

Minutes of Trust Board meeting held in Public  
Friday 23<sup>rd</sup> March 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
Edward Cooke	Non-Executive Director
John Power	Non-Executive Director
Richard Durban	Non-Executive Director
Norma Christison	Non-Executive Director

**In Attendance**

Joe Chadwick-Bell	Director of Strategy and Transformation
Yvonne Parker	Director of HR
Ian Mackenzie	Director of Information and Facilities
Sally Brittain	Deputy Chief Nurse
Sacha Beeby	Trust Board Administrator

**Apologies**

Jo Thomas	Chief Nurse
Dr Des Holden	Medical Director
Lisa Bangs	Chairman, Patients' Council
Anne Walker	Surrey LINKs
Fionnula Robinson	Director of Communications

1.	<b><u>General Business</u></b>
1.1	<p><b>Welcome and Apologies</b></p> <p>The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public.</p> <p>A McCarthy informed the Board and members of the public that Anthony Sumara would be observing the Board and thanked him for joining the meeting.</p> <p>Apologies for absence were noted as listed above.</p>
1.2	<p><b>Declarations of Interest</b></p> <p>The Trust Board members confirmed that they had no additional interests to declare.</p>
1.3	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive's update was circulated to the Board prior to the meeting for information and was agreed as read.</p> <p>M Wilson highlighted the Trust's performance improvement in February, having met the 18 weeks RTT, Endoscopy 6 week wait clinical standard and having maintained the VTE clinical standard. This has been achieved despite continuing to see a high volume of patients coming to the hospital.</p>

A McCarthy informed the Board that the Board Governance Assurance Framework (BGAF) which is normally reported at each meeting would not be presented today as it is currently in development and discussion with Executives. A reformatted BGAF will be presented at the next Board meeting.

M Wilson reported that in February, Henry Smith MP opened our new-look mammography service at Crawley hospital. The service allows Surrey and Sussex patients access to the latest digital technology for breast cancer diagnostic services. M Wilson added that it was disappointing to have taken a year to open the unit, however the facility is operating well and is already making a great contribution to the service.

The CQC have published the results of the national outpatients' survey. Patients were asked a series of questions relating to their experience as an outpatient. For almost all responses our rating fell within the intermediate 60% of Trusts, which indicated that patients were largely satisfied with the standard of treatment and care they received. Areas that the survey showed a slightly weaker performance included patients knowing what would happen during their appointment and for ensuring that patients knew who to contact about their condition or treatment after leaving hospital. The Trust recognises these areas need improvement and they will form part of an Action Plan to improve the outpatient experience for our patients.

Y Parker added that the Customer Care Programme was now in place and currently, there are approximately 1200 members of staff enrolled.

**Action 1: Y Robbins requested that the CQC Outpatients Survey is circulated to the Board.**

M Wilson added that the new patient entertainment systems will provide free calls, internet access and T.V. The Trust hopes to roll the systems out to the wider organisation and hopes it will set the standard for patient experience.

M Wilson was pleased to report that two new wards, Charlwood and Copthorne had opened on time and on budget. The opening of the new wards has allowed the Trust to create a much larger dedicated stroke ward which in turn will allow us to meet a key healthcare target in ensuring 80% of stroke patients spend 90% of their time on a dedicated stroke ward.

As part of the £14m redevelopment programme, remodeling of the west entrance of the hospital commenced on 5<sup>th</sup> March 2012. Phase 1 of the building work will take 18 weeks, followed by a further 8 weeks to complete Phase 2. New shops will be part of the development offering wider choice for patients. We expect the work to be completed by August 2012. Apologies were noted for any inconvenience caused to patients and staff during this time.

A new Acute Oncology Service will expedite the treatment of patients known to have cancer with acute complications of treatment or the malignancy and the diagnosis of patients admitted as emergencies with cancer of unknown origin. M Wilson welcomed Dr Maria Drzymala as Consultant Acute Oncologist.

Surrey and Sussex Healthcare have been working with the Royal Surrey County Hospital on a plan to deliver radiotherapy and chemotherapy services for our patients closer to home. The Board at RSCH have agreed to fund a radiotherapy facility at East Surrey hospital site containing 2 linear accelerators. We have also agreed to increase the level of chemotherapy at both East Surrey and Crawley sites and to review and implement options to deliver home care chemotherapy to our patients when it is clinically appropriate to do so.

A Macmillan information pod has also been based in the Friends of East Surrey hospital coffee shop. The pod was put in place as part of a scoping exercise to assess how an integrated information and support centre could complement the current experience of people affected by cancer. This will support our business case to Macmillan Cancer Support to build a centre at East Surrey Hospital.

The Board was asked to recognise that the HSDU at Crawley was advised to shut down with only 4 weeks notice due to the need to remove asbestos. The staff in HSDU were thanked for being flexible with their working hours and shifts and making sure the service was not affected

		<p>during this time.</p> <p>East Surrey hospital will receive £6 million of capital funding for 2012/13 to modernise the operating theatres and refurbish wards and clinical areas. We were one of many hospitals across England to receive funding as part of the overall £330 million additional capital allocation for England. I Mackenzie was thanked for his efforts in helping to secure this funding.</p> <p>On Monday 26<sup>th</sup> March 2012, we will hold the official opening of the Simulation Suite at East Surrey hospital's Post Graduate Education Centre. The centre will be formally named in honour of the later Valerie Newman, Consultant Anesthetic and Lead Clinician for Patient Safety, who worked at the Trust for several decades.</p> <p><b>Michael Wilson was thanked for his written report.</b></p>
2.		<p><b><u>Safety, Quality and Patient Experience</u></b></p>
	2.1	<p><b>End of Life Care at SaSH – Presentation by Naomi Collins and Jane Penny</b></p> <p>N Collins and J Penny presented slides to the Board highlighting the Agenda for EOLC and the EOLC strategy (2008).</p> <p>Achievements so far include; the written and approved EOLC Strategy for SaSH, an EOLC working group with wide membership across the Trust, investment from the Trust in McKinley drivers recognised as the gold standard in delivery of medications, EOLC is now included on statutory/mandatory training, an e-learning pilot project rolling out EOLC via e-learning which is funded by the SHA and participation in all three rounds of the National LCP in acute hospitals audit.</p> <p>Results of the National Audit of LCP (Liverpool Care Pathway) in Acute Trusts revealed that the percentage of all deaths on the LCP was 29% (up from 17% and a national average). However, the ambition was to achieve 80% by the end of 2013.</p> <p>The percentage of non cancer patients on the LCP was recorded at 76% (up from 30%) and this considerable increase was due to the diagnosis of cancer patients proving easier.</p> <p>The percentage of patients on the LCP with PRN meds available was 89% however, the ideal target is 100%.</p> <p>J Power congratulated the Team on raising LCP from 17% to 29%, but asked whether it was suitable for all, in other words, was a realistic objective somewhere less than 100%? Dr Collins confirmed that this was so.</p> <p>Out of 8 key performance indicators, SaSH was in the top 25% nationally for 2 and in the IQR for the remaining 6. This is a very positive result.</p> <p>MPET (multi-professional education and training) funding from St Catherine's Hospice will provide training opportunities for qualified nurses, healthcare assistants and medical staff. SaSH are recognised as being the only acute trust to be collaborating with the hospice.</p> <p>M Wilson challenged the need to ensure Consultants are fully engaged in relevant training.</p> <p>Y Robbins questioned whether EOLC was always delivered at the Hospice or whether it could be delivered at the hospital, supporting EOLC through a range of pathways including care homes and private homes.</p> <p><b>N Collins and J Penny were thanked for their presentation.</b></p>
	2.2	<p><b>Safety and Quality Committee (S&amp;QC) Update</b></p> <p>The Chair's update was circulated to the Board prior to the meeting for information and was</p>

	<p>agreed as read.</p> <p>Y Robbins updated the board on the key issues discussed at the Safety &amp; Quality Committee meeting on 22<sup>nd</sup> February 2012.</p> <p>The report summarised that SaSH's 11/12 audit programme was ambitious and although good progress was noted, a few programmes will be carried over into 12/13. In order to provide further assurance about the audit outcomes, the committee has asked for a quarterly summary to be presented.</p> <p>E Cooke offered to provide some expertise and assistance if and where needed in terms of the audit programmes.</p> <p>The committee received an update on the progress of the quality strategy around the governance framework and was assured that the three steering groups (Safety, Clinical Effectiveness and Patient Experience) and the new format of the Management Board for Quality &amp; Risk would be fully functioned from April 2012.</p> <p>The issue of data quality was raised as it is one of the 10 assurance categories that Monitor use to assess FT applicants; the Chair has requested a review of how data quality assurance is given to the committee and has raised the need for a systematic review of the data quality underpinning all KPI's with fellow board members.</p> <p>I Mackenzie added that the current focus on delivering data for the 18 week target meant that this may not be achievable before early Summer 2012.</p> <p>R Durban reiterated the need to prioritise KPIs to patient and Trust needs.</p> <p>A review of Serious Untoward Incident (SUI) themes demonstrated that the incidence of SUIs had increased mainly due to the additional classifications now defined as SUIs. Not all SUIs were clinical and the number of SUIs at SaSH was comparable with other organisations. Concerns were raised over the number of outstanding actions and action plans and it was assured that divisions were now tasked to deliver or close.</p> <p>The committee's next meeting will take place on Wednesday 28<sup>th</sup> March 2012.</p> <p><b><i>Yvette Robbins was thanked for her written report.</i></b></p>
<p><b>2.3</b></p>	<p><b>Chief Nurse's Report</b></p> <p>A paper was circulated to the board prior to the meeting for information and agreed as read.</p> <p>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.</p> <p>S Brittain reported that quality and safety performance overall remains good and has shown further improvements since December 2011.</p> <p>Using the Dr Foster reporting methodology for mortality, the Trust has once again shown an improvement in mortality. The most recent publication shows the Trust has, for the first time, fallen below the national average.</p> <p>Work continues around Fracture Neck of Femur and this has already seen the stroke mortality rate fall from an outlier to the current figure of 115, which still remains above the national average but within a tolerable range according to Dr Foster.</p> <p>The Trust was inspected by the CQC during December 2011 and focused on our escalation areas following concerns raised by an anonymous whistleblower about the safety and functionality of the escalation area 'POPPA'. Feedback from the visit reported the Trust to be meeting the CQC essential standards of quality and safety and the Trust has now closed POPPA since the opening of the new wards in February 2012.</p>

	<p>Focus continues on reducing the number of falls and various initiatives are in place to assist this.</p> <p>There were 20 episodes of pressure damage reported for January 2012. Action is being taken to reduce the number of incidents. S Brittain has visited neighboring Trusts who report no pressure damage cases. Our aspiration must be zero tolerance and staff will be held to account in order to avoid further cases.</p> <p>The Trust has experienced significant outbreaks of Norovirus within the last month. Both the Infection Control team and Trust employees have worked hard to further improve and enhance our infection control standards and management. Of note, the cross infection rates have decreased dramatically and we have seen fewer outbreaks this year than in previous years.</p> <p>The bacterium Pseudomonas Aeruginosa, a relatively common form of hospital infection with serious consequences for patients has been identified at a maternity hospital in Belfast. Resultant to the alert received from the Department of Health, a sink audit on NNU and the adult ICU was carried out. The audit recommended a number of actions as a priority but concluded there were no significant concerns for the Trust when considering the levels found.</p> <p>S Brittain and I Mackenzie agreed to work together to ensure actions are followed through.</p> <p>J Power noted that SHMI figures were expressed in comparative terms and asked whether this meant that an apparent improvement could be caused either by SaSH getting better or by others getting worse. Did we have adequate mechanisms in place to monitor our figures in absolute terms and flag up promptly any untoward trends? The medical Director explained that there were a number of measures in place for such early detection.</p> <p>A total of 12 patients were affected by a mixed-sex accommodation breach in February 2012. In all cases, the issue related to capacity and is a significant reduction on previous months.</p> <p>Complaint trends continue to see a reduction in numbers when compared to previous years. Overall, trends remain the same, with the Medical Division receiving the highest number of complaints and medical treatment being the most complained about issue.</p> <p>The Patient Advise Liaison Service collect and manage feedback cards received from patients. During quarter 3 we received 155 comments (up from our average of 100 cards per quarter) of which 105 (68%) were compliments. This is a significant increase compared with a previous average of 50% compliments received over the past 2 years.</p> <p><b><i>Sally Brittain was thanked for her written report.</i></b></p>
<p><b>2.4</b></p>	<p><b>Quality Account Progress Update</b></p> <p>A paper was circulated to the Board prior to the meeting for information and was agreed as read.</p> <p>Chair of Safety and Quality Committee requested the Board to note the report on progress against the quality priorities described in the 2010/11 Quality Account.</p> <p>In financial year 2011/12 the Trust board adopted several priority areas for focus in order to improve the quality of its services. These priorities were set against the environment of national expectation but were also drawn from issues raised through complaints and through incidents.</p> <p>The priorities were set within three main areas including Patient Safety, Clinical Effectiveness and Patient Experience.</p> <p>Over the course of the year, falls per 1000 bed days have reduced significantly and falls resulting in harm have also fallen.</p> <p>As of 16<sup>th</sup> March 2012, there have been 5 MRSA bloodstream infections and 50 CDifficile</p>

	<p>infections. The MRSA figure exceeds our target by 1 case however, we are still within target for CDi and have seen fewer cases than the 70 cases for 2010/11.</p> <p>P Simpson challenged what the Infection Control themes were and what action was being taken by the Taskforce Group to avoid further cases and therefore failing the trajectory.</p> <p>D Holden confirmed that the Trust and its staff are continuing to reduce medication errors through weekly antibiotic prescribing rounds and in addressing theatre team working through the WHO checklists. The Taskforce meetings were attended by senior clinicians including the Medical Director and Chief Nurse and M Wilson has agreed to attend should improvement not be seen.</p> <p>Executive team members agreed to be involved where possible.</p> <p>The Trust pledged to reach and sustain 90% risk assessment for both elective and emergency admissions in line with national guidance and CQUIN. The Trust reached this performance for the month of December 2011 and has continued to deliver in excess of the target in January and in February and is in line to deliver again in March.</p> <p>The Trust set a priority to improve satisfaction with Outpatients scheduling and booking appointments. In the year for which this priority was set, the Trust received 12 written complaints about this element of performance. However, in the year to date the Trust has received 21 complaints about this element of service. It is believed the significant increase is in part due to increased demand and the commitment to deliver access targets.</p> <p>It was suggested that the Patient Advice Liaison Services could be better promoted to patients within the hospital in order to avoid some issues becoming a formal complaint. It was also noted that there was an increase in the number of Outpatients clinics performed in January and February and this may affect the ratio of complaints per 1000 patients to be in favour of overall performance.</p> <p>In summary, good progress has been made in some areas despite the operational pressures the organisation has worked under. None-the-less, there are areas where good progress does not appear to have been made. The Board needs to ensure that the priorities it sets are relevant and deliverable and needs to track deliver periodically through the year to assure itself of meeting its targets for 12/13.</p> <p><b><i>D Holden was thanked for his written report.</i></b></p>
<p><b>3.</b></p>	<p><b><u>Operational Performance</u></b></p>
<p><b>3.1</b></p>	<p><b>Integrated Performance and Quality Report (Month 11)</b></p> <p>A paper was circulated to the board prior to the meeting and was agreed as read.</p> <p>The report summarised that despite the Trust remaining “challenged” it had delivered progress, including the 90% 18 week Referral To Treatment (RTT) target amongst others in M11.</p> <p>Performance had improved in the delivery of the waiting time target as part of the agreed 18 week plan and an increase in activity had been seen due to better utilisation of theatres, increased Outpatient Clinics and reduced cancellations. This now meant that the current backlog of patients stood at 653.</p> <p>Performance in other areas were contributing to a notable increase in positive ratings within the dashboard with further improvements seen in C-Section performances and for pressure damage.</p> <p>A &amp; E is on trajectory to deliver the 4 hour access target at the end of March 2012, noting that the trajectory sees sporadic delivery until May and sustainable delivery from June. Performance in M11 remained at previous levels, impacted by restrictions on bed capacity from Norovirus outbreaks and additional capacity only opening in the last two weeks of the</p>

		<p>month.</p> <p>Daily performance meetings are now in place to support A&amp;E management and a weekly review of the metrics to identify changes in performance with action taken to correct. The introduction of two new consultants within E.D from April should see an improvement in the management of the workforce and decision-making.</p> <p>B Bluhm added that measures were in place to ensure services are not compromised during peak periods of staff absence such as public and bank holidays. Internal planning was in progress for the forthcoming Easter holiday and community services were being contacted in advance to ensure sustainable pathways during that time.</p> <p>R Durban wanted to understand our most recent performance in terms of Delayed Transfer of Care (DToC). B Bluhm confirmed that there had been a significant shift since amalgamating the responsibility of the social care teams. The Trust has agreed that Surrey will provide a lead coordinator onsite to oversee the performance delivery for DToC.</p> <p>J Power noted that in most cases, though not all, the year to date figure was the same as the most recent month figure. He wondered whether it would be more helpful and consistent to have discrete rather than cumulative figures for each month. The Director of Operations agreed to look at this</p> <p>A McCarthy added that, under 'normal' circumstances, delivery of VTE assessments should be 100%. However, data capture and analysis meant that this was not measurable at the current time.</p> <p>Performance remains above target for the majority of Cancer targets, however the Bowel Screening Programme has produced additional demand on the service.</p> <p>Stroke related performance has improved during recent months and is expected to improve further during March, due to the increased bed capacity in the new Acute Stroke Unit. Following validation and the removal of incorrectly coded patients, getting to scan within 24 hours for M11 is now at 40%.</p> <p>Y Robbins asked whether the scan was key to the diagnosis and early treatment. D Holden confirmed that it was important to understand the type of stroke they were treating.</p> <p>FNoF targets have moved adversely compared to M10, the limiting factor has been due to the variable volume of Trauma admitted at any one time. There will be continued daily monitoring of FNoF performance and the pathway is currently under review.</p> <p>Maternity indicators had been met with a downward trend showing favourable for the rate of C-Sections. This improvement has been linked to actions taken in the specialty by the lead consultant.</p> <p>The Trust has seen multiple escalation areas open and the full capacity protocol adopted. The reportable mixed-sex breeches for non clinical reasons occurred in the Medical Division in the Discharge Lounge and the Acute Medical Unit (AMU). Regular site meetings are now taking place with operational and clinical staff to explore opportunities to prevent further breeches occurring.</p> <p>There has been an increase in the establishment due to the additional staff templates for new wards. However, this has created a greater vacancy rate and use of Agency and Bank staff. An increase in sickness levels has been contributed to gastro illnesses.</p> <p><b><i>Board received and noted the Integrated Performance and Quality report.</i></b></p>
4.		<b><u>Financial Performance</u></b>
4.1		<b>Finance Report (Month 11)</b>

		<p>A paper was circulated to the board prior to the meeting and was agreed as read.</p> <p>P Simpson summarised that the year-to-date financial performance remains on plan. The deficit at month 11 is £6.4m and the forecast outturn remains £6.1m.</p> <p>Although unsigned, the Trust has invoiced the PCT in relation to the Memorandum of Understanding (MOU) for the delivery of the 18 week RTT target. This deals with the £1.3m risk expressed about the cost from the displacement of elective activity by non-elective activity.</p> <p>J Power asked how the MOU cap would operate and whether this posed a risk to income. The Finance Director explained that it would not</p> <p>The main risk to the £6.1m deficit is therefore the contract challenge from NHS Surrey. This is being managed through the contract process and a resolution is expected to be reached, therefore removing this risk.</p> <p>Savings continue to be on plan at month 11 and the forecast is that £7.7m of savings will be delivered.</p> <p>The permanent solution to the cash problem for 11/12 has been resolved as previously reported. It is now likely that there will be a cash balance of £4m at the end of March 2012, reflecting a new agreement reached with the Department of Health to carry over unspent capital allocations (owing to re-phasing of the unscheduled care project) into 2012-13.</p> <p><b><i>The Board received and noted the Finance Report.</i></b></p>
4.2	<b>12/13 Budget</b>	<p>A paper was circulated to the Board for the proposed 2012/13 budgets for approval and sign-off.</p> <p>The report summarised that the Board had seen 3 previous versions of the paper, including the Extradordinary Trust Board held on 12<sup>th</sup> March 2012.</p> <p>The underlying deficit is as reported to the Board on 12<sup>th</sup> March but the budget now includes the allocation of £16.0m of baseline funding. This replicates the Plan submitted to the Strategic Health Authority (SHA) on 16<sup>th</sup> March 2012.</p> <p>Therefore, the budget shows a breakeven position. The breakeven now becomes the income and expenditure “control total” as defined in the Trust’s Standing Financial Instructions.</p> <p>The underlying deficit is £12.9m, reflecting non recurrent items included in the budget. The core savings plan uncluded is £10.0m, 5% of turnover, plus £3.8m of cost savings flowing from income reductions. The total savings plan is therefore £13.8m; 7% of turnover.</p> <p>Contracts have not yet been signed with PCT/CCG’s but the likely outcome of the 12/13 contract negotiations is an expected £1.2m gap with NHS Sussex and a £5.2m gap with NHS Surrey. This will provide a risk between the organisations.</p> <p>An indicative capital budget was included in the report for approval and will be subject to further consideration at the Investment &amp; Workforce Committee as confirmation of capital resource limit and cash funding are required.</p> <p><b><i>The board noted and approved the 12/13 Budget.</i></b></p>
5.	<b><u>Strategy</u></b>	
5.1	<b>Transformation Programme Progress Update (Month 11)</b>	<p>A paper was circulated to the board prior to the meeting for information and was agreed as read.</p>

		<p>J Chadwick-Bell summarised the progress of the transformation programme for the period from January to February 2012.</p> <p>The programme has delivered YTD savings of £6,854k against a target of £6,811k (a favourable variance of £43k).</p> <p>The 11/12 forecast outturn savings remain at £7.7m and significant progress was noted on the following projects:- Ambulatory Care pathways, Radiology, VTE, Digital dictation, Health Records, ERP, Pharmacy Drug &amp; Usage savings and Postage Efficiencies.</p> <p>A McCarthy noted that nursing costs remained a challenge for the Trust and reiterated the need to address any underlying issues.</p> <p><b>Action 2: Y Robbins requested future Transformation reports to reflect more specifically the benefits for patients.</b></p> <p><b><i>The Board accepted the report and thanked Joe Chadwick-Bell for the update</i></b></p>
<b>6.</b>	<b><u>General Business</u></b>	
	<b>6.1.1</b>	<p><b>Minutes of the meeting held on 9<sup>th</sup> February 2012</b></p> <p>The minutes of the meeting held on 9<sup>th</sup> February 2012 were approved as a true record.</p> <p>They were then signed off by the Chairman.</p> <p>The Chairman requested that the minutes are reviewed by the board earlier in the Agenda for future meetings.</p>
	<b>6.1.2</b>	<b><u>Actions Tracker</u></b>
	<b>6.1.2.1</b>	<p><b><u>Action 1: Circulate Clinical Review Report</u></b></p> <p><b>M Wilson to share with the Board the report which summarised the Clinical Review</b></p> <p>The Board confirmed that they had not received the report and M Wilson confirmed that this would be circulated immediately following the meeting.</p>
	<b>6.1.2.2</b>	<p><b><u>Action 2: DToC Update</u></b></p> <p><b>B Bluhm to update the Board on agreed set of metrics and actions for DToC's.</b></p> <p>B Bluhm confirmed that she would share with the Board at the next Board meeting once metrics and actions had been agreed and finalised.</p>
	<b>6.1.2.3</b>	<p><b><u>Action 3: Integrated Quality &amp; Performance report</u></b></p> <p><b>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></p> <p>B Bluhm confirmed that, with further investigation this was not possible due to the rate of unplanned re-attendances which could not be accounted for.</p>
	<b>6.1.2.4</b>	<p><b><u>Action 4: Board Seminar Agenda</u></b></p> <p><b>Discuss Risk Register in detail at next Board Seminar.</b></p>

			The revised Risk Register and BAF were presented and discussed at the Board Seminar in April 2012.
		<b>6.1.2.5</b>	<p><b><u>Action 5: Patient Council – meeting with the Chairman</u></b></p> <p><b>Follow up meeting to be organized for the Chairman and the Patients Council team.</b></p> <p>Meeting was arranged for the Chairman to meet with Anne Walker and Lisa Bangs of Patients' Council.</p>
		<b>6.2</b>	<p><b>Amendments to the Corporate Governance Manuel</b></p> <p>The November board approved amendments to the Standing Financial Instructions. The report presented amendments to the Standing Orders and the Scheme of Delegation.</p> <p>The changes noted were almost entirely about ensuring that the Rules of Procedure, sub-committee terms of reference and the SO's and Scheme of Delegation align.</p> <p><b>Action 3: M Wilson requested an amendment to Point 4 on page 8:- Nomination and Remuneration and Terms of Service Committee. Wording to be agreed between M Wilson and P Simpson.</b></p> <p><b><i>The board noted the revised documents and the necessary amendment will be made.</i></b></p>
		<b>6.3</b>	<b><u>Update from Board Committee Chairs</u></b>
		<b>6.3.1</b>	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>The Chair's update was presented verbally to the board due to the timing of the AAC meeting.</p> <p>E Cooke summarised that principle focus for the AAC meeting held on 22<sup>nd</sup> March 2012 was the preparation and planning for the year-end accounting.</p> <p>Internal Audit has reviewed the assurances provided for two lines of the BAF, both relating to Patient Experience being adversely affected by workload and failure in booking and clinical systems. However, both received positive assurance from the Internal Audit and comments made by the Manager undertaking the reviews were that there had been noticeable improvement in the quality of the BAF assurance as the exercise progressed through the year.</p> <p>P Simpson introduced the new format 'Annual Governance Statement' which is part of the year-end submission and replaced the annual 'Statement of Internal control'.</p> <p>Internal Audit reported on two accounting reviews; payroll feeder systems and fixed asset management. Both received positive assurance.</p> <p>The committee was advised that the Audit Commission audit team will be subsumed by Grant Thornton following completion of the 11/12 audit and the team will remain unchanged.</p> <p>The Audit Plan was presented to the committee, highlighting key areas of work for auditing the Accounting Statements, Value for Money audit, together with key milestones and deadlines.</p> <p>The Committee will reconvene on Monday 23<sup>rd</sup> to consider the accounts, before the accounts are handed over for audit and submission to the DoH in un-audited form.</p> <p><b><i>Edward Cooke was thanked for his verbal report</i></b></p>
		<b>6.3.2</b>	<b>Investment and Workforce Committee</b>

		<p>A paper was circulated to the board prior to the meeting for information and was agreed as read</p> <p>R Durban summarised that the last meeting held on 7<sup>th</sup> March focused largely on aspects of business planning including; the 3-year Financial Plan, the 12/13 Savings Plan and progress against the TFA</p> <p>The 12/13 CLR was estimated as £7.5m with £1.3m carried forward from 11/12 and DH allocated capital of £6m giving an indicative 12/13 capital budget of £15m – a similar level to the current year.</p> <p>The committee reviewed the top level red rated non clinical risks as recorded in the Risk Register.</p> <p>The next meeting will be held on 4<sup>th</sup> April 2012.</p> <p><b><i>Richard Durban was thanked for his written report.</i></b></p>
	<b>6.3.3</b>	<p><b>Charitable Funds Committee</b></p> <p>A paper was circulated to the board prior to the meeting for information and was agreed as read</p> <p>Y Robbins summarised the key issues discussed at the meeting of the committee held on 23<sup>rd</sup> February 2012.</p> <p>The committee undertook a review of a range of investment options and decided to place surplus charitable funds in an investment vehicle which would generate a higher rate of interest. However, queries around risk and uncertainties have not been resolved and the committee has decided to put investment plans on hold.</p> <p>The Charities Commission confirmed that there was no need to hold a separate AGM. However, this position may be revisited by the charity in the future if it was felt that this would raise the profile.</p> <p>The Internal Audit report recommendations referred to past issues that are being corrected. External auditors provided positive independent examination of the FY 10/11 annual accounts and the online return was submitted ahead of the January deadline.</p> <p>New donation envelopes and processes have been designed and delivered to the Trust which will assist in facilitating and monitoring donation activity. PayPal donation facility has been enabled on the SASH website. This should increase awareness of the charity and hopefully increase the number of donations made.</p> <p>The committee will reconvene on 3<sup>rd</sup> July 2012.</p> <p><b><i>Yvette Robbins was thanked for her written report.</i></b></p>
	<b>6.4</b>	<p><b>Minutes from Board Committees – for information</b></p> <p>The following approved minutes were received by the board for information -</p> <ul style="list-style-type: none"> <li>- Charitable Funds Committee held on 15<sup>th</sup> November 2011</li> <li>- Safety &amp; Quality Committee held on 25<sup>th</sup> January 2012</li> <li>- Investment and Workforce Committee held on 1<sup>st</sup> February 2012</li> </ul>
<b>7.</b>	<b><u>Other</u></b>	
	<b>7.1</b>	<b>Any Other Business</b>

		<p>B Bluhm asked the board to formally note its support for the Trust's application for Major Trauma Unit status. The Trust is preparing for reassessment by the South West Network in the Autumn of 2012. This was agreed by the Board.</p> <p>No further business was discussed.</p>
	<b>7.2</b>	<p><b>Questions from the Public</b></p> <p>One question was received by John Gooderham of Sussex Links;</p> <p>"In congratulating the Trust on achieving the 90% standard for 18 weeks referral to treatment for admitted patients, which is great news, has the Trust also hit that target in all specialties, especially orthopedics?"</p> <p>B Bluhm confirmed that she would respond to John directly in his absence from the Board meeting.</p>
	<b>7.3</b>	<p><b>Date of Next Meeting</b></p> <p><b>Thursday 31<sup>st</sup> May 2012</b> at 10:30 in the Lecture Theatre, Post Graduate Management Centre, Crawley Hospital, West Green Drive, Crawley, RH11 7DH</p>

*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.*

	<b>ACTION LOG</b>	<b>Person responsible</b>
<b><u>ACTION 1</u></b>	<p><b><u>Circulate Clinical Review Report</u></b> The Board confirmed that they had not received the report and M Wilson confirmed that this would be circulated immediately following the meeting.</p>	<b>S Beeby</b>
<b><u>ACTION 2</u></b>	<p><b><u>Circulate CQC Outpatient Survey</u></b> Y Robbins requested that the CQC Outpatients Survey is circulated to the Board.</p>	<b>J Thomas</b>
<b><u>ACTION 3</u></b>	<p><b><u>Transformation Programme Progress</u></b> Y Robbins requested future Transformation Programme reports reflect patient benefits</p>	<b>J Chadwick-Bell</b>
<b><u>ACTION 4</u></b>	<p><b><u>Trust Board Agenda April</u></b> B Bluhm will return to the board with agreed set of metrics and actions for DToC's.</p>	<b>B Bluhm</b>
<b><u>ACTION 5</u></b>	<p><b><u>DToC Update</u></b> B Bluhm confirmed that she would share with the Board at the next meeting once metrics and actions had been agreed and finalised.</p>	<b>B Bluhm</b>
<b><u>ACTION 6</u></b>	<p><b><u>Amendment to Corporate Governance Manual</u></b> M Wilson requested an amendment to Point 4 on page 8:- Nomination and Remuneration and Terms of Service Committee. M Wilson and P Simpson to agree wording.</p>	<b>P Simpson</b>

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman:

Date: