

Minutes of Trust Board meeting held in Public
Thursday 27th September 2012 from 10:30 to 13:30
Lecture Theatre Post Graduate Management Centre, Crawley Hospital

Present

Alan McCarthy	Chairman
Yvette Robbins	Deputy Chairman and Non-Executive Director
Michael Wilson	Chief Executive
Bernadette Bluhm	Chief Operating Officer
Lorraine Clegg	Deputy Finance Officer (on behalf of Paul Simpson)
Sally Brittain	Acting Chief Nurse
Helen Astle	Interim Director of Corporate Affairs
Yvonne Parker	Director of HR
Richard Durban	Non-Executive Director
Richard Congdon	Non-Executive Director
Richard Shaw	Non-Executive Director
Alan Hall	Non-Executive Director (Designate)

In Attendance

Gillian Frances-Musanu	Observing (Newly Appointed Director of Corporate Affairs)
Sacha Beeby	Trust Board Secretary

Apologies

John Power	Non-Executive Director
Paul Simpson	Deputy CEO/Chief Finance Officer
Dr Des Holden	Medical Director
John Gooderham	Surrey LINKS

1.	<u>General Business</u>	
	1.1	<p>Welcome and Apologies for absence</p> <p>The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public.</p> <p>Apologies for absence were noted as listed above.</p> <p>The Chairman welcomed newly appointed Non-Executive Directors Richard Congdon and Richard Shaw, and Designate Non-Executive Director Alan Hall to the board.</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 last meeting – 3rd August 2012</p> <p>The minutes of the meeting held on 3rd August 2012 were approved as a true record and signed by the Chairman.</p>
	1.3.1	<p>Action Tracker</p> <p>Action 1: Board members asked that the circulation list for distribution of the GP newsletter was accurate as a number of Non-Executive Directors were yet to receive a copy by email.</p> <p>Action 4: Yvonne Parker reported that the trust was overrepresented by BME staff by 24%. However, this is not considered to be an issue for the organisation at the current time.</p>

		All other actions from the meeting held on 3 rd August 2012 had been followed and are now closed.
1.4	Chief Executive's Report	<p>A written report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>M Wilson highlighted that the trust had made an agreement with the Department of Health (DoH) to undertake a local survey to see if its patient experience score had improved since the last inpatient survey in July last year. The survey was sent to 2,800 patients who were discharged in January and June 2012 and results show that our patient experience score is sufficiently higher than January, such that the DoH have agreed that the User Experience Scores on our performance framework should be changed to 'Performance under Review'. This leaves an overall Trust Quality score of 'Performing'. MW thanked IM and his team for their contribution to this project.</p> <p>MW reported very positive feedback from a recent CQC visit to the Day Surgery Unit and Comet Ward at Crawley Hospital and thanked staff involved for their efforts.</p> <p>MW added that the business case for theatre refurbishments was progressing well and a recent Planning Committee meeting at Reigate & Banstead Borough Council saw a unanimous vote to approve a difficult application.</p> <p>MW further added that the enabling works for the new LINACS radiotherapy facilities at East Surrey Hospital, in partnership with the Royal Surrey County Hospital have started. The first phase of which will see the extension of the East Staff Car Park and the second phase of which will see the new road built. It is expected to be operational from end of 2013.</p> <p>MW confirmed that the results of the 11/12 National Cancer Patient Survey have been published and was pleased to see several areas of our service highlighted as strengths within the report. A detailed analysis of the results from the survey will be shared with the Safety & Quality Committee and its Chair for information.</p> <p>MW paid special thanks to the staff affected by the recent fire at Crawley Hospital. It has been necessary to relocate some of the services from the affected areas and this has been managed safely and appropriately.</p> <p>A McCarthy acknowledged that the extended visitor hours for those wards involved in the pilot was positive news and was pleased to hear that the organisation was actively encouraging families and carers to help and support during meal times.</p> <p>M Wilson added that with the exception of Paediatrics, Intensive Care and Maternity, the organisation wanted to be open for visitors as much as possible. Predominantly for clinical reasons but also to mitigate some of the traffic issues seen during the shorter visiting hours and also to limit the number of visitors per bed – which in turn will help to reduce spread of infection.</p> <p>The board received and noted the report.</p>
2.	<u>Safety, Quality and Patient Experience</u>	
2.1	Clinical Presentation: Revalidation of Doctors	<p>The board received a short presentation from Mr Stacey-Clear – Consultant Surgeon and Responsible Officer (RO) for Revalidation, providing an overview and an update on the revalidation framework for doctors, a yearly appraisal requirement enforced by the GMC which ultimately ensures doctors are fit to practice and ensures patient safety.</p> <p>Mr Stacey-Clear confirmed that the scope of the appraisal will look at behaviours and</p>

	<p>attitude as well as management responsibility for all Doctors and Consultants.</p> <p>He further added that clinical outcomes would provide assurance and a measure of how much best practice is being implemented.</p> <p>As of October 2012, the trust would be responsible for carrying out an appraisal for all locum doctors. Recommendation for Responsible Officers will be available in November 2012 advising organisations on the approach to recruiting doctors not revalidated. It is recommended that HR Directors are involved in those discussions.</p> <p>The board agreed that it expects the revalidation process to be a strict assessment of capability and expects the GMC to provide robust questions to challenge and encourage high standards of care and excellence. The board should expect to see regular audits of appraisals and clinical outcome improvements as a result.</p> <p>A McCarthy thanked Mr Stacey-Clear for his presentation and contribution to the revalidation process and recognised that it would mean a considerable cultural shift for doctors.</p>
<p>2.2</p>	<p>Safety and Quality Committee (S&QC) Chair's Report</p> <p>A written report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>Y Robbins summarised that the Committee had agreed a process and timetable was urgently required to provide assurance that statements of compliance for CQC registration are universally owned at Executive level and are representative of the collective view across all four divisions and two sites.</p> <p>The board was informed that the trust was CQC compliant across all divisions and sites. However, standards needed reviewing on a regular basis and despite having built a good relationship with the CQC, there is more the organisation can do to better manage its data.</p> <p>YR added that the Committee were concerned that an updated version of the 12/13 Safety & Quality Strategy, given its importance to the IBP was still outstanding. Sub-groups responsible for implementation in 11/12 have been asked to return to the Committee's next meeting.</p> <p>The Committee acknowledged satisfactory progress for health & safety training of existing employees alongside a request for shorter refresher programmes for senior managers. It also noted underperformance for health & safety training for new employees, largely due to lack of induction slots. Additional slots have now been made available for health & safety trainers to utilise work to re-design a five-day induction programme for all statutory and mandatory training for new starters prior to joining wards.</p> <p>The board received and noted the Safety & Quality Committee Chair's update.</p>
<p>2.3</p>	<p>Chief Nurse's Report</p> <p>A written report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>S Brittain highlighted that the trust was meeting and often exceeding the safety thermometer target which expects the trust to submit data for the required number of wards</p>

	<p>and to achieve 95% of those patients receiving 'harm free care' by December 2012.</p> <p>The majority of feedback the trust receives via Patient Opinion, which feeds into the NHS Choices website, would recommend the hospital to a friend. Since August 2012, positive comments continue to outweigh negative feedback by almost 3:1. The trust continues to respond to those comments, feeding back positive comments to those involved and ensuring those leaving negative comments are given a further opportunity to contact the trust so that those concerns can be investigated with actions put in place to mitigate and/or resolve the issues for those patients using the trust in the future. Nursing staff continue to promote the use of the website to patients and their families and value the circulation of feedback from the site by the communication team.</p> <p>The trust continues to make good progress in rolling the productive ward programme out across all ward areas and will have completed one cycle of the whole programme by March 2013. Feedback has been positive about the work undertaken which looks at patient focused mealtimes.</p> <p>Y Parker agreed that the board would receive a detailed New Starter report every quarter which can be incorporated within the Chief Nurse's board report.</p> <p>The board received and noted the Chief Nurse's Report.</p>
<p>2.4</p>	<p>Chief Medical Officer's Report</p> <p>A written paper was circulated to the board in advance of the meeting and was agreed as read.</p> <p>Apologies were received from the Medical Director and the Chief Executive welcomed comments for the report in his absence.</p> <p>M Wilson highlighted that, following the resignation of the ADO for support services, the radiology Service Manager has also resigned. The department faces a number of immediate challenges to match demand with capacity and is outsourcing work to retrieve a backlog in plain film reporting. A new clinical director has been appointed from outside the department on a six-month renewable contract and the trust is working with CIC to help the imaging team. An ADO has been temporarily seconded from another division to support the team and provide senior management.</p> <p>The board were informed that the risk of serious incidents as a result of the backlog was limited as it expects to take as little as 4 weeks to complete the backlog.</p> <p>MW further highlighted that the trust had settled its banding dispute from the diary card exercise last year, with the help of the BMA. All new FY1 doctors had a 4 day shadowing attachment this year at the instruction of the GMC. They reported this as a positive experience although commented that many juniors took leave at the end of the job making shadowing difficult. This was noted and they were asked not to do the same to next years FY1s.</p> <p>The Deanery is required to make 5% year on year financial savings and it is expecting to now take out medical posts to achieve this. However, we do not expect to see an immediate, big reduction in doctors and this will be supported in the relationship which SASH upholds with the Deanery.</p> <p>The board received and noted the report.</p>

2.5	<p>NIHR RSS Capability Statement</p> <p>A written paper was received by the board in advance of the meeting and the board were asked to note and approve the revised R&D Operational Capability Statement.</p> <p>In the absence of the Chief Medical Officer, the board requested that the report is returned to the next meeting for greater discussion and clarity.</p>
2.6	<p>Safeguarding Adults & Children Annual Report</p> <p>A report was received by the board in advance of the meeting and agreed as read.</p> <p>The annual reports for safeguarding children and adults enables the board to review the activity across the trust in relation to the board's statutory compliance and obligation in relation to the Children's Act (1989, 2004) and Safeguarding Vulnerable Adults.</p> <p>S Brittain clarified that the success of safeguarding is measured internally through regular multi-disciplinary reviews of adherence to safeguarding procedures and externally through the local safeguarding leads board and social services. The board will receive regular, relevant reports associated with all safeguarding issues including the national priorities. The effectiveness of joint working with social services, improved training and awareness along with the presence of an on-site social services team meant that alerts were quickly responded to and meetings well attended, which in turn sees prompt action from relevant organisations.</p> <p>The board accepted that the alerts recorded were a result of genuine concerns raised. The board requested that the report better describes those alerts which were investigated further against those which were not considered a serious problem.</p> <p>SB was tasked to investigate the high number of Safeguarding Children referrals from Surrey when compared to Sussex.</p> <p>The board received and noted the report for information.</p>
	<p>Infection Prevention & Control Annual Report</p> <p>The report was received by the board in advance of the meeting and agreed as read.</p> <p>The IPCAS annual report summarises the achievements, developments, performance and standards by the trust and its staff in key areas and against key objectives relating to infection prevention and control and prudent antibiotic prescribing throughout 2011/12.</p> <p>The board were assured that the targets not met for MRSA and C.Diff within the report were reflected on the Risk Register however, were asked to acknowledge that the report referred to year 11/12 and therefore did not reflect latest targets and figures in this respect.</p> <p>Divisions were now actively discussing infection control measures at weekly meetings and although acknowledging considerable improvement, they must continue to work with the infection control team and prepare for winter pressures and outbreaks.</p> <p>An increased presence of Infection Control nurses on wards was now in place as Norovirus remains the greatest risk for closure of wards. The team are working closely with the PCT and encouraging those who do not need to come to the hospital to avoid doing so to reduce risk of spreading infection.</p> <p>The board received and noted the report for information.</p>

3.	<u>Operational Performance</u>
3.1	<p>Integrated Performance and Quality Report (Month 5)</p> <p>A written paper was received by the board in advance of the meeting and was agreed as read.</p> <p>The board noted the significant improvements within the report and the increased presence of green-rated standards.</p> <p>B Bluhm highlighted that the Emergency Department (E.D) continued to achieve 95% standard in August 2012 for the fourth consecutive month.</p> <p>The trust is expecting to be rated as 'Performing' for the quality of services based on the following ratings for quality domains;</p> <ul style="list-style-type: none"> ▪ Integrated measures – Performing <i>E.D, 18 weeks, Mixed Sex Accommodation and DTOC (Delayed transfer of care) targets continue to show sustained delivery of performing standards.</i> ▪ CQC registration – Performing ▪ User experience – Performance under Review. <p>The User Experience domain has now been revised following submission of new patient experience survey results to the Department of Health</p> <p>The trust was performing for the majority of the Cancer measures, including Breast Symptomatic. However, provisional results are showing that the 62 day screening measure for August has not been achieved and recovery actions are underway. The board noted that this was a shared responsibility with our partners due to delayed referral to treatment from screening from another trust.</p> <p>There were no incidences of MRSA and one incidence of C-Diff during August, resulting in C-Diff being seven cases below the YTD trajectory and MRSA .25 cases below the YTD trajectory.</p> <p>The trust continues to demonstrate improved performance for stroke care 90% stay indicator with 79% of patients discharged in August having spent 90% of their stay on the Acute Stroke Unit compared to 57% in April.</p> <p>Expected levels of performance for Fractured Neck of Femur indicators have been achieved for operation within 36 hours and 48 hours but admission to the ward within 4 hours remains a challenge largely due to inaccurate data capture which is now been addressed and delayed diagnosis.</p> <p>A new electronic appointments booking system (Netcall) will be piloted in Nov-Dec 2012 in Outpatients and will allow better ways of contacting patients. The high number of DNA (Did Not Attend) patients is currently a problem for the organisation. Electronic signage will give patients greater confidence to move freely around the hospital without concerns for 'losing their place in the queue'. This will ultimately contribute to our patient experience.</p> <p>The board noted an increase in the number of falls reported since the last report but accepted that it was not possible to avoid a small number of falls. However, there has been a significant reduction in those falls resulting in serious harm and this was a key priority for the Rapid Response team.</p>

		<p>The board noted that staff appraisals remained below target. However, it is expected to improve considerably by end of March following appraisals by divisions including Midwifery. The Investment & Workforce committee will continue to monitor this performance.</p> <p>A significant increase in the number of patients delayed for transfer of care has been contributed to by the continued healthcare delays in Surrey and in Sussex Social Services. An onsite lead has been identified to manage the co-location of the onsite social services team and daily meetings with social services for joint working are in place.</p> <p>The board received and noted the report for information.</p>
4.	<u>Financial Performance</u>	
4.1	Finance Report (Month 5)	<p>A written report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>P Simpson summarised that the trust remains on plan at M05, with over performance against contracts providing more income offset by the costs of delivering that activity.</p> <p>It appears that CCG Contract activity plans were perhaps set too low and demand management schemes, although working locally to provide improved access, do not have the critical mass to set off elements of demand growth and impact on trust attendances. The trust is working to agree a recovery plan with Sussex CCGs to correct activity levels and bring the health system back towards financial balance. There s currently a risk that CCGs will not pay for over performance.</p> <p>A CEO and FD level escalation meeting between SASH and the PCT will be called to resolve any disputes. If a decision cannot be made still, then the SHA will intervene to make that final decision.</p> <p>The full year savings plan of £10m is expected to deliver, but recovery measures in the trust to control costs driven by activity have been necessary to ensure delivery – that is working, at M05 savings exceed the plan by £0.3m.</p> <p>The risks to the year end breakeven forecast are 1: The funding for the expected over performance; 2: Operational overspends in excess of those forecast, and; 3: Savings delivery (noting that savings are in excess of plan at M05).</p> <p>Theatre productivity improvement plans continue to maximise theatre utilisation and therefore minimise the need for outsourcing. The theatre template is also being reconfigured from 1st October 2012 to help address capacity gaps in The Productive Operating Theatre project which aims to maximise contribution per procedure to mitigate part of the activity driven costs. B Bluhm agreed to share with the board some of the work which has been done with the surgical division in the theatre utilisation projects.</p> <p>The board received and noted the report for information.</p>
5.	<u>Risk & Regulatory Items</u>	
5.1	Corporate Risk Register	<p>A written paper was circulated to the board in advance of the meeting and was agreed as read.</p>

	<p>The Significant Risk Register highlighted changes in risk scoring, reviews, new and closed risks. All risks recorded in the BAF will be transferred to the risk register for comparison.</p> <p>As part of the internal audit recommendation, the significant risk register also included those risks which are recorded at the highest consequence level but lower likelihood. This is because high severity - low likelihood risks are more significant to trust activity than high likelihood - low consequence risks and ensures the board are regularly briefed on the management of significant concerns.</p> <p>The board agreed that the report will be returned to the board three times per year.</p> <p>It was clarified that the BAF was greater in detail and reflected the achievement of trust objectives. The Risk Register would always be aligned with the BAF but will be selective and will demonstrate the more operational activity within the trust, with full ownership by the board.</p> <p>The board received and noted the report for information.</p>
<p>5.2</p>	<p>Annual Audit Letter</p> <p>A paper was circulated to the board in advance of the meeting and agreed as read.</p> <p>The draft annual audit letter for 11/12 was accepted by the Audit & Assurance committee prior to board acceptance and publication. The letter provided a summary of the trusts position in respect of financial sustainability. It also comments on the high quality of annual accounts and summarises the value for money rating.</p> <p>The board noted and accepted the auditors letter</p>
<p>5.3</p>	<p>Outstanding Serious Incident Investigations Report</p> <p>A report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>The report provided an update on outstanding serious incidents, the cause for delays, risks and possible options for mitigation.</p> <p>It was noted that a large number of the incidents reported as outstanding are to be closed with almost immediate effect – the delay for which has been due to administrative reasons rather than a delay in investigating or carrying out actions as a result.</p> <p>The board were assured that as soon as a serious incident is declared, immediate actions are put into practice to mitigate further incidents of that nature.</p> <p>The report is being presented to the board as an action taken from the SHA Single Operating Model (SOM) meeting and at the request of the SHA.</p> <p>The board received and noted the report.</p>
<p>5.4</p>	<p>Single Operating Model (SOM) Certification – July 2012</p> <p>A written paper was circulated to the board in advance of the meeting and agreed as read.</p> <p>H Astle explained that the trusts performance and progress for Foundation Trust application will be monitored by the SHA through the Single Operating Model (SOM) oversight process which involves a monthly self certification submission which is followed up by an oversight</p>

		<p>meeting. Apart from reviewing the self certification submission, the monthly oversight meeting oversees the progress with action plans linked to the BGAF (Board Governance Assurance Framework) and Monitor's Quality Governance Framework and any other milestones relating to the trust's foundation application.</p> <p>The report provided proof and assurance of the trusts monthly submission to the SHA and the board agreed to delegate authority to the Chief Executive and Chairman to continue to sign-off the monthly submissions on behalf of the board.</p> <p>The board received and noted the report.</p>
6.	<u>General Business</u>	
	6.1	<u>Update from Board Committee Chairs</u>
	6.1.1	<p>Audit and Assurance Committee (AAC)</p> <p>A written paper was circulated to the board in advance of the meeting and was agreed as read.</p> <p>R Congdon summarised the report which asked the board to note the key issues discussed at the last committee meeting held on 11th September 2012. The very late implementation of recommendations for two significant, and red rated, reports on clinical audit and complaints and incidents. In both areas the committee noted that actions were in train and required confirmation at its next meeting that implementation was proceeding. The committee also required that management incorporate tracking of internal audit recommendations as part of its Management Board governance.</p> <p>The Emergency Department data quality report affirms good recording of data for the 4 hour wait target and related aspects, correcting problems highlighted last year.</p> <p>The Waiting List value for money investigation was reported in the public part of the meeting. The report had been initiated in agreement with NHS Protect following receipt of several anonymous letters suggesting impropriety in the procurement of a private company to clear elective patients out of hours to support delivery of 18 weeks and avoid outsourcing. The committee were comfortable with the expediency of the use of the company and the value for money of the arrangement. NHS Protect found no evidence of fraud or corruption and had closed its investigation with no further action.</p> <p>The board received the report for information.</p>
	6.1.2	<p>Charitable Funds Committee</p> <p>A written report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>Y Robbins summarised the report which asked the board to note the key issues discussed at the last committee meeting held on 24th August 2012.</p> <p>The committee discussed the production of expenditure plans to encourage charitable spending and also to facilitate effective budgetary controls as well as investment decision making.</p>

		<p>The committee reviewed and approved the draft 11/12 statutory accounts, to be audited in November and all 11 internal recommendations have been completed.</p> <p>The investment of surplus charitable funds will be discussed with a number of investment fund managers to ascertain the most suitable investment opportunity. Management were asked to consider more support for fundraising and better communication with staff and visitors about the distribution of donation envelopes and use of the online donation facility on the trust website.</p> <p>The board received the report for information.</p>
		<p>Investment & Workforce Committee</p> <p>A written report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>R Durban summarised the report which asked the board to note the key issues discussed at the last committee meetings held on 1st August and 12th September.</p> <p>The committee received the Organisational Development Plan which detailed measures to improve staff engagement. An update on progress against the marketing and communication strategy was also received.</p> <p>Assurance was received that the capital programme is progressing well and the Theatres Business Case Addendum for the construction of 4 modular theatres was approved.</p> <p>A draft business case for the replacement of the current radiology information system was presented to the committee and will return once further clarity over the source of funding is obtained.</p> <p>The draft Clinical Strategy was presented to the committee on 1st August and re-tabled on 12th September following its presentation to the TFA delivery board. The Integrated Business Plan (IBP) was also presented to the committee as a very early draft.</p> <p>The board received the report for information</p>
	6.2	<p>Minutes from Board Committees – for information</p> <p>The following approved minutes were received by the board for information -</p> <ul style="list-style-type: none"> - Audit & Assurance committee held on 3rd July 2012 - Safety & Quality committee held on 24th July 2012 - Investment & Workforce committee held on 2nd May and 6th June 2012
7.	<u>Other</u>	
	7.1	<p>Any Other Business</p> <p>No further business was discussed.</p>
	7.2	<p>Questions from the Public</p> <p>Vanessa Kirby, attending the board meeting as member of public, thanked Sacha Beeby for her help and assistance in coordinating a meeting between a small number of local patients, senior members of the Executive team at SASH and senior representatives at the CCG to discuss concerns about the availability of provider services outside of the hospital.</p>

	7.3	<p>Date of Next Meeting</p> <p>Thursday 29th November 2012 at 10:30 in Room 7/8, Post Graduate Education Centre, East Surrey Hospital.</p>
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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>	<p><u>National Cancer Patient Survey Analysis</u></p> <p>Ian Mackenzie agreed to share a detailed analysis of the National Cancer Patient Survey with the Safety & Quality Committee and its Chair.</p>	I Mackenzie
<u>ACTION 2</u>	<p><u>Quarterly New Starter Report</u></p> <p>Yvonne Parker agreed to incorporate a quarterly New Starter report for the board within the Chief Nurse Reports to the Board.</p>	Y Parker
<u>ACTION 3</u>	<p><u>NIHR RSS Capability Statement</u></p> <p>In the absence of the Medical Director, the board requested that the above report is returned to the next board meeting for further clarity.</p>	D Holden
<u>Action 4</u>	<p><u>Safeguarding Referral Increase within Surrey</u></p> <p>Sally Brittain was tasked to investigate the high number of Safeguarding Children referrals from Surrey when compared to Sussex.</p>	S Brittain
<u>ACTION 5</u>	<p><u>Theatre Utilisation Project Update</u></p> <p>Bernie Bluhm agreed to share with the board some of the work which has been done with the surgical division for theatre utilisation.</p>	B Bluhm

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