

**Minutes of Trust Board meeting held in Public  
on Thursday 24<sup>th</sup> November 2011 from 10:30 to 13:00  
Lecture Theatre, Post Graduate Management Centre,  
Crawley Hospital, West Green Drive, Crawley, RH11 7DH**

**Present**

Alan McCarthy	Chairman
Yvette Robbins	Deputy Chairman and Non-Executive Director
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
Norma Christison	Non-Executive Director
Richard Durban	Non-Executive Director

**In Attendance**

Joe Chadwick-Bell	Director of Strategy and Transformation
Yvonne Parker	Director of HR
Larisa Wallis	Interim Trust Board Secretariat
Sacha Beeby	Trust Board Administrator
John Gooderham	West Sussex LINKs representative
Karen Murray	Surrey LINKs representative

**Members of the Union**

**Apologies**

Michael Wilson	Chief Executive
Ian Mackenzie	Director of Information and Facilities
Fionnula Robinson	Director of Communications
Lisa Bangs	Chairman, Patients' Council
Anne Walker	Surrey LINKs

<b>1.</b>	<b><u>General Business</u></b>	
	<b>1.1</b>	<b>Welcome and Apologies</b> The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public. Apologies were made for the delay to the start of the meeting. Apologies for absence were noted as listed above.
	<b>1.2</b>	<b>Declarations of Interest</b> The Trust Board members confirmed that they had no additional interests to declare.
	<b>1.3</b>	<b>Minutes of the meeting held on 29<sup>th</sup> September 2011</b> The minutes of the meeting held on 29 <sup>th</sup> September 2011 were approved as a true record with five minor corrections on pages 2, 4, 5 and 6 before being signed off by the Chairman.
	<b>1.4</b>	<b><u>Actions from the last meeting on 29<sup>th</sup> September 2011</u></b>
	<b>1.4.1</b>	<b><u>NED representation at divisional "Deep Dives" exercises</u></b>

		<p><b>D Holden to update the board on agreed arrangement / proposal.</b></p> <p>D Holden informed that “deep dive” exercises were no longer taking place. Instead all relevant clinicians are invited to attend meetings of the Safety &amp; Quality Committee on rotation basis.</p>
	1.4.2	<p><b><u>SEG principals agreement</u></b></p> <p><b>J Chadwick-Bell to prepare a single set of rules &amp; principals.</b></p> <p>J Chadwick-Bell informed that Strategic Programme Board (SPB) had the similar set of rules to the Strategic Executives Group's (SEG) principles. These principles will be included in the SPB's terms of reference which are currently being reviewed.</p>
	1.4.3	<p><b><u>Organ and tissue donation</u></b></p> <p><b>L Clegg to reallocate the money received for organ donations by the trust to the organ donation department.</b></p> <p>P Simpson confirmed that finance had investigated this issue but to no avail and asked for further clarification.</p> <p>N Christison explained that there were three sources of income for organ donation from NHS Blood &amp; Transplant (NHSBT) -</p> <ul style="list-style-type: none"> <li>- reimbursement of covering costs which go to Critical Care Unit (£10K in 2010/11);</li> <li>- £10K for donor champion / clinical lead within Surgical division (additional PAs for Consultant Anaesthetist);</li> <li>- £2K is given to the Organ Donation Committee.</li> </ul> <p>N Christison also clarified that the dispute was regarding £20K over previous 2 year which should have been allocated to ICU rather than centrally.</p> <p><b><u>Action 1: P Simpson to investigate the allocation of 20K of income received from organ donations in the last two years.</u></b></p>
	1.4.4	<p><b><u>£1.6 savings gap</u></b></p> <p><b>L Clegg to re-circulate the paper detailing schemes identified to close the savings gap of £1.6m to NED's</b></p> <p>P Simpson informed that the letter was sent to the SHA summarising how SASH filled the savings gap. All items are now included within the savings plan budgets and are reported in the savings report of the Finance paper and in the Transformation report. The SHA have accepted this letter which was confirmed at the Single Performance meeting with the SHA.</p> <p><b><u>Action 2: P Simpson to circulate to the board the letter sent to the SHA summarising how the savings gap was bridged.</u></b></p>
	1.5	<p><b>Minutes of Board Committees</b></p> <p>The following approved minutes were received by the board for information -</p> <ul style="list-style-type: none"> <li>- Audit and Assurance Committee held on 13<sup>th</sup> September 2011;</li> <li>- Safety &amp; Quality Committee held on 14<sup>th</sup> September and 12<sup>th</sup> October 2011;</li> <li>- Investment and Workforce Committee held on 5<sup>th</sup> October; 2011</li> <li>- Charitable Funds Committee held on 20<sup>th</sup> September 2011.</li> </ul>
	1.6	<p><b><u>Written updates from Board Committee Chairs</u></b></p>
	1.6.1	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>E Cooke reported on key matters discussed at the recent meeting on 15<sup>th</sup> November.</p> <p>Committee received internal audit report, feedback report from the Management Board for Quality and Risk (MBQR) and a report proposing</p>

		<p>changes to BAF and Risk registers to ensure that they were fit for purpose for achieving FT status. The latter report recommended introducing a Risk Register Review Group as a sub-group of MBQR.</p> <p>Committee received assurance from internal auditors on two risks of the BAF – <i>1.1.2 Avoiding avoidable harm</i> and <i>2.1.2 Meeting demands of patients requiring dementia care</i>. Board was assured that both of these areas were properly governed.</p> <p>External auditors' report covered the planning 2011/12 audit. Audit Commission is currently carrying out risk assessment for value for money. SASH would require achieving stable financial performance in order to obtain an unqualified value for money opinion.</p> <p>Committee also received the AAC report for 2010/11 from the Chairman, the new Counter Fraud and Bribery policy and noted changes to Standing Financial Orders and Instructions.</p> <p><b><i>Edward Cooke was thanked for his verbal report.</i></b></p>
	<b>1.6.2</b>	<p><b>Safety and Quality Committee (S&amp;QC)</b></p> <p>The update was circulated to the Board ahead of the meeting for information. Y Robbins updated the board on the key issues discussed at the meeting on 9<sup>th</sup> November.</p> <p>J Thomas commented that she had also sought assurance on behalf of the Board on the understanding of the issues around falls and added that 26 of those reported were in fact collapses. It was noted that we should review how these events are recorded in order to reflect accurate reporting.</p> <p><b><i>Yvette Robbins was thanked for her written report.</i></b></p>
	<b>1.6.3</b>	<p><b>Investment and Workforce Committee (I&amp;WC)</b></p> <p>The Chair's update was circulated to the Board prior to the meeting for information.</p> <p>R Durban updated the board on discussions from the committee meeting held on 3<sup>rd</sup> November. The meeting was well attended with the Board Chairman also present.</p> <p>It was commented that the Tripartite Agreement would act as a vehicle for the Trust in their pursuit of foundation trust status.</p> <p>P Simpson informed the board that internal / external auditors confirmed that trust was receiving value for money and best practice and process are being followed in regards to the KPMG proposal for the 12/13 Savings plan. Auditors also recognized the need for this work and urgency for the trust.</p> <p><b><i>Richard Durban was thanked for his written report.</i></b></p>
	<b>1.6.4</b>	<p><b>Charitable Funds Committee (CFC)</b></p> <p>The update was circulated to the Board ahead of the meeting for information.</p> <p>Y Robbins updated the board on the key issues discussed at the committee on 15<sup>th</sup> November 2011.</p> <p>Y Robbins reported that Charitable Funds would have a webpage on the Trust's website by the end of November.</p> <p>There was ongoing work to reclassify, merge and close accounts.</p> <p>The Committee agreed that Chairman and the Director for Finance and Commissioning would sign off the accounts, which is currently being examined by the auditors, by the end of the month.</p> <p>The Investment policy was tabled at the meeting for approval by Committee members.</p> <p>The internal auditors are reviewing how well the Trust manages Charitable</p>

		<p>Funds and any recommendations will be followed up in the Committee's next meeting in February. The committee is on target to meet the committee workplan by the end of the 11/12 year.</p> <p><b><i>Yvette Robbins was thanked for her written report.</i></b></p>
1.7		<p><u>Chief Executive's Report</u></p> <p>In Michael Wilson's absence, P Simpson presented the CEO's report to the board. P Simpson passed on Michael Wilson's apologies for absence.</p> <p><u>£14m redevelopment update</u></p> <p>Since the last Trust board meeting planning permission was granted by Reigate &amp; Banstead Borough Council to build a new 40-bed modular ward (and associated car park works), paediatric outpatients unit and redesign hospital's West Entrance. The Trust have also received funding from the Department of Health for £2.8million of the work.</p> <p>The building programme has now started and includes:</p> <ul style="list-style-type: none"> <li>▪ A modernised and enlarged Emergency Department - Completion Autumn 2012</li> <li>▪ A refurbished Hazelwood Ward - First phase completed Dec 2011</li> <li>▪ New Modular Ward building - Completion Spring 2012</li> <li>▪ New Day Surgery Unit - Completed</li> <li>▪ New Children's Outpatients Centre – Completed</li> <li>▪ New Endoscopy Suite - Completion Dec 2011</li> <li>▪ New Main Entrance – Completion Summer 2012</li> </ul> <p><u>Stroke Telemedicine</u></p> <p>P Simpson was pleased to say that SASH Telemedicine service for stroke patients has been shortlisted for the UK Public Sector Digital (formerly e-Government) National awards. The new telemedicine system gives hospital stroke teams fast access to the specialist expertise of a stroke consultant at any time of day or night – even when the consultant isn't on site.</p> <p>Five stroke teams from Surrey's acute hospitals have joined forces using the latest technology to save lives and improve results for stroke patients - supported by the Surrey Stroke and Heart Network.</p> <p>P Simpson thanked Consultants Youssif Abousleiman and Natalie Powell, the stroke nursing team and Peter Hodgetts and the IT team for all their hard work in making this service possible.</p> <p><u>The One Show</u></p> <p>This week the trust appeared on The One Show as part of a feature on maternity choices. Recently we celebrated the 100th baby born with the new team in our birthing unit. In midwife-led Birthing Unit there are 3 birthing rooms, one with a pool, a triage room and a 6 bedded postnatal ward.</p> <p>The emphasis of the unit is on women and family centred care and in helping women feel more private and confident to improve the likelihood of them having a normal birth.</p> <p><u>SHMI Statistics</u></p> <p>The NHS has published new information on mortality rates in hospitals. The new Summary Hospital-level Mortality Indicator (SHMI) compares the actual number of patients who die following treatment at a trust with the number who would be expected to die, given the characteristics of the patients treated there.</p> <p>SASH SHMI shows a lower than expected number of deaths. For the first time, the SHMI considers all deaths that take place both in hospital and within 30 days of discharge.</p> <p>Whilst this indicator should not be taken in isolation as a measure of quality of care it does provide some assurance.</p> <p><u>Clinical Research</u></p>

	<p>On Monday 31st October SASH hosted a Research Event at East Surrey Hospital. The event focused on engagement with the National Institute of Health Research networks and the support available to all who wish to collaborate on high quality national studies. It is hoped that this would lead to an increase in collaboration on high quality national studies.</p> <p>SASH have also successfully recruited the 100th patient into a Probiotic Clinical Research study. Professor C Rajkumar, Chief Investigator for the study, and his research team from Brighton visited the Trust to join Dr Usha Natarajan and her SASH research team to celebrate the event and thank the large team of people at SASH who have supported the research study since it opened in January 2010.</p> <p>East Surrey was the 2nd site to open the study and has recruited the greatest number of patients to date. The study is now running at 18 other hospitals in the UK and will continue to run at East Surrey until mid-2012.</p> <p><u>Cancer Information Prescriptions</u></p> <p>SASH have been selected as one of the first Trusts to be involved in the national roll out of Cancer Information Prescriptions (IPs). These offer patients and their carers personalised cancer information at specific stages of their cancer treatment. Over the next 2 years every hospital in England that provides cancer services will be able to offer personalised cancer information prescriptions.</p> <p><u>Major Incident response</u></p> <p>In October, East Surrey Hospital was put on major incident alert due to a fire and explosion in a factory on an industrial estate in Newchapel, Surrey. P Simpson thanked all staff that responded to the incident and noted that 24 members of staff came in on their day off in response to the incident. This was a real show of teamwork and I know that the Emergency Department staff felt really supported by the rest of the hospital.</p> <p><u>West Sussex County Times 'Healthcare Worker' Community Award.</u></p> <p>P Simpson congratulated Sue Delia, a Housekeeper on Brockham Ward, for winning the West Sussex County Times 'Healthcare Worker' Community Award. Members of the board were proud that Sue's contribution to patient care at SASH has been recognised.</p> <p><u>Volunteers</u></p> <p>P Simpson also acknowledged trust's volunteers who give their time freely to support patients and staff and who are such an important part of our hospital. Recently, 37 volunteers received long service awards ranging from 5 to 25 years. P Simpson thanked them all for their commitment and continued support.</p> <p><u>New Deputy Chief Nurse</u></p> <p>P Simpson was pleased to say that Sally Brittain has been appointed as Deputy Chief Nurse. Sally will be replacing Vikki Carruth who is moving to St George's at the beginning of December. He thanked Vikki for all her hard work and the contribution she has made to the Trust, and welcome Sally to her new post.</p> <p><b><i>Paul Simpson was thanked for his verbal report on behalf of the Chief Executive.</i></b></p>
2.	<b><u>Strategy</u></b>
2.1	<p><b>Tripartite Formal Agreement (TFA)</b></p> <p>The TFA paper was circulated to the board ahead of the meeting for information. The TFA sets out a journey for each provider and commitments each NHS trust has made to achieve FT status by a specific date. J Chadwick-Bell informed that SASH signed its TFA on 30<sup>th</sup> September and that this document was now publicly available. All NHS Trusts that are not FTs yet, have their TFA in place.</p>

	<p>She also confirmed that table of Key Milestones demonstrated an evolving process for a standard set of actions. Some dates will change as the trust move forward but key milestones will stay as checkpoints.</p> <p>The first milestone is to have a list of possible partnerships by quarter 3. Partnerships will be started and signed off as they become gradually ready. The process involve reiterative and evolution submission of various key documents. One minor amendment confirmed for the front cover of the paper.</p> <p><b>The Board have noted the Tripartite Formal Agreement and thanked J Chadwick-Bell for her update.</b></p>
<p><b>2.2</b></p>	<p><b>Transformation Programme Update</b></p> <p>Transformation Programme Progress report was circulated to the board ahead of the meeting for information. J Chadwick-Bell thanked Larisa Wallis for preparing the report for the board.</p> <p>The report provides progress update on the transformation programme for the period from August to October 2011 and highlights that good progress was being made against the savings target (£3,274K YTD against £3,392K planned).</p> <p>The previously unidentified savings gap of £1.6m has now been bridged with identified schemes relating to additional procurement, income, cost controls and operational efficiencies.</p> <p>Programme Management Office established good process for monitoring and assurance for delivery.</p> <p>J Chadwick-Bell also informed that all project mandates were being reviewed in order to crossed-reference projects' original objectives against outcomes.</p> <p>The next report will include KPIs on key transformational projects to show / evidence the monitoring of the progress.</p> <p>J Chadwick-Bell informed that the first draft of KPMG proposal for 12/13 Savings plan would be available by 22 December.</p> <p>R Durban asked if KPMG would link with Executives in preparation of the 12/13 saving plan. J Chadwick-Bell replied that that was the intention and that the trust would have one savings plan that KPMG would help to scope.</p> <p>N Christison queried how the saving plan would be developed by KPMG. P Simpson replied that it would be part of the current PMO process.</p> <p>Y Robbins noted that good progress was made to date on delivery of savings and asked how FOT 11/12 was calculated. P Simpson explained that forecast was agreed with each division by Finance team and signed off with each division. FOT savings are part of the forecast process. It is not a fixed figure as it changes every month.</p> <p>Chairman queried if CQUINS were counted as recurrent or non-recurrent income. P Simpson clarified that they bring recurrent income (1.5% of contract), however new CQUINS are set each year. P Simpson also informed the board that payments for Quarter 1 &amp; 2 has been confirmed with PCTs and that delivery of CQUINS was on track with one exception / risk being closely monitored.</p> <p>J Chadwick-Bell concluded that this report would be updated and circulated for future Trust Board meetings.</p> <p><b>The Board noted the Transformation Programme report.</b></p>
<p><b>2.3</b></p>	<p><b>Dementia Strategy</b></p> <p>Dementia strategy was circulated to the board ahead of the meeting for information.</p> <p>J Chadwick-Bell informed that the strategy and implementation plan were developed to deliver Objective 8 of the National Dementia Strategy, specifically directed at acute hospitals.</p> <p>The aim of this project is to improve the quality of care for patients with dementia who are admitted to our hospital for a range of medical care / treatments.</p> <p>The strategy and implementation plan include a set of specific actions which will lead to</p>

		<p>the improved consistent high quality of care for this group of patients, such as -</p> <ul style="list-style-type: none"> <li>- development of specific training on mental health and dementia for all ward based clinical staff ;</li> <li>- improvement of ward environments to meet the needs of people with dementia;</li> <li>- review prescribing and reduce the use of anti-psychotic drugs.</li> </ul> <p>J Chadwick-Bell informed that significant amount of work has already been done on falls, nutrition and discharge planning for people with mental health problems and that the strategy was just formalizing and building on that work.</p> <p>J Power queried if there would be a reduction in the cost of care to the healthcare system. B Bluhm replied that effective management of patients with dementia in the early stage of their pathway maximizes clinical outcomes and benefits patients.</p> <p>N Christison asked if carers and users have been included in development of the strategy. J Chadwick-Bell informed that patients' representatives / carers were and are part of the Dementia Steering group / forum to ensure that patient and carers' views were taken in to account when developing the strategy.</p> <p><b>Board received and duly approved the Dementia strategy.</b></p>
3.		<p><b><u>Safety and Quality</u></b></p>
	3.1	<p><b>Chief Nurse's Report</b></p> <p>Chief Nurse's report was circulated to the board ahead of the meeting for information.</p> <p>The Cancer Network participated in the Cancer Census covering all areas of cancer services. The survey will enable benchmarking of data received from patient experience.</p> <p>Therapy Assessment pilot took place in Emergency Department (ED) with the aim to offer this service to patients in UTC, CDU, Fracture Clinic and ED in order to provide support and prevent inappropriate admissions to hospital.</p> <p>J Thomas raised the concern that patient feedback on food conflicts with external reports.</p> <p><b>Chief Nurse was thanked for her written report.</b></p>
	3.2	<p><b>Chief Medical Officer's Report</b></p> <p>The update was circulated to the board ahead of the meeting for information.</p> <p>E Cooke asked whether there was an improvement in recruiting patients to trials (e.g. pro-biotic study – SASH recruited 100 patients). D Holden replied that trust have shown year on year improvement in recruitment but will continue to recruit more patients into studies.</p> <p>N Christison asked question regarding the number of vacancies in Emergency department. D Holden reported that there were 6 vacant posts, 4 of which have been filled by visiting consultants. 3 posts are being advertised offering attractive job descriptions containing both service based and specialist interest elements. This approach would be more appealing to new consultants and is supported by the SHA.</p> <p><b>Chief Medical Officer was thanked for his written report.</b></p>
	3.3	<p><b>Safeguarding Adults Annual report</b></p> <p>The annual report was circulated to the board ahead of the meeting for information.</p> <p>The report provides a review of the activity taken place across the trust to ensure that SASH is compliant with the statutory obligation in relation to Safeguarding Vulnerable Adults.</p> <p>Chairman commented that future reports should have more focus/ emphasis on assuring the board that it is delivering its obligations and duties in terms of</p>

		safeguarding regulations. <b>Board noted and accepted the annual report.</b>
<b>4.</b>	<b><u>Operational Performance</u></b>	
<b>4.1</b>	<b>Integrated Performance and Quality Report (Month 7)</b>	
	<b>4.1.1</b>	<p><b>Performance Trajectory</b></p> <p>A paper was circulated to the board ahead of the meeting for information.</p> <p>Chief Operating Officer presented the paper summarizing the trust's trajectory for improvement in performance against the key performance indicators for A&amp;E access targets and 18-weeks standards.</p> <p>The trust is committing to delivery of 95% unscheduled care access target and the 90% 18-weeks standard from April 2012 and other targets as in the paper.</p> <p>The achievement of the trajectory is dependent on the delivery of key actions as follows; access to modular ward capacity (to be available from mid-Feb-12), sustained improvement around delayed transfers of care (DToC) to 3.5% (20-25 patients daily) and reduction in emergency demand following the implementation of the new models of care within the health system.</p> <p>These models of care are being delivered through the "Better, Safer, Closer" programme and through 2 existing hubs / hospital sites – Crawley and Caterham Dene.</p> <p>These models expect that an activity shift of 80 patients per week would be made to Crawley hospital and 50 patients per week that would have previously been admitted to ESH go to Caterham Dene.</p> <p>The Executive team agreed that the trajectory was realistic and achievable. albeit reliant on delivery of co-dependencies around the key actions above.</p> <p>B Bluhm also talked about trust's performance priorities in the short term (December 2011 – January 2012).</p> <p>The trust will deliver 90% VTE risk assessment target in December 2011.</p> <p>Improvements will be seen in Stroke and Fractured Neck of Femur performance as part of the trust winter plan and beds ring fencing. Telemedicine solution and rigorous performance management will also add to the performance improvement on these areas. However the sustained delivery and compliance is reliant on the additional capacity being available.</p> <p>Although the A&amp;E performance will not improve in the short term, the trust will strive to abolish 12-hour waits in ED and keep the A&amp;E department safe during coming winter months. Whilst the Board recognized that we are in a fragile state over the winter months, it agreed all steps should be taken to prevent worsening of performance and that above all safety is paramount.</p> <p>Discussion took place around the Crawley and Caterham Dene models and necessary actions and responsibilities to make both models work.</p> <p>Implementation of ambulatory care pathways will in turn reduce emergency / inpatient admissions to ESH. Clinical Commissioning Groups (CCGs) have been involved in developing both models through meetings of the Unscheduled Care Group. PCTs have taken the ownership for communicating the change of practice and referral route to GPs.</p> <p>South East Ambulance service (SECamb) have introduced the 1-call NHS pathway route and have criteria for emergency admissions to Crawley and Caterham Dene.</p> <p>Although it is a joint responsibility of SECamb and SASH, it is dependent on right assessment of patients against criteria by the ambulance service.</p> <p>The Chairman asked if baseline data was agreed for both models. B Bluhm</p>

replied that success can be measured by the number of patients going through each site and shift in activity from ESH to Crawley and Caterham Dene.

Monitoring and management of DToCs is carried out by the System Management Group (SMG), whilst responsibility for improving DToCs lies with social care services.

Y Robbins asked for assurance around the discharge planning process.

B Bluhm responded that over the last 12 months there had been a great amount of work done on discharge process as part of the Discharge planning & Transfer project within the Transformation programme. Phase 1 of the project has been completed; the focus of the phase 2 is criteria-led discharge. We are proactively managing all discharges on daily basis and more accurate in predicting discharges for a day.

Y Robbins informed that discharge planning would be an item on the agenda for the next meeting of Safety & Quality Committee.

Chairman queried if there were any changes to the 18-week trajectory following the subsequent meeting with the SHA and PCTs regarding 18 weeks backlog and performance compliance.

B Bluhm confirmed that the 18 weeks recovery plan and trajectory for performance compliance by mid-March 2012 are agreed by the SHA and PCTs.

J Power asked what step change would be required to get patients to go to Crawley and Caterham Dene.

B Bluhm informed that referral pathways went live on 1<sup>st</sup> October 2011 at Caterham Dene and on 1<sup>st</sup> November 2011 – at Crawley hospital, following a number of communication exercises and launch events and that the situation is being closely monitored.

R Durban asked if monthly measurement of performance for Crawley and Caterham Dene was part of the health system accountability regime.

B Bluhm replied that PCTs were committed to the activity shift in their “Better, Safer, Closer” programme and to achieving 3.5% of DToCs.

P Simpson added that this will be monitored and picked up at the single performance meetings with the SHA and PCTs. J Chadwick-Bell also added that the sufficient accountability and assurance around DToCs was being given by the System Management Group (SMG).

R Durban also asked whether a short summary of the critical operational performance improvements that must be achieved by April 2012 could be produced (actual, target, expected improvement path) which also incorporates cross-organisational dependencies and signed off by the CEO’s.

N Christison asked what month of data would be used as a baseline.

B Bluhm replied that it would be November 2011.

The Chairman informed that the board will have a more in depth discussion on discharge planning next week at the Safety and Quality Committee.

The Chairman concluded the debate by saying that whilst performance data is important, we must not forget that we are talking about patients and we should be absolutely focused on safety, quality and patient experience.

**B Bluhm was thanked for her paper regarding trust's performance trajectory.**

	<p>4.1.2 &amp; 4.1.3</p>	<p><b>Quality Key Quality &amp; Performance Indicators</b></p> <p>The report was circulated to the board ahead of the meeting and comments were welcomed.</p> <p>B Bluhm noted that the format and style of the report have been reviewed with the intention that the new format will present the information clearly and accurately with the use of graphs. B Bluhm asked for comments on the new style of the report.</p> <p>B Bluhm summarised that Month 7 was particularly difficult, with an increase of over 400 patients since September and rise in the number of delayed transfers of care (DToC) which resulted in overcrowding Emergency department. This also had a negative impact on trust's quality and performance indicators, particularly for stroke and fractured neck of femur.</p> <p>The trust met with the SHA in regards to the 18-weeks performance and agreed a trajectory for achieving 18 weeks standards by the end of March 2012.</p> <p>B Bluhm also reported that 33 beds will be ring-fenced for elective activity as a part of the winter plan.</p> <ul style="list-style-type: none"> <li>▪ There has been seen a significant reduction in cancellations of planned care which had a positive effect.</li> <li>▪ All cancer performance has recovered since August and September with all targets been achieved in October.</li> <li>▪ Stroke and Fractured neck of femur performance suffered as a result of overcrowding. It is planned to have a larger ward for stroke patients from February 2012 and to ring-fence beds from December as a part of the winter plan.</li> <li>▪ A&amp;E performance – internal processes that were put in place have improved 'Time to initial assessment' measure which is a sign of shift in a right direction.</li> </ul> <p>B Bluhm added that the evidence that new capacity will deliver A&amp;E targets is trust's August performance when SASH managed all activity coming through the door.</p> <p>P Simpson reported that on 17<sup>th</sup> November members of Executive team attended the Surrey HOSC (Health Overview and Scrutiny Committee) meeting. The Committee recognised trust's pressures and priorities, acknowledged SASH problems and plans to deal with them. There was acceptance by the whole LHE that these problems lay within the whole LHE, not just SASH. Overall the HOSC was supportive of trust's plans and intentions regarding capacity work.</p> <p>J Power commented that the new report had a better structure and pointed out that some RAG rating was inaccurate.</p> <p>Y Robbins asked why trust have not increased its theatre capacity for Fractured Neck of femur patients sooner.</p> <p>B Bluhm replied that trauma theatres were already run 7 days a week and that trust was looking at utilising theatres at Crawley hospital. She added that there was a very fine balance of delivering Fractured Neck of Femur and 18 weeks performance.</p> <p>N Christison noted that the trust was struggling with delayed transfers of care (DToC).</p> <p>B Bluhm informed that in the last few weeks there was a significantly less number of DToCs and that the discharge planning process was managed better.</p>
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		<p>The main two reasons for high number of DToCs include chasing for individual patient's paperwork and lack of resources in social care.</p> <p><b>Action 3: B Bluhm to amend RAG rating and ensure that they accurately reflect performance figures in the future reports.</b></p> <p><b>Charmina Fletcher was thanked for her contribution in constructing the report.</b></p>
	<p><b>4.1.4</b></p>	<p><b>Workforce Key Performance Indicators</b></p> <p><u>Establishment</u> The changes due to additional staff required for new wards and the work within the Divisions transformation savings plans. Divisions continue to work with finance and HR Business Partners to ensure that workforce costs do not exceed budgeted establishment. This continues at around 10% which benchmarks with other NHS organisations.</p> <p><u>Sickness</u> October saw an increase in sickness absence to 4.2% which is in line with seasonal variation. However HR interventions and actions by managers to prioritise sickness management continue within Divisions.</p> <p><u>Agency &amp; Bank</u> Both bank and agency use increased this month. Weekly meetings with senior nurses have been introduced in addition to divisional savings and transformation plan monitoring in order to manage activity in this area.</p> <p><b>Board received and noted the Integrated Performance and Quality report.</b></p>
<p><b>5.</b></p>		<p><b>Financial Performance</b></p>
	<p><b>5.1</b></p>	<p><b>Finance Report (Month 7)</b></p> <p>The Finance report for Month 7 (October) was circulated to the board ahead of the meeting for information. P Simpson highlighted that YTD financial performance was slightly favourable to plan. The deficit is £4.2m and the forecast outturn remains to be £6.1m as per plan.</p> <p>The 11/12 savings plan was for £7.7m and year to date 42% of it had been delivered at Month 7. However there are some risks around the delivery of some savings schemes. There is an extensive financial control framework in place to manage financial risks. P Simpson informed that Surgical and Women &amp; Children's divisions have been asked to increase their divisional underspends by the end of financial year.</p> <p>The new SHA had been looking at pay spend - for SASH the overspend against the pay budget was less than half a percent (£0.2m), despite additional spend on escalation areas. Agency spend YTD is less than it was last year and is on plan in terms of trust's financial expenditure but needs to be lower. A detail review had been carried out and it was important to note some one-off issues that were impacting the figures (use of agency sonographers due to health and safety issues was necessary as they are difficult to recruit was now being reduced by taking staff onto the Trust's pay Rolland in WaCH – agency spend on junior doctors had stopped due to successful recruitment to posts). The main drivers of agency spend were the level of nursing vacancies (which had remained at 100 WTE all year), hot spot areas where staffing was problematic (like ED) and the cost of escalation areas, which had been open since the beginning of the financial year and which required extra staff to support these areas.</p> <p>P Simpson summarised that the key risks facing the trust in the next two months were the costs of escalation and the effect of the displacement of elective activity by non-</p>

	<p>elective activity, meaning an increase in outsourcing of elective activity from the reduced capacity. Although the trust is getting the income when outsourcing, it only gets paid 30% of the tariff for the extra non-elective activity which does not cover fixed costs within surgical division. Other risks relates to contract income (contract penalties) that are being managed through the contract challenge process.</p> <p>N Christison asked if the board could be assured that substantive staff is prioritised over agency staff. J Thomas confirmed that it was the case.</p> <p><b><i>The Board received and noted the Finance Report.</i></b></p>
5.2	<p><b>Review of Standing Financial Instructions (SFIs) and Standing Orders (SOs)</b></p> <p>The paper outlining changes to SFIs and SOs, revised versions of the Corporate Governance Manual and Counter Fraud policy were circulated to the board in advance of the meeting for information.</p> <p>All of these documents form the trust's Corporate Governance Manual and were reviewed at the recent meetings of the Audit &amp; Assurance Committee.</p> <p><b><i>The Board noted and approved SOs, SFIs, Counter Fraud policy and Corporate Governance Manual.</i></b></p>
6.	<p><b><u>Risk and Regulatory</u></b></p>
6.1	<p><b>Board Assurance Framework</b></p> <p>The updated BAF and a proposed new template were circulated to the board ahead of the meeting for review and approval.</p> <p>P Simpson informed the board that BAF and the principle risks were discussed at the by Audit &amp; Assurance Committee meeting. It was proposed to have a new format for BAF.</p> <p>P Simpson highlighted a change to the risk 2.3.1 <i>“Risk that emergency care patients will not receive better / safer care due to serious capacity restrictions, ability to manage external demand, delay to implement the whole system unscheduled care model combined with ED accommodation constraints”</i> - the risk has been increased to maximum rating of 25 as it is dependent on other parties to both deliver the objective and mitigate the risk.</p> <p>Safety risks have not changed since last time however there are more mitigating actions against them.</p> <p><b><i>The Board Assurance Framework was noted and approved by the board.</i></b></p>
6.2	<p><b>Regulatory Update – CQC Compliance Report</b></p> <p>The report was circulated to the board prior to this meeting for information.</p> <p>This report provides the board with an update on the CQC's view of the trust's compliance with the Essential Standards of Quality and Safety and an analysis of the trust's risk profile identifying any areas of concern.</p> <p>The report is submitted monthly to the Safety &amp; Quality Committee.</p> <p>It was agreed that the CQC Compliance Report would be removed from the agenda for future Trust Board meetings.</p> <p><b><i>The Regulatory update was received and noted by the board.</i></b></p>
7.	<p><b><u>Other</u></b></p>
7.1	<p><b>Any Other Business</b></p> <p>No other business discussed.</p>
7.2	<p><b>Opportunity for members of the public to ask questions</b></p> <p><b>Question 1 (Vanessa Kirby) Ms Kirby asked for more information about movements of</b></p>

*the takeover from Earlswood Park.*

- B Bluhm corrected Mrs Kirby that she probably meant Hurstwood Park which is a neurological centre. She informed that the trust was going through the process with Surrey Trauma Network to provide evidence that the trust is compliant with the requirements to become a trauma unit.

Our regional trauma centres will be St George's Healthcare trust for Surrey and Brighton & Sussex University Healthcare trust for Sussex.

SASH would have to undergo a peer review in January 2012 and the current plan is that the Trauma Network agreement will "go live" in April 2012. We are confident that we will be compliant with this timeframe.

B Bluhm also added that there were 2 stages to the overall process: 1<sup>st</sup> stage is to become a trauma unit for head injuries and 2<sup>nd</sup> stage – for spinal and malignant surgery. The whole process could take between 5 and 10 years.

**Question 2** (Vanessa Kirby) *Ms Kirby said that great feedback was received from patients regarding the new Number 400 bus service between Crawley and East Surrey Hospital. She asked for reassurance that the hospital is 'doing it bit' by providing information leaflets about the service in its main reception areas. She added that if demand continued, the Metrobus would provide two buses for this route.*

In I Mackenzie's absence P Simpson provided the response.

- This question refers to the East Grinstead-Caterham-on-the Hill service that started on 3rd September 2011 with a new route introduced Mondays to Saturdays from Stone Quarry Estate East Grinstead to Caterham-on-the Hill via ESH. It replaced the 411 route and provides more faster buses on the route. The Trust web site, Getting Here leaflet and Inpatient leaflet give information about bus services.

Metro bus have been doing quite a lot to promote the route generally and the take up is ahead of projections at 1300 passengers per day. SaSH is providing assistance in promoting the service to hospital staff, patients and visitors and we have a plan to do more.

This includes -

- Displaying the attached poster on our sites for example staff rooms, restaurant, general noticeboards, bus terminal at ESH.
- In house newsletters
- Hospital website. The Bus section of the website has been updated to include the 400; the Getting Here leaflet link is work in progress
- Radio Redhill
- Distribution of timetable leaflets to various places in the hospital.

**Question 3** (Karen Murray, Surrey LINKs) *Ms Murray was concerned about the case that was brought to Surrey LINKs' s attention. One of the members of the network was referred to the Pain Clinic in September 2011 and received an appointment for the middle of January 2012, which was just about inside the 18 weeks rule. The lady concerned is now in great pain and her mobility is greatly limited as a result. Now she has received a letter stating that the appointment has been postponed to the end of April 2012. This is totally unacceptable, could you please explain?*

J Chadwick-Bell responded that the Pain clinic was a very specialist service with high demand. Clinic slots require 30 minutes rather than the standard 10 minute appointment. We are working with PCT and GP partners at the capacity management group to better manage the demand for this service and ensure that referrals to SASH are appropriate.

In the short term we have a very dedicated consultant lead in the pain team and the surgical division are putting a response plan in place to provide additional clinic

	<p>sessions through December and January with an aim to reduce waiting times to 8 weeks. J Chadwick-Bell also added that reasons for cancellation need to be investigated and suggested that more information about the patient is given to J Thomas after the meeting to follow it up.</p> <p><b>Question 4</b> (Jonh Gooderham, Sussex LINKs) <i>Mr Gooderham said that Sussex patients in April 2012 would be taken to BSUH (Royal Sussex County Hospital) if they have a trauma injury. My concern is that would there be neurosurgeons at BSUH by April 2012?</i></p> <p>- D Holden confirmed that job advertisements have been submitted to the British Medical Journal sometime today.</p> <p><b>Question 5</b> (Jonh Gooderham, Sussex LINKs) <i>Mr Gooderham said that he was aware that in conjunction with the cancer centre at Royal Surrey County Hospital in Guildford there is a proposal to locate a satellite unit with two linacs at East Surrey Hospital which was a welcome development, especially as cancer patients from Crawley will have a shorter journey. However, I do not think this news are widely known and I am not sure what the timescale is. Therefore, when will radiotherapy services be available at East Surrey Hospital?</i></p> <p>- J Chadwick-Bell replied that SaSH was committed to delivering radiotherapy on site and was working with Royal Surrey County Hospital to put 2 Linacs on the East Surrey site. The business case for the linacs will be going to the RSCH board shortly (December) and once agreed it is planned for the service to be operational in the later part of 2013. The establishment of this service links to other clinical services and back-up facilities (e.g. acute trust facility) which determined the location of linacs at East Surrey rather than Crawley Hospital. It would take 18 months to build it and would be aimed at East Surrey and North Surrey population.</p> <p>Paul Milham (UNION representative) asked for permission to submit the 2<sup>nd</sup> part of the appeal regarding the introduction of staff car parking charges to the board. Chairman accepted the Union appeal paper.</p>
7.3	<p><b>Date of Next Meeting</b></p> <p><b>Thursday, 9<sup>th</sup> February 2012</b> at 10:30 in Room 7/8, Post Graduate Education Centre, Maple House, East Surrey Hospital, Canada Avenue, Redhill</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.

ACTION LOG		Person responsible
<b><u>ACTION 1</u></b>	<p><b><u>Organ and tissue donation -</u></b> To investigate the allocation of 20K of income received from organ donations in the last two years.</p>	<b>P Simpson</b>
<b><u>ACTION 3</u></b>	<p><b><u>£1.6 savings gap -</u></b> To circulate to the board the letter sent to the SHA summarising how the savings gap was bridged.</p>	<b>P Simpson</b>
<b><u>ACTION 2</u></b>	<p><b><u>Integrated Quality &amp; Performance report -</u></b> To amend RAG rating and ensure that they accurately reflect performance figures in the future reports.</p>	<b>B Bluhm</b>

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman:

Date: