Surrey and Sussex NHS
Healthcare NHS Trust

Minutes of the Trust Board meeting held in public
on Thursday 25th November 2010 : 10:30 to 12:00 noon
in the Post Graduate Management Centre at Crawley Hospital,
West Green Drive, Crawley, RH11 7DH

Present

Alan McCarthy	**Interim Chairman**
Joe Chadwick-Bell	**Director of Strategy and Transformation**
Richard Durban	**Non-Executive Director**
Edward Cooke	**Non-Executive Director**
Graham Curtis	**Non-Executive Director**
Rob Haigh	**Chief Medical Officer**
Ian Mackenzie	**Director of Business Intelligence and Technology**
John Power	**Non-Executive Director**
Yvette Robbins	**Deputy Chairman**
Mary Sexton	**Chief Nurse**
Paul Simpson	**Director of Finance and Contracting**
Michael Wilson	**Interim Chief Executive**

In Attendance

Norma Christison	**Adviser**
Derek Cooper	**Chairman, Patients' Council**
Philip Holmes	**Director of Environment and Facilities**
Fionnula Robinson	**Director of Communications**
Anne van Vliet	**Trust Board Administrator**

Apologies

Bernadette Bluhm	**Interim Chief Operating Officer**

			Action
1	**Welcome and apologies**		
	1.1	The Chairman welcomed Trust Board members, staff and visitors. Apologies for absence had been received from Bernadette Bluhm.	
	1.2	**Trust Board changes** Alan McCarthy introduced himself as the new Interim Chairman of the Trust, having taken up the appointment less than a week ago. He said that Stuart Welling had unfortunately found it necessary to resign his interim appointment due to ill-health. He then introduced Michael Wilson, Interim Chief Executive, and Dr Rob Haigh, Interim Chief Medical Officer, who had taken up their appointments at the beginning of October, and John Power, Non-Executive Director, who had also recently joined the Trust.	

		The post of Interim Chief Operating Officer was a new one, to which Bernadette Bluhm had been appointed in November, but operational issues had prevented her from attending this meeting. The Chairman thanked Yvette Robbins for deputising as Chairman during the interregnum.		
2	**<u>Minutes of Previous Meeting and Matters Arising</u>**			
	2.1	***Minutes of the meeting of the Trust Board held in public on 30th September 2010 were approved by the meeting as a true record.***		
	2.2	**Matters arising on the minutes**		
		2.2.1	**Health and Safety Annual Report** **<u>ACTION 1</u>** **Yvonne Parker reported that work was taking place on the key indicators following recommendations from the Health & Safety Executive. The revised Annual Health and Safety Report would be available for the January Board.**	**1) Y Parker**
		2.2.2	**Wheelchairs** Philip Holmes reported that staff had been fully briefed on wheelchair access and availability. He confirmed that the system was working well whereby wheelchairs were being returned to the entrances and available for visitors.	
		2.2.3	**Board Assurance Framework** Mary Sexton confirmed that the Board Assurance Framework had been circulated to NEDs and reviewed. This item would be discussed under agenda item 3.2.	
3	**<u>Safe, High Quality Coordinated Care</u>**			
	3.1	**Update on Mid Staffordshire Enquiry and Francis Review** Mary Sexton had previously reported to the Trust Board in March 2010 on the key work taking place in the Trust following the Mid Staffordshire Enquiry and the subsequent Francis Review. The report to the Trust Board included an Action Plan which identified key actions to enable the Trust Board to assure itself that appropriate progress was being made and that the Trust was open to scrutiny.		

		Dr Rob Haigh added that the Trust needed to continue to develop and establish best patient care at all times. He said it was a matter of high priority that each clinical division was fully accountable for its own governance and safety. Yvette Robbins referred to Action 5 and said the Trust Board should be smarter in how it communicated on clinical governance. Graham Curtis expressed concern about the implementation of learning from experience, action taken following complaints and sharing learning across the Trust. Rob Haigh agreed that opportunities must be identified for sharing of learning across the divisions. The clinicians needed opportunities to discuss experiences in a structured way. This was already being done between surgeons, obstetricians and anaesthetists and was being rolled out in other areas. Mary Sexton added that over the past year staff had become confident enough to raise their concerns. The Chairman said that, whilst directly addressing recommendations from the Mid Staffordshire Enquiry, the Trust was also looking at general improvement and key learning points. The next update to the Trust Board would be in March 2011 when the new clinical structure had been embedded. Rob Haigh reported that there would shortly be a review on Radcliffe Hospital Oxford which would have an impact on this discussion. **ACTION 2** **The Chairman requested that, in addition to a full update in March 2011 on the Action Plan in response to recommendations from the Mid Staffordshire Enquiry, the Trust Board also receives reports on any exceptions as they arise, including any feedback from the latest public enquiry.**	**2) M Sexton**
	3.2	**Board Assurance Framework** The Chief Executive asked for questions from the Board on the Board Assurance Framework. The Chairman felt that the Board Assurance Framework was not a clear document for newcomers and members of the audience. The Chief Executive agreed and asked for the structure and wording of the Framework to be presented more clearly and in layman's language.	

		John Power wished to add that, although he could appreciate that a lot of hard work had gone into the report, from a lay perspective, an explanatory key would be helpful. Also, the layout needed tidying up so that headings were at the top of the relevant page. He said it would also be helpful to have link with the risk register. He noted that only red and amber risks were shown and asked whether green risks had been excluded. The Chief Executive offered to discuss this with him outside the meeting. Richard Durban felt that previously risks had been under-estimated but that this document gave greater accuracy of reporting. He said that, if risks were being addressed, the level of risk should be lower on the right than on the left, indicating that achievements were being made. **ACTION 3** **Yvette Robbins felt it might be useful to benchmark the Board Assurance Framework against other trusts. The Chief Executive agreed.** Paul Simpson drew the Board's attention to a new item highlighting the Trust's underlying cash position. The Chief Executive said that, in addition to tackling day-to-day risks, The Trust would also need to identify strategic risks. ***The Board Assurance Framework was received by the meeting.***	**3) M Sexton**
4	**Engaging with the Community**		
	4.1	**Chief Executive's Report** The Chief Executive said that, after only seven weeks in the Trust, he could report that there was good work taking place, of which the Trust could be very proud. The Board had also been reflecting on areas where improvement was needed. A new clinical structure had been put in place to move the Trust towards a clinically-led organisation. New appointments of Chiefs of Service had been made and they were in the process of appointing their teams. Work was also taking place with regard to patient safety. A clinical lead for clinical safety was being appointed, and a nurse for patient safety. For example, a number of patients suffer falls and an infrastructure was being put in place to deal with that. John Power asked whether these appointments were external or additional responsibilities for existing staff. The Chief Executive responded that the work of clinical lead for clinical safety was being taken on by an existing consultant and that the Trust was looking within the establishment for a lead nurse on patient safety.	

		The Chief Executive drew the Board's attention to the North East Review, which had now reached its conclusion. He was keen that dialogue with the various providers and stakeholders should continue in order to talk through and resolve some outstanding issues. It had been a good forum for discussion with county council representatives. The Chief Executive said he would report to the Board on continued progress. He reported that preparation for foundation trust status was high on the board's agenda. A letter to the Secretary of State for Heath had been prepared, as required by the DoH, indicating the Trust's intentions with regard to its application for foundation trust status. There would be a meeting with the Department of Health on 2nd December to discuss the Trust's application and to outline the challenges that the Trust would have to overcome. He said the best level of support was being sought. It was hoped that the Trust would be eligible to achieve foundation trust status. If not, an alternative strategy would be sought. The Chief Executive said he was proud and privileged to be attending the Staff Awards event this evening, where a number of staff would be acknowledge for their service to the trust, including a number of long-service awards. Derek Cooper said that he had been critical in the past of the lack of a robust marketing plan. He was pleased to see this was now being developed and looked forward to more progress. ***The Chief Executive's verbal report was received by the meeting.***	
5	**<u>Easier Access, Shorter Waiting Time</u>**		
	5.1	**Performance Committee** ***– a verbal update from the meeting held on 26th October and 23rd November 2010.*** **1 Performance framework overview** The performance framework is expected to continue pretty much as it is now with changes to some of the thresholds used. The 2010/11 Q3 estimated position is "performance under review", as reported previously. It will take time for performance to be corrected as there is a lot to do in respect of many overlapping issues. The Committee noted that the new management team is implementing changes to improve clinical leadership which will be central to driving the improvements needed (eg: there is now a	

new clinical structure in place and vacancies within it are filled in the interim).

2 Quality & Performance by Trust Objective

A different format was adopted for this week's meeting with relevant Director's reporting against dashboard KPIs grouped according to Trust objectives (the pie charts on page 6 of the report).

i) <u>High quality coordinated care</u>

The Medical Director discussed the serious untoward incidents (SUIs) reported in the last few months, noting that there was a cluster of maternity incidents - specific attention was being applied to this.

In Orthopaedics, where performance around the indicators for fractured neck of femur were below guidelines for timeliness and mortality rates have been flagged as higher than expected, action was also being taken through a medically led action plan, including the review of all patients who had died.

Overall, our Hospital Standardised Mortality Rate is within the expected range, but in addition to fractured neck of femur, we have been assessed as having a higher than average Standardised Mortality Rate for two other conditions in 2009/10 - stroke and pneumonia.

For stroke, where the Trust has invested in strengthening the service since last year, these rates are now below expected levels. We are currently reviewing all the case notes for those patients who have died in hospital with pneumonia to ensure that best care is provided in all cases.

ii) <u>Easier access and shorter waiting times</u>

A&E: the target remains challenging for the Trust – action is centered around medical leadership, professional standards and job planning to ensure discharges are prioritised in the morning.

18 weeks: Two particular specialties are issues – the Trust has invited the 18-week intensive support team in to support action here.

Cancer two week waits: there remain issues with GPs not advising patients of the urgency of the appointment (meaning appointments are cancelled) and internally the Trust is working to provide appointments to patients sooner in the two week period to allow more time for rescheduling.

iii) Better information more choice

For most indicators in this area the Trust was performing above its KPI targets.

iv) Revitalising our environment

Cleaning audit compliance in very high risk areas was achieved for the first time in the year (noting that the 98% threshold is a minimum).

The Trust had experienced a number of mixed sex breaches (where patients were accommodated with members of the opposite sex) because of operational pressures in the month. Works to improve compliance were proceeding, but the breach issue was linked to flow of patients from a busy A&E department.

Trust infection control performance remained below trajectories set for both Clostridium Difficile and MRSA bacteraemia.

v) An effective organisation

Finance - The Trust has reduced its forecast outturn to breakeven, as opposed to a £4.8m surplus and would be rated as "underperforming" in the Performance Framework.

The £3.0m risk to that breakeven remained and the recovery plan would not deliver the full saving required. The Committee noted that the target for the temporary staff workstream was too ambitious with usage currently matching the vacancies (which at 7% for nursing staff were above averages elsewhere) and absence funding, meaning that further savings could only come from reductions in numbers of staff, which would be unsafe.

The forecast would be reviewed, with the SHA at Month 8. Paul Simpson will provide more detail about the financial position.

The forecast would be reviewed, with the SHA at Month 8. Additional information is provided below (6.1) regarding the financial position.

The verbal report on the Performance Committee meeting held on 26th October and 23rd November was received by the meeting.

	5.2	**Performance Dashboard** There were no questions. ***The Performance Dashboard was received by the meeting.***	
6	**Effective Organisation**		
	6.1	**Finance Report** The Finance Director reported that the Trust deficit at Month 7 was £1.6 million, which was an adverse position of £3.6 million to the original plan position. He said the recovery plan Trust savings were unlikely to deliver the revised break-even target. The forecast position of breakeven would be maintained until Month 8, and the position reviewed with the SHA prior to that submission. The risks to the financial position were set out in the Board Paper which also now described the reference numbers and ratings recorded in the Corporate Risk Register. This included the liquidity risk faced by the Trust. The Finance Director expanded on the very poor liquidity position of the Trust and went through the Trust's Statement of Financial Position (Balance Sheet) on page 19 of the report. That described Current receivables (assets) amounted to £19.3million, being monies in the bank and owed to the Trust, whereas payables (liabilities) amounted to approximately £27.0 million, leaving a net negative working capital position of £(7.7) million – this latter negative position described the liquidity problem. Generation of surpluses would be the first route to improve this but since 2007/08 the Trust's surpluses had been used to pay off the Trust's loan and so did not improve the working capital position. Although most of the loan had now been repaid, this left an underlying problem, and to correct the working capital position and turn it into a positive figure large enough to deliver foundation trust performance, it was estimated that an additional £24.0 million was needed to fix the position. An additional £3.2 million cash payment was expected to be paid in December 2010, following resolution of a dispute over an asset sale, which was described in the cash flow statement and would improve the Trust's cash (and so liquidity) position to some degree.. The Chief Executive said that he was in discussion with the Strategic Health Authority and the Department of Health with regard to the complicated financial situation of the Trust. He felt it was not acceptable for the Trust to have to deal entirely alone with the historic financial problems. Graham Curtis asked whether, with the ongoing drive on quality and safety, and on clinical leadership, a comprehensive training	

		programme would be put in place to give clinicians the right management skills. The Chief Medical Officer responded that SASH required a full-time Chief medical Officer because of the range of agendas and the requirement to embed good clinical structure. External facilitation would be required to take on the diverse range of training required to bring clinicians to the right level. ***The Finance Report was received by the meeting.***	
	6.2	**Audit and Assurance Committee** *- Verbal update by Edward Cooke on the meeting held on 16th November 2010* This was the first AAC meeting under the revised Terms of Reference, incorporating some of the responsibilities previously exercised by the Healthcare Governance Committee. (HGC responsibilities had been shared between Management Board (Quality and Risk), Performance Committee & AAC). **<u>External Auditor Progress Report</u>** o This outlined the New VFM Regime which replaced ALE: (i) securing financial resilience (ie meet financial performance targets) and (ii) challenging how the Trust secures Economy, Efficiency and Effectiveness. o DoH requirement for all non-pay invoices over £25k to be published on Trust's web site (which the Trust had implemented). o Advised about new Bribery Act and agreed that, working with Counter Fraud, they will provide a summary for the next AAC of the likely impact on Trust (the Finance Director added that the Trust would need to demonstrate that it had appropriate systems in place to ensure compliance and this was the work that would be completed). o Progress update on implementing actions from the 2009 Governance Review. There will be a further report back to AAC. **<u>Internal Audit</u>:** o Started programme of mandatory and specified audits, specifically audits of Contract and Non-contract income, Finance & Payroll. o Work has commenced on additional audit to investigate capital overspend on Endoscopy project. Report due in February 2011 but heartened to hear that audit may result in some cost savings, against predicted £1m overspend.	

- Audit of job planning would be delayed until next year (when the current Trust overhaul of this process was complete) but the audit of systems for booking temporary staff would continue.

- New audit tracker presented: much improved with narrative explanations as well as progress in removing outstanding items..

Local Counter Fraud:

- Provided update on their latest investigations.

- New compound indicator of our Counter Fraud performance due shortly and was expected to be as last year, a '3' (good performance).

Other Reports:

- Received and discussed report on the Management Board (Quality and Risk). The new committee has been in operation for seven months and the report was felt to be too harsh in its comments. In the light of this, and the various changes underway, an update for the next AAC was requested.

- Also received and considered the report on Clinical Audit. Again, in light of changes in hand, agreed to wait for an updated report at next AAC.

- The AAC work programme was being defined and written into a formal document, and would reflect the new terms of reference and other changes. This will be presented to next AAC.

Other Matters:

- It was confirmed that 'medical records' previously identified by AAC as an issue had been handed-over to the Performance Committee for resolution.

- A Paper was presented to the AAC providing assurance that the functions of the former HCG committee had been properly divided between the AAC, the Performance Committee or the Management Board.

- A Security Report was presented to the AAC for the first time, covering criminal and other security issues relating to SaSH. The AAC was advised that a business case was being prepared to increase security from the present single WTE 24/7 (several staff on shifts equivalent to 1 WTE) security guard.

- Finally, in review of meeting, it was decided to consider reversing the order of future meetings to give increased prominence to

		clinical quality and related risk issues. Joe Chadwick-Bell asked to take part in the meeting with the internal auditors and the Chief Nurse to discuss the timetable around temporary staffing. ***The verbal report on the Audit and Assurance Committee meeting held on 16th November was received by the meeting.***	
7	**Better Information, More Choice** *No agenda items*		
8	**Revitalising our Environment**		
	8.1	**Update on Major Projects** Philip Holmes reported that the trust continued to invest in buildings and environment. There were currently five new key building projects but, in addition, the Trust continued to invest in other obligatory work. The paper to the Board detailed building investments in excess of 8.5m. Discussions were taking place with NHS West Sussex with regard to additional investment at Crawley Hospital in Cancer Services and Paediatrics. Resultant detailed information would be expected early 2011. The five projects detailed in the report were: ‣ **Theatre refurbishment** – value £2 m, providing a new theatre facility which would allow for remote teaching. ‣ **Main entrance enhancement** – value £1.15 m, to include retail outlets. ‣ **Endoscopy project** – value £3.7m. Discussions were taking place with the contractor to manage down their costs. ‣ **Emergency Department redesign** – value £1.5m. It was also reported that there was currently an outstanding insurance claim of £120,000 for repairs to Emergency department following recent damage caused by a car driven into the department waiting room. Fortunately, there had been no injuries to the driver, patients or staff. ‣ **Hazelwood Ward and Clinical Decision-making Unit** – value up to £800,000. The Chief Medical Officer explained the concept of the Clinical	

		Decision-making Unit. He said that with such a large number of patients receiving day surgery rather than in-patient surgery, areas were needed in the hospital where patients could be assessed. He said that CDU was a highly valued model where over a 36-hour period rapid diagnostic procedures take place. This was a modern medical care model highly validated across district general hospitals. Joe Chadwick-Bell requested inclusion of development of a new Medical Day Care Unit being discussed with the PCTs to support the Ambulatory Care Unit. Rob Haigh said that most of that work would be carried out in AMU using the infrastructure already in place to accommodate day cases. Philip Holmes said that sketches of the new main entrance would be available to the Trust Board at the December Board Seminar. ***The Update on Capital Projects was received and accepted by the meeting.***	
9	**For information**		
	9.1	Minutes of Performance Committee 24th August and 28th September.	
	9.2	Minutes of Audit and Assurance Committee 13th September.	
10	**Any Other Business** Questions were invited from the public.		
	10.1	**Services provided at Crawley Hospital** Vanessa Kirby asked for an update on services provided at Crawley Hospital. The Chief Executive explained that Crawley Hospital was owned by NHS West Sussex, but that Surrey & Sussex Healthcare rented space and provided certain day services at the hospital, and managed Comet and Jumbo Wards. The intention was to increase the services being offered. There were issues regarding maintenance of the building, and he was in discussion with the Chief Executive of NHS West Sussex on this subject. He said the day surgery unit had recently been modernised. Mrs Kirby asked whether Cancer Services were being lost at Crawley. The Chief Executive responded that no discussions had taken place on this subject.	

	10.2	**Transport between Crawley and East Surrey Hospital** Mrs Kirby said that pensioners could not get to East Surrey by public transport since the link bus had ceased. It had previously run from early morning until 9:00 pm. She said that there had been hope that another company would provide the service but funding had not been forthcoming. She said that Crawley residents wanted a free bus service, which had been promised to staff and visitors. The Chief Executive said he would look into this. The Chairman added that the whole issue of travel was being looked at, and travel between Crawley and East Surrey would be reviewed as part of this.	
	10.2	**Provision of patient notes** Mrs Bernice Briggs said that when patients were transferred from East Surrey to Crawley Hospital, patient notes were not available which meant that unnecessary time was spent reassessing patients on arrival at Crawley. The Chief Nurse agreed that there had been incidents when the paperwork did not get sent on with the patient. She said that the system was being reviewed to prevent this happening.	
	10.3	**24/7 availability of Thrombolysis** Mr John Gooderham had attended the Trust Board meeting on 6th August, when he had been told that 24/7 stroke thrombolysis would be available by the end of the calendar year. He asked for an update. Ian Mackenzie said that system testing between Surrey sites had already taken place. Users were now involved with the testing. The system was due to go live in February 2011. There was currently an 8:00 am to 8:00 pm service, with overnight patients being transferred to Brighton or Guildford for treatment. The nursing and medical structure was in place and training had taken place. East Surrey consultants would be receiving equipment training in January 2011. The Chief Executive said he was aiming at good connectivity with the teaching hospitals at Brighton or St Georges as well as with Royal Surrey, which would give added benefits. He said he gave his word that the Trust would be open and transparent and that the public would be told when things were not going to plan.	

	10.4	**Breast Scanner** Jean Falcott, secretary of the NHS retirement fellowship at Crawley, expressed concern that the One-Stop Clinic at Crawley did not have a breast scanner. The Chief Executive responded that he was in discussion with the clinicians at East Surrey and Crawley with regard to moving more day work to Crawley, including a breast service. The current equipment needed upgrading and there were plans for the purchase of a new scanner for Crawley this year. He would shortly be in discussion with the League of Friends about funding.	
	The Chairman invited members of the public to give their contact details to Anne van Vliet so that agendas could be sent to them. In conclusion, the Chairman said that Graham Curtis would be retiring from the Trust Board at the end of November, after three and a half years, and thanked him for his contribution. Yvette Robbins thanked Graham for his work on behalf of the present and past board. She said Graham had stressed the importance of putting patients above all other issues. He had made a great contribution to the organ transplant committee. Yvette's words of thanks were endorsed by the board.		
11	**<u>Date of Next Meeting and Annual General Meeting</u>** The next Trust Board meeting in public would take place on Thursday 27th January 2011 at 10:30, in Room 7/8, Post Graduate Education Centre, Maple House, East Surrey Hospital, Canada Avenue, Redhill, RH1 5RH.		

Action Points

1	**Health and Safety Annual Report** **Yvonne Parker reported that work was taking place on the key indicators following recommendations from the Health & Safety Executive. The revised Annual Health and Safety Report would be available for the January Board.**	**Y Parker**
2	**Update on Action Plan following the Mid-Staffordshire Enquiry** **The Chairman requested that, in addition to a full update in March 2011 on the Action Plan in response to recommendations form the Mid Staffordshire Enquiry, the Trust Board also receive reports on any exceptions as they arise, including any feedback from the latest public enquiry.**	**M Sexton**

3	**Board Assurance Framework** **Yvette Robbins felt it might be useful to benchmark the Board Assurance Framework against other trusts. The Chief Executive agreed.**	**M Sexton**