Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of Trust Board meeting held in Public
Thursday 9th February 2012 from 10:30 to 13:00
Room 7/8, Post Graduate Education Centre,
East Surrey Hospital, Canada Avenue, Redhill, RH1 5RH

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**
Dr Des Holden	**Chief Medical Officer**
Jo Thomas	**Chief Nurse**
Edward Cooke	**Non-Executive Director**
John Power	**Non-Executive Director**
Richard Durban	**Non-Executive Director**
Lisa Bangs	**Chairman, Patients' Council**

In Attendance

Joe Chadwick-Bell	**Director of Strategy and Transformation**
Yvonne Parker	**Director of HR**
Ian Mackenzie	**Director of Information and Facilities**
Larisa Wallis	**Interim Trust Board Secretariat**
Sacha Beeby	**Trust Board Administrator**
Lisa Bangs	**Chairman, Patients' Council**
Anne Walker	**Patients' Council**
Marion Bulley	**Matron, Productive Wards – for item 3.1**
Craig Melvin	**For item 7**

Apologies

Fionnula Robinson	**Director of Communications**
Norma Christison	**Non-Executive Director**

1.	**General Business**	
	1.1	**Welcome and Apologies** The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public. A McCarthy informed the board and the public that Craig Melvin would provide his feedback to the board under the item "Other", rather than at the private part of the board. 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 meeting held on 24th November 2012** The minutes of the meeting held on 24th November 2012 were approved as a true record with one minor correction on page 9 and page 14 - Question 3 – to replace *appeal* with *petition*. They were then signed off by the Chairman.

	1.4	**Actions from the last meeting on 24th November 2012**	
		1.4.1	**Action 1: Organ and tissue donation** **P Simpson to investigate the allocation of 20K of income received from organ donations in the last two years.** P Simpson confirmed that the issue had been clarified and resolved and that there would be money allocated in the budget for the next year. **Action Closed.**
		1.4.2	**Action 2: Integrated Quality & Performance report** **B Bluhm to amend RAG rating and ensure that they accurately reflect performance figures in the future reports.** B Bluhm confirmed this had been completed. **Action Closed.**
		1.4.3	**Action 3: £1.6 savings gap** **P Simpson to circulate to the board the letter sent to the SHA summarising how the savings gap was bridged** P Simpson informed that the letter had been circulated to the Board. **Action Closed.**
	1.5	**Minutes of Board Committees** The following approved minutes were received by the board for information - - Audit and Assurance Committee held on 15th November 2011 - Safety & Quality Committee held on 7th December - Investment and Workforce Committee held on 30th November and 22nd December 2011	
	1.6	**Update from Board Committee Chairs**	
		1.6.1	**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 key concerns that four out of ten Internal Audit Reports did not provide positive assurance. These include; a. A&E Audit b. Charitable Funds c. Incident Reporting d. Infection Control B Bluhm made a comment in regards to the A&E audit that training of Band 7 staff would be completed in March 2012. B Bluhm also pointed out the A&E audit should take place after the Internal Audit in order to provide assurance to the board. ***Edward Cooke was thanked for his written report.***
		1.6.2	**Safety and Quality Committee (S&QC)** The Chair's update was circulated to the Board prior to the meeting for information and was agreed as read. Y Robbins updated the board on the key issues discussed at the meetings on 7th December 2011 and 22nd January 2012. Y Robbins summarised that there were concerns around some areas of limited / inadequate assurance, e.g. risk management, but noted that the committee now receives risk metrics within the S&QC dashboard to monitor progress. Risk management & metrics are now also within divisional governance meetings

			agendas. The committee have been assured that there has been progress in terms of implementation of the strategy however, the internal scrutiny by the sub-groups for each of Clinical Quality, Patient Safety, Patient Experience and Risk have yet to demonstrate their effectiveness. E Cooke queried the reasons for the increase in back injuries and minor fires reported within the dashboard / report. M Wilson responded that the statistics were not beyond expectation and that any increase in the number of fire drills was highly likely to be as a direct result of current building works on site (e.g. burning smell from lift repairs). I Mackenzie concurred and added that trust had fewer incidents in comparison to other trusts. J Thompson confirmed that the back care specialist was working closely with ward staff, particularly addressing this issues in ITU, where new hoist has been purchased to replace the inadequate one. ***Yvette Robbins was thanked for her written report.***
		1.6.3	**Investment and Workforce Committee (I&WC)** The Chair's update was circulated to the Board prior to the meeting for information and was agreed as read. R Durban updated the board on discussions from the committee meeting held on 1st February 2012. R Durban summarised that there was still much to be done in order to be in a position for FT status, including governance, risk management and operational performance. The next committee meeting will present the 12/13 Workforce Plan and will provide detail on the total number of Trust employees and will compare the balance between temporary and permanent staff. This will demonstrate whether we have the right skills in the right place. The committee will also receive the 12/13 Training Plan for areas including Infection Control, Health & Safety, Dementia and the Risk register. The Chairman queried if the timescale for the unscheduled care project and whether the work was still expected to commence on 5th March with delivery expected by 31st August 2012. I Mackenzie confirmed that it was the plan. ***Richard Durban was thanked for his written report.***
	1.7	<u>Chief Executive's Report</u>	The Chairman informed the board that Des Holden was appointed as SASH Medical Director. A McCarthy congratulated and welcomed Des Holden to his new post. The Chief Executives update was circulated to the Board prior to the meeting for information and was agreed as read. M Wilson highlighted that the new modular wards were completed and handed over to the Trust on 6th February. A complex plan is in place next week to implement the ward moves and disruption was expected during that time.

		Final approval had been granted for works on the West Entrance to commence on 5th March. The signing of contracts with three retail outlets was imminent. A new reception desk at the West Entrance will help to improve both patient experience and customer care in many ways. British Oxygen Company (BOC) has confirmed that we were their preferred site, as are they our preferred bidders for a long-term respiratory unit. In December SaSH hit the national target of recording 90% of inpatients being screened for VTE (Venous Thromboembolism or blood clots) and trust remains on target for January and February. D Holden was thanked for his hard work and contribution to the Enhancing Quality Programme where it was shown that SaSH topped results in AMI and HF as well as showing improvements in the care of patients for hip & knee surgery and community-acquired pneumonia. M Wilson thanked J Thomas for taking part in a telephone interview with BBC Surrey Radio in response to the CQC inspection report. Generally, the report confirmed that the Trust provided a safe service and that the health and wellbeing of our patients was well attended. Concerns were raised in the suitability of P.O.P.P.A being used as an escalation area. This has now been addressed. **Action 1: M Wilson to share with the Board the report which summarised the Clinical Review.** M Wilson re-iterated congratulations to D Holden and welcomed him to the Executive Team on a full-time basis. ***Michael Wilson was thanked for his written report.***
2.	**Strategy**	
	2.1	**Building and Development Work Presentation** I Mackenzie presented a video demonstrating the proposed new West Entrance design and layout. A presentation was then given highlighting building work and developments including; Children's outpatients, modular wards, day surgery unit, Hazelwood ward. Special thanks were given to those involved in the project; Shaun Cunningham, Richard Hirschman and Chris Limpus. Radio Redhill will be supporting the inpatient entertainment system and will be providing patients with headphones. Positive feedback had been received about the food service in Hazelwood ward when the new food trolleys were practiced. The temperature of the food was better controlled and therefore the whole experience for patients was perceived to have been better. The Board were informed that the car parks will be realigned, with the first being the Visitors car park. The new reception desk will be supported by the volunteers and Ian re-iterated that this would bring great benefits and improvement to the reputation and environment for the Trust. Y Robbins asked how many side rooms would be on site as a result of the building

		work. I Mackenzie informed that minimum of 10 side rooms. M Wilson added that clinical space will be reclaimed from existing side rooms. It was noted that following Phase 3 of the ED building works, not having side rooms at the time of opening will cause considerable problems. ***I Mackenzie was thanked for his presentation.***
	2.2	**Introduction of new wards** A paper was circulated to the Board prior to the meeting for information and was agreed as read. B Bluhm highlighted that the 2 new modular wards would become fully operational over 2 days; 20th and 21st February. The modular wards will help deliver some of the following improvements; patient safety, quality, reduced length of stay and 95% 4-hour access standard commitment. J Power sought confirmation that utilisation levels in the new modular wards should not be seen as a marginal regulator of hospital utilisation levels overall, but would simply depend on relevant admissions. This would mean that the new wards could theoretically be full whilst vacancies existed elsewhere, as with any other wards. B Bluhm confirmed that this was the case. Y Robbins sought clarity on availability of Stroke beds (28) that availability for Stroke beds was being matched to Therapy etc. J Thomas confirmed that there was already capacity for Stroke patients and that they were in the right place. R Durban added that although new wards / extra capacity were the key enablers for improvement in A&E and 18-weeks targets, it is also reliant / dependant on delivery of actions by other organisations. B Bluhm added that an increase in patients going to Crawley and Caterham Dean needed to be reflected in our data in order to evidence activity taken by the trust. B Bluhm reported that DToC needed much more improvement. Jan Potts, appointed project lead, is looking at integrated pathways and building the relationship between CCG partners and community teams in order to implement change to processes. A McCarthy asked whether metrics had been agreed to meet targets for DToCs. M Wilson responded that whilst the Hospital was serving two populations, each of the county councils serving those populations have been unable to communicate well. Agreement is now in place that Surrey council will manage services for both counties. **Action 2: Trust Board Agenda April – B Bluhm to update the Board on agreed set of metrics and actions for DToCs.** ***B Bluhm was thanked for her written report.***
	2.3	**Transformation Programme update** A paper was circulated to the board prior to the meeting for information and was agreed as read. J Chadwick-Bell summarised the progress of the transformation programme for the period from November to December 2011.

		The programme has delivered YTD savings of £5,094K against a target of £5,099K (favourable variance of £5K) of full year savings plan set at £7.7m (4% of turnover). Significant progress was noted on the following projects - Ambulatory Care Pathways, ED Clinical Model (phase 2), VTE, Digital dictation, Health records, Radiology, Pharmacy drug & usage savings, Postage efficiencies. J Power asked whether the procurement savings were real reductions or shifts between accounting periods. P Simpson confirmed that they were real reductions. P Simpson gave assurance to the board that the trust would deliver its 11/12 savings plan, hence the delivery of the saving plan was not at risk. Y Robbins noted a good report showing great progress but questioned why better job planning and management of agency and bank staff had not been put to practice in order to further embellish the savings plan. J Thomas responded that the validation process of nurse rotas was taking longer and recognised that individual wards needed to make improvements in this area. Y Parker added that there had been a further 23 recruits from Ireland and that additional capacity had improved. The new wards will open with a minimum staff complement of 60% for every shift. A decreased reliance on Bank and Agency staff is envisaged and there is confidence that all shifts will be covered to adequately manage capacity. E Cooke asked to clarify if the trust would generate the income / profit from the new entertainment system on the new wards. M Wilson explained that patients would not be charged for usage of the patient entertainment system (TV, Internet and phone) for the next 6 months, however, a minimal charge to make outgoing calls may be put in place in the future. If the Trust later takes the decision to move to satellite TV / Sky for the greater choice, it may charge minimal fee for elected programmes that are not considered 'standard'. **The Board duly accepted the report and thanks Joe Chadwick-Bell for the update**
	2.4	**Objectives 12/13** The final version of the paper was circulated to the board prior to the meeting for information and was agreed as read. J Chadwick-Bell summarised that following a board meeting in September 2011, a SWOT analysis was undertaken of the organisation from which a set of objectives and priorities were developed. <u>Comments received on the paper -</u> R Durban made two points regarding safety priority and admission and discharge process. E Cooke added that the trust needs to be more productive in order to achieve objective 4. Other comments received were regarding NICE guidelines for VTE. Y Robbins sought clarification in relation to Objective 2, Priority 2 - the response time to complaints. J Power wondered whether the term "right treatment" might be added to the "right place, right time" bullet, thus bringing in a dimension of prompt and accurate diagnosis in addition to quality. It was agreed in general discussion that this was adequately

		catered for elsewhere. **Joe Chadwick-Bell was thanked for her written report.**
3.	**<u>Safety, Quality and Patient Experience</u>**	
	3.1	**Productive Wards presentation (Marion Bulley)** A copy of the presentation slides were circulated to the board prior to the meeting for information. M Bulley was welcomed and introduced to the Trust Board. Marion is the lead nurse for Productive Wards which aims to engage staff, deliver productive ward to all ward areas, sustain changes and provide continuous quality improvements by observing current practice, process mapping, listening to patients and staff and encourage innovative thinking. I Mackenzie asked whether this had influenced the way in which we set up a new ward. M Bulley agreed this would have been an influence. E Cooke commented that, during a recent Patient Safety walkround, the shortage of space and storage was apparent. M Bulley agreed that the Trust needed to get smarter in the way it gets stock to wards. Ideas have been recognised including labelling/colour coding. JP complimented MB on her infectious enthusiasm and asked whether she was undertaking this work full time or in addition to her main Matron duties, whether she had any help, and whether there was a clear message down the management chain that all must participate. MB replied that this was currently a full time but temporary task and that she had willing supporter in most areas. JT confirmed that the initiative was thoroughly endorsed by Management. Y Robbins added that the initiative needed to be an on-going process and asked whether the benefits of the initiative had yet been seen. M Bulley confirmed that, as long as someone was driving the project results and benefits should be seen within a year. **M Bulley was thanked for her presentation**
	3.2	**Chief Nurse's Report** A paper was circulated to the board prior to the meeting for information and agreed as read. The report provided the board with an overview of clinical quality and safety. The key performance indicators were considered in the context of the productivity programme. J Thomas summarised that quality and safety performance overall remains good and has shown further improvements since December. Following the NHSLA assessment, the Trust achieved 49 out of 50 elements and subsequently passed. Thanks were given to Sharon Gardner-Blatch and all those involved. Specific work continues around Stroke and Fracture Neck of Femur and this has already seen the stroke mortality rate fall from an outlier. Figures remain above national average but within a tolerable range according to Dr Foster.

		J Chadwick-Bell added that it was not possible to treat all stroke patients - impact on numbers. Cannot say level of impact look at individual cases J Thomas reported that the recently launched night time intentional rounding on Newdigate and Tilgate wards had been well received and would soon be rolled out to the organisation. Y Robbins added that this would respond to concerns for better patient intervention and questioned whether the pilot would roll out to day-time rounds. J Power noted the improving trend of RTM statistics, but asked whether the 58% of respondents saying that they had enough help with eating and drinking meant that the balance of nearly a half felt that they were not getting enough help. JT confirmed that this was open to such interpretation and explained the emphasis being put on protected mealtimes. **Chief Nurse was thanked for her written report.**
	3.3	**Chief Medical Officer's Report** A paper was circulated prior to the board for information and agreed as read. D Holden summarised that the successful achievement of gaining Associated University Hospital Status following the continued efforts of the undergraduate Sub Dean and Medical Education Manager alongside the clinicians who have been involved in supervision of BSMS students. The Trust has successfully recruitment two highly qualified clinical leaders who will work with ED as Consultants and provide medical leadership in this area. We have also recruited two qualified GP's as fulltime Doctors within the ED to improve standards of care given at our front door. Des added that the new environment following the extensive building work will help to achieve a better staff and patient experience. D Holden reported that the Trust had been unsuccessful in appointing a Director of Medical Education (DME). D Holden was thanked for his contribution as the Clinical Division Chair for the Enhancing Quality programme, set up to improve clinical quality across the south-east region and improve outcomes for patients. Results for the first-year of this project were launched and showed that SaSH had made significant progress and was the best performing Trust in the region for interventions relating to Heart Failure patients. Demonstrable improvements were also made across the three other pathways; AMI, Hip & Knee replacement and Community Acquired Pneumonia and the Trust is working on the development of the pathways for both Dementia and Acute Kidney Injury. J Power said that he and a number of NEDs had attended the EQ event and had been most impressed by what DH and his Team had achieved across the Region. He thought it was clear from the detailed and helpful publication that SaSH had scored highly throughout, being on average in the top three of eleven trusts and in one case first. ***Chief Medical Officer was thanked for his written report.***
4.	**<u>Operational Performance</u>**		
	4.1	**Integrated Performance and Quality Report (Month 9)**	
		4.1.1	**Operational Key Performance Indicators**

			A paper was circulated to the board prior to the meeting and was agreed as read. The report summarised that the Trusts performance rating was escalated to "challenged" at Quarter 2. The basis of the performance deficit relate to A&E waits, 18-week referral to treatment (RTT) indicators (these constitute, in number, a large proportion of the rating), where the Trust has not previously had sufficient capacity to deliver either. It was noted that the overall results of the indicators was positive. An increase in senior nurse support within A&E to support escalation has been put in place. The Trust is now on plan to deliver 95% VTE. Relevant teams are meeting with members of the Executive Team on a daily basis to review progress on delivering the 18-week target. A project manager has been brought in to manage this delivery and we are on track to deliver 90% with an expected backlog of 800 patients by the end of March 2012 which is better than predicted. B Bluhm complimented the diagnostics team for the additional hours they had committed to increased outpatient activity. Y Robbins asked whether the figures for A&E were reflective of and differentiated by the number of patients who have attended ED and left before being seen by a clinician and those who were discharged and later returned. **Acton 3: B Bluhm to establish whether a split in metrics can be identified.** JP asked how the Trust might be dealing with any greater demand for C-sections consequent upon the publicity given to the change in NICE Guidelines. DH explained the careful guidance given to ensure that such decisions be determined by essential clinical factors. It was noted that there were no immediate concerns for infection control performance. However, the MRSA target had now been missed and the CDIFF target was at risk with 45 cases currently reported out of a trajectory of 50. Measures have been put in place to prevent further cases arising including better prescribing of antibiotics and greater awareness of hand hygiene. The IC have published a snapshot dashboard for all wards to measure hand and general hygiene. This can be used to compare the performance of the wards with Trust-wide. M Wilson added that, when considering the current capacity of the hospital and overcrowding, IC figures are low. D Holden added that avoidable cases would be considered the greatest disappointment and that internal auditing in ward areas of antibiotic prescribing had lead to an improvement. Y Robbins added that the timeframe for divisions to respond to NICE guidelines was currently six months and questioned when this will be reviewed in response to the number of NICE guidelines without a statement of compliance. D Holden confirmed that they would expect a reduction of 1-2 months next year and subsequent reductions by 1 further month for each quarter. B Bluhm congratulated the team for the outstanding cancer standards performance.

			In response to the Workforce summary, Y Robbins noted the vacancy rate was considerably high during December and questioned whether planning had been put in place to anticipate the seasonal loss. Y Parker confirmed that advertisements since July continued to attract new recruits and 82 nursing staff were currently awaiting start dates. **Board received and noted the Integrated Performance and Quality report.**
5.	**Financial Performance**		
	5.1	**Finance Report (Month 9)**	A paper was circulated to the board prior to the meeting and was agreed as read. The report summarised that risk to delivery of the £6.1m forecast deficit remains high, although the year to date financial performance is on plan. The Trust is now accelerating its 18-week RTT compliance delivery and that will impact on cost control actions previously in place and will require additional funding. The two main risks to the £6.1m deficit are contract challenges from NHS Surrey which is estimated at £2m and the displacement of elective activity by non elective activity estimated at £1.3m. Savings are now on plan, with non pay reserves being allocated against savings delivery (as divisions have managed VAT and other non pay increases within existing budgetary positions). A financial penalty will be incurred against the non delivery of the C Section target and it was agreed inappropriate to request levy on this penalty. We are therefore asking for joint investment. P Simpson informed the board that there is currently a £1.3m underspend and is not likely to be spent by the end of March. Discussions are taking place to ensure this capital is carried over to the following financial year. J Power asked whether the reduced draw-down of cash due to delayed signing of invoices and other factors would result in problems with a consequent later increase. PS replied that taken overall within the period this would not pose a problem. ***The Board received and noted the Finance Report.***
6.	**Risk and Regulatory**		
	6.1	**Board Assurance Framework**	Paper circulated to the board prior to the meeting for information and was agreed as read. It was noted that the report would be presented by the Chief Executive and not the Chairman as per the Agenda. The Trust has approved a new template for its Board Assurance Framework and the board is asked to receive this format for the first time. The new template introduces a requirement for the Trust board to agree its target risk score for each of the Trust objectives. **Action 4: The board has requested an Agenda Item for the next Board Seminar to discuss the Risk Register in greater detail.**

		The Register will be reviewed 1-2 times per year. The board noted the improved report and approved its new format. ***The Board Assurance Framework was noted and approved by the board.***
	Feedback from Craig Melvin (storyteller)	
		Brought forward from the Trust Board meeting in private. M Wilson welcomed Craig Melvin to the board. Craig has been commissioned to develop a 100-word story for SaSH in an attempt to change the reputation of the Trust and to challenge people to think differently about the organisation by working with stakeholders and staff to collect individual and team stories. It aims to connect people with the organisations vision, values objectives and strategy. An e-book of stories will be published and available to the Trust. There have been very few negative stories received.
	Other Lisa Bangs, Chair of PALS introduced herself to the Board and added that, since taking over the role in September, the team has found new focus in their role and responsibilities to the Trust. The PALS office is expected to relocate in order to play a more interactive role in responding to patient experience and in order to raise the profile of the team in the hospital. **Action 5: The Chairman requested a follow-up meeting with the leaders of the Patient Council following the Trust Board meeting.** I Mackenzie updated the board that a further 40 wheelchairs had been purchased, each of which will require a refundable deposit of £1.00.	
	7.1	**Any Other Business** No further business was discussed.
	7.2	**Questions from the Public** There were no questions received from the Public.
	7.3	**Date of Next Meeting** **Friday 23rd March 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 1	**Circulate Clinical Review Report** M Wilson to share with the Board the report which summarised the Clinical Review	**M Wilson**
ACTION 2	**Trust Board Agenda April** B Bluhm to update the Board on agreed set of metrics and actions for DToCs.	**B Bluhm**

	.	
ACTION 3	**Integrated Quality & Performance report** Establish differentiation in metrics reflecting the number of patients who have attended ED and left before being seen by a clinician and those who were discharged and later returned.	**B Bluhm**
ACTION 4	**Board Seminar Agenda** Discuss Risk Register in detail at next Board Seminar.	**M Wilson**
ACTION 5	**Patient Council – Meeting with the Chairman** Follow up meeting to be organised for the Chairman and the Patients Council team.	**S Beeby**

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman: **Date:**