were summarized and the board agreed that a detailed discussion would be facilitated at the next board seminar meeting. Y Robbins added that the Health & Safety Strategy, Incident Reporting and Sickness reporting needed to collaborate and felt that this was an area which was currently underreported. ***The Board duly accepted the report on key findings from the Staff Survey.***

6.	**General Business**		
	6.1	**Update from Board Committee Chairs**	
		6.1.1	**Audit and Assurance Committee (AAC)** The Chair's update was circulated to the Board prior to the meeting for information and was agreed as read. E Cooke summarised that the draft accounts had been approved by the Committee and report a £6.1m deficit for 11/12 as per the plan. The Audited accounts will be received by the Committee on 1st June and it is not expected to raise any concerns. E Cooke took the opportunity to commend P Simpson and the work of his team for their considerable contribution to the improvement of the accounts over the last 4 years. The Annual Governance Statement records 7 areas of significant control issues relevant to 11/12 performance improvement on access target ***Edward Cooke was thanked and the board duly accepted the written report***
		6.1.2	**Investment and Workforce Committee** The Chair's update was circulated to the Board prior to the meeting for information and was agreed as read. R Durban summarised that the final report for the 12/13 training plan will be presented to the Committee in July. Assurance will be sought as to whether we have an effective, targeted plan which reflects the Trust's objectives and priorities. The committee will review whether the current statutory and mandatory training schedule meets the requirements and look at how the trust delivers this next year. ***Richard Durban was thanked for his written report.***
	6.2	**Minutes from Board Committees – for information** The following approved minutes were received by the board for information - - Audit and Assurance Committee held on 24th January 2012 - Safety & Quality Committee held on 24th April 2012 - Investment and Workforce Committee held on 7th March and 4th April 2012	
7.	**Other**		
	7.1	**Any Other Business** The Chairman closed the meeting by thanking J Chadwick-Bell for her contribution to the Board and the Executive Team and wished her well in her new role as Director of Operations at East Surrey Hospital.	
	7.2	**Questions from the Public** There were no questions received from the Public in advance of the meeting. However, a regular patient to the hospital was in attendance and raised a number of issues concerning local service providers. The Chief Nurse and Chief Operating Officer requested a meeting be held between local partners and SaSH for their concerns to be addressed directly outside of the board meeting.	
	7.3	**Date of Next Meeting** **Friday 3rd August 2012** 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
ACTION 2	**Promotion of CPA accreditation** Y Robbins requested that the Pathology departments achievement of full CPA accreditation is well promoted throughout the hospital to both staff and patients.	**F Robinson**
ACTION 3	**Datix Incident Reporting Resource solution** J Thomas agreed to bring a short-term, immediate resource solution to the Executive Team to support Datix incident reporting.	**J Thomas**
ACTION 4	**Consistency of Reporting** Falls J Thomas agreed that Chief Nurse Updates would report absolute number of falls and ward closures. Medication errors Y Robbins requested that the IPQR included the number of medication errors (with adverse outcome) reported per 1000 bed-days Activity Plans P Simpson agreed to report activity plans within the Finance Report, which showed the split between scheduled / unscheduled patients.	**J Thomas** **D Holden** **P Simpson**
ACTION 5	**Quality Account** Y Robbins agreed to forward amendments and comments to F Robinson following a meeting with D Holden and J Thomas. The Executive Team will then approve the Quality Account on behalf of the Board outside of the meeting.	**Y Robbins / F Robinson**
ACTION 6	**Patient Meeting with Service Providers and Chief Nurse** Follow up meeting to be organised for the Chief Nurse and Operating Officer to meet with other service providers in order to address concerns raised by members of the public during the board meeting.	**S Beeby**
ACTION 7	**Data comparison** Patients Scanned within 1 hour of arrival I Mackenzie agreed to undertake a comparison of NHS Trusts recording as part of the stroke indicator, the amount of time allocated to preparing the patient for scan. Workforce turnover M Wilson requested a comparison of staff turnover with other NHS Trusts	**I Mackenzie** **Y Parker**

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman: **Date:**