

## Record of the Annual General Meeting

held on Tuesday 21<sup>st</sup> September 2010  
Lecture Theatre, Postgraduate Education Centre,  
Maple House, East Surrey Hospital  
from 14.30 pm until 15:40

### Present:

Stuart Welling	Interim Chairman
Edward Cooke	Non-Executive Director
Richard Durban	Non-Executive Director
Catherine Greenaway	Medical Director
Ian Mackenzie	Director of Business Intelligence and Technology
John Power	Non-Executive Director
Yvette Robbins	Non-Executive Director
Mary Sexton	Director of Nursing
Paul Simpson	Director of Finance and Contracting
Joe Chadwick-Bell	Director of Clinical Services
Gail Wannell	Chief Executive

### Apologies received from:

Graham Curtis	Non-Executive Director
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### In attendance:

Philip Holmes	Director of Environment and Facilities
Yvonne Parker	Interim Director of Human Resources
Fionnula Robinson	Head of Marketing and Communications
Anne van Vliet	Note taker

34 members of the public and staff

No.	Item
1.	<p><b>Welcome</b></p> <p>The Interim Chairman welcomed staff and visitors and introduced Yvette Robbins, who had taken on the role of Acting Chairman from August to 13<sup>th</sup> September 2010.</p> <p>He then introduced each member of the Trust Board.</p> <p>The Chairman invited the audience to take copies of the Annual Report.</p> <p>The Record of the Annual General Meeting for 2009 was also available to the audience. It was duly adopted as a true record.</p>
2.	<p><b>Chairman's Report</b></p> <p>The Interim Chairman paid tribute to the Chief Executive who would be moving to the South East Coast Strategic Health Authority at the beginning of October. He said she had done a great job and would be missed. Michael Wilson would be joining the Trust as Interim Chief Executive on 4<sup>th</sup> October 2010, as would Dr Rob Haigh as Interim Medical</p>

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	<p data-bbox="318 233 1463 296">Director. He then invited Yvette Robbins, Deputy Chairman, to report on the past year 2009-2010.</p> <p data-bbox="318 327 1503 428">The Deputy Chairman said that SASH was on a journey of self-improvement. An £8 million surplus had been achieved and the loan of £56 million had been reduced to £4.8m, which had been an enormous achievement.</p> <p data-bbox="318 464 1503 527">Patient experience had also made good progress, with the Patients' Survey indicating that 90% of patients would definitely or probably choose SASH.</p> <p data-bbox="318 562 1317 594">There had been good progress in reduced incidents of MRSA and C. Difficile.</p> <p data-bbox="318 630 1503 693">There had been considerable investment in clinical serves, both at Crawley and East Surrey.</p> <p data-bbox="318 716 1503 884">She said there was a refurbishment plan for East Surrey Hospital, which was now quite an old building. The ground floor corridor had been refurbished under the first phase, which has greatly improved the environment. The Medical and Surgical Assessment Units had been transformed and now met the same sex accommodation requirements. On this subject, the Trust was proud to be nationally recognised as an example of good practice.</p> <p data-bbox="318 915 1503 1016">Failings in January 2010 under the Hygiene Code following a spot check by the Care Quality Commission (CQC) had been tackled quickly and conditions on the Trust's registration with the CQC had been lifted. Lessons had been learned from the incident.</p> <p data-bbox="318 1052 1503 1152">Goals for next year would be very challenging, with enormous pressures on the public sector as a whole. Significant savings would have to be made on top of the considerable savings already made.</p> <p data-bbox="318 1184 1503 1247">Under the legislation in the NHS White Paper "Putting Patients First", the Trust would have to be smart in providing information to patients and families.</p> <p data-bbox="318 1283 1503 1386">The Trust would continue to engage with its community, its own Patients' Council, the Patient Environment Action Team (PEAT) and the Health Overview and Scrutiny Committees (HOSC).</p> <p data-bbox="318 1388 1503 1488">It was working with partners in healthcare to transform how patients receive treatment, offering treatment closer to home where possible. The Trust welcomed input on how best achieve its goals.</p> <p data-bbox="318 1520 1503 1621">Other aspects of work which would improve the patient experience were resurfacing of the car parks, improved signage and seating, and improved side rooms to manage infection control.</p> <p data-bbox="318 1652 1503 1715">Re-planning of Emergency Department was underway and work would start in the next financial year.</p> <p data-bbox="318 1751 1268 1782">The Interim Chairman thanked the Deputy Chairman for her presentation.</p>

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3.	<p data-bbox="316 226 557 262"><b>Financial Review</b></p> <p data-bbox="316 296 1503 359">The Director of Finance and Contracting presented the Financial Review for the year 2009 to 2010.</p> <p data-bbox="316 380 1503 478">He reported that the Audit Committee had adopted the Accounts on behalf of the Board. Full Accounts could be found on the website <a href="http://www.surreyandsussex.nhs.uk">www.surreyandsussex.nhs.uk</a> and key financial statements were available with the Annual Report.</p> <p data-bbox="316 516 1503 646">Between 2003 and 2007 Surrey &amp; Sussex Healthcare NHS Trust (SASH) had had one of largest debts in the country. Since 2008 the Trust had broken even or delivered a surplus. During 2009 to 2010 The Trust had delivered its plan and made a loan repayment, thus reducing its debt to £4.8 million.</p> <p data-bbox="316 684 1503 747">Available working capital had been a problem and accounts showed that the Trust was in a challenging position going forward.</p> <p data-bbox="316 768 1503 867">He reported that the Auditors Local Evaluation (ALE), which monitored internal control and governance, showed that governance had improved over the past two years, resulting in improved scores.</p> <p data-bbox="316 905 1503 968">Currently the Trust was not delivering its full savings target. As a result its forecast had been revised to show a break-even position, thus putting the final loan repayment at risk.</p> <p data-bbox="316 1005 1252 1041">The Interim Chairman thanked the Finance Director for his presentation.</p>
4.	<p data-bbox="316 1052 829 1087"><b>Corporate and Operational Overview</b></p> <p data-bbox="316 1121 1503 1184">The Chief Executive reported on performance for the year 2009 to 2010, the key issues being patient experience, working with its partners and the financial impact.</p> <p data-bbox="316 1188 488 1224"><u>Performance</u></p> <p data-bbox="316 1257 1503 1421">The Chief Executive reported that the CQC no longer reported on core standards. The Trust was now required to register in order to give assurance that it was delivering against CQC standards. In April this year the CQC confirmed that it was happy with the improvements the Trust had made and that it met all requirements. The Trust was now registered without conditions.</p> <p data-bbox="316 1459 1503 1558">With regard to infection control, the Trust had achieved its targets to reduce C. Difficile and MRSA. Seventeen cases had been reported, compared to twenty-six during the previous financial year. Eight of the seventeen cases were hospital acquired.</p> <p data-bbox="316 1575 1187 1610">The Trust had achieved its 18-week target for referral to admission.</p> <p data-bbox="316 1627 1503 1726">Disappointingly, The Trust had failed its 4-hour A&amp;E wait target. This was set against increased winter pressures and swine flu. It was working with its partners to ensure improved flow through the hospital.</p> <p data-bbox="316 1764 537 1799"><u>Clinical Services</u></p> <p data-bbox="316 1833 1503 1896">The Chief Executive was pleased to report that the Trust had exceeded its targets regarding patients with heart attacks. Thrombolysis is required within 30 minutes, and the</p>

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	<p>Trust had achieved 85% against a target of 75%. Primary angioplasty had achieved 92% against a target of 72%. A new service in cardiology was provision of Implantable Cardioverter Defibrillators (ICD). These matchbox-sized heart monitors were helping patients with life-threatening heartbeats. They were implanted under the skin near the collarbone.</p> <p>There was now a fast-track service in place for stroke patients with dedicated stroke staff.</p> <p>The Trust was delighted with the new CT Scanner at Crawley which enabled West Sussex patients to have closer and faster access to the service.</p> <p>The Trust had gained NHSLA Level 2 compliance for its maternity service.</p> <p>There was now routine infection screening of A&amp;E patients prior to surgery.</p> <p>The Trust had spent £320k last year on showers, toilets, signage and refurbishment in Surgical Assessment Unit to meet new requirements of same sex/privacy and dignity, and was now an area of best practice in this regard.</p> <p>New lighting schemes had been installed to avoid usage where natural light was available.</p> <p>There had been a 14% reduction in complaints, which was attributable to the major improvements that had taken place during the year in dealing with issues raised by patients as they arose.</p> <p><u>Working staff and partners</u></p> <p>Although the Patient Environment Action Team (PEAT) had gained two “good” scores and one “acceptable” score for 2009, they had given the Trust a “good” score in all areas for 2010, and the Trust would be looking to gain “excellent” scores in 2011.</p> <p>The Patients’ Council had helped the Trust enormously on maintaining standards of privacy and dignity for patients and their input was greatly valued.</p> <p>The Trust was working with West Sussex and Surrey providers to offer integrated patient care. The aim was, where possible, to look after patients within their community and to manage them well whilst in hospital and to discharge them quickly and safely.</p> <p><u>2010/11 Objectives</u></p> <p>It would be important to provide value for money and to eliminate waste. There would be reduction in temporary staffing and agency costs. There would be continuing emphasis on patient safety. Training and auditing of clinical services would continue to ensure best patient care.</p> <p>An upgraded IT system would be in place by February 2011.</p> <p>£1.9m had been invested in a new extremity MRI scanner, of which there were only a few in the country. This freed up the large scanner for more complex needs.</p> <p>Capital had been set aside for investment in additional side rooms to better manage patients with infections.</p> <p>The Trust would be engaging with the community through the Patient and Public</p>

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	<p>Involvement (PPI) Strategy to ensure that its services reflected local needs. The Interim Chairman thanked the Chief Executive for her presentation.</p>
<b>5.</b>	<p><b>Open Questions</b></p> <p>The Interim Chairman invited questions from the audience.</p>
<b>5.1</b>	<p>Sonia Everett, a member of the Patients Council, and also a patient representative on the No-Smoking Steering Group, expressed concern as to how the Trust was tackling the ongoing issue of smoking on Trust property, in particular just outside the main doors.</p> <p>The Chief Executive confirmed that smoking was not condoned on Trust premises and that every member of staff should challenge smokers.</p> <p>Philip Holmes, Director of Environment and Facilities said that the Trust would be working with the PCT to educate patients and visitors. The Trust was also looking at setting aside facilities for those who needed to smoke, whilst also satisfying no-smoking legislation.</p> <p>Zena Dodgson, Trades Union Facilitator, added that media, such as hospital and local radio, could help with publicity on this subject.</p>
<b>5.2</b>	<p>Martin Holland, Surrey LINKS, asked how moving responsibility for commissioning to GP practices would affect Surrey &amp; Sussex.</p> <p>Paul Simpson, Director of Finance and Contracting, responded that the mechanism of payment by results would continue, but that groups of GPs would replace the Primary Care Trusts in providing the function. There would be an advantage in that funding would be closely linked to clinical decision-making. He said that, although the Trust would be trying to ensure that patients chose the services provided by SASH, other providers would be doing the same.</p> <p>The Chairman added that this was the largest single change facing the NHS. The White Paper made it clear that decisions would be made at the lowest level. There would be a shift as to how GPs viewed healthcare services. The Trust would need to ensure it was first choice for the service required.</p>
<b>5.3</b>	<p>Alyson Jenkins, Vice Chairman of the Patients' Council, said that since she had become involved with the Patient Council in January 2007, there had been three changes to the timeline for application for foundation trust status. She asked whether foundation trust status would be achievable in view of the current financial forecast.</p> <p>The Chairman responded that to achieve foundation trust status, the Trust would have to be financially strong, with good liquidity. There were significant income and expenditure problems to be addressed. Every hospital would need to be a foundation trust by 2013 and this trust had between six and nine months to demonstrate it was significantly robust enough to get to foundation status. If it were found that foundation trust status was not achievable, other options would have to be looked at. He said the Board believed that the Trust had a future as a foundation trust.</p>

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	<b>5.4</b>	<p>Zena Dodgson said that Frimley Park NHS Foundation Trust was making ambitious improvements and Brighton and Sussex University Hospitals NHS Trust was also expanding. She asked how these improvements would affect Surrey and Sussex.</p> <p>The Chairman responded that every hospital had services in which it specialised. For example, Brighton would become a major trauma centre. Surrey and Sussex had particular strength in its geographical situation. Configuration of services would be a factor when a patient decided which hospital to select. Certain services would be built up and others might have to be shed. The Trust would be working with networks of providers across the region.</p>
	<b>5.5</b>	<p>Alyson Jenkins said that Outpatients Department was an uninviting, cramped and uncomfortable area of the hospital. She said the appointments system was not efficient. For example, a consultant might request the patient to return in two months but that there would be no appointment available within that time. She asked whether there were plans for service improvement.</p> <p>Joe Chadwick-Bell, Director of Clinical Services, replied that the appointments system had been centralised and there had been a marked reduction in complaints. It was now easier to access the appointments system from the Trust's other sites at Crawley and Horsham.</p> <p>In addition, a capacity and demand study was currently being carried out. The Trust was also looking strategically at whether some outpatient services could be carried out by GPs in future.</p> <p>The Director of Environment and Facilities said that the Trust was looking at how it used its space and how best to spend its limited available capital. A programme of redecoration was in place, which would make a difference to the patient environment. However, until a decision had been made on whether the space currently allocated to Outpatients was the correct size and in the correct place, it would be unwise to go ahead with capital investment in that area.</p>
	<b>5.6</b>	<p>Roy Cornell Horsham District Council said that he and members of his family have received very good treatment at Surrey and Sussex Healthcare, and he wished to thank the Board.</p>
	<b>5.7</b>	<p>Zena Dodgson said that services had moved from Crawley to East Surrey which had made access difficult for patients from West Sussex. She asked that access to services by patients from that area, who had lost local services, was treated as a priority.</p> <p>The Chief Executive responded that there had been considerable investment in services and equipment at Horsham and Crawley Hospitals. SASH consultants supported the Minor Injuries Centre at Horsham and the Urgent Treatment Centre at Crawley. There was now a new CT Scanner at Crawley, and theatres had been much improved so that a significant amount of day surgery was now carried out at Crawley. There had been considerable effort made to retain Cancer Services on Comet Ward at Crawley. Patients were now able to go to Crawley Hospital for endoscopy procedures. It was the intention that patients be treated nearer home wherever possible.</p>

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	<p>With regard to Jumbo Ward (Paediatrics) at Crawley, this was no longer clinically or financially viable, but paediatric consultant clinics had been increased at Crawley. Dr Greenaway, Medical Director, added that there was now a dedicated Paediatric Outpatients Suite on the fifth floor at Crawley Hospital, which patients and parents were very pleased with. A review of Children's Services in West Sussex is currently taking place to ensure that needs would be met as close to home as possible. The emergency pathway for children with special needs was also under consideration.</p>
6.	<p><b>Closing Remarks</b></p> <p>The Chairman thanked the audience for coming and sharing their views with the board. There being no further business, the Chairman declared the meeting closed at 15:40.</p>
7.	<p><b>Next Annual General Meeting</b></p> <p>The next Annual General Meeting will be held on Tuesday, 20<sup>th</sup> September 2011 at 14:30, Lecture Theatre, Postgraduate Education Centre, Maple House, East Surrey Hospital, Redhill.</p>
	<p>Presentation by the Chairman, Finance Director and Chief Executive to the Annual General Meeting.</p>  <p>100921 Presentation to the AGM.ppt</p>

These minutes are approved as a true and accurate record (subject to any amendments agreed at the next Annual General Meeting).

**Alan McCarthy**

**Chairman:**

**Date:**