

**Minutes of Trust Board meeting held in Public  
on Thursday 29<sup>th</sup> September 2011 from 13:30 to 16:00  
Room 7/8, Postgraduate Education Centre, Maple House  
East Surrey Hospital, Canada Avenue, Redhill, RH1 5RH**

**Present**

Alan McCarthy	Chairman
Bernadette Bluhm	Chief Operating Officer
Edward Cooke	Non-Executive Director
Jo Thomas	Chief Nurse
John Power	Non-Executive Director
Michael Wilson	Chief Executive
Norma Christison	Non-Executive Director
Richard Durban	Non-Executive Director
Yvette Robbins	Deputy Chairman and Non-Executive Director

**In Attendance**

Fionnula Robinson	Director of Communications
Joe Chadwick-Bell	Director of Strategy and Transformation
Ian Mackenzie	Director of Information and Facilities
Lisa Bangs	Chairman, Patients' Council
Larisa Wallis	Interim Trust Board Secretariat
Yvonne Parker	Director of HR
Martin Holland	Surrey LINKs representative
Other members of the public	

**Apologies**

Paul Simpson	Chief Financial Officer
Dr Des Holden	Chief Medical Officer

<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. Members of the Trust board each introduced themselves in turn. 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 21<sup>st</sup> July 2011</b> The minutes of the meeting held on 21 <sup>st</sup> July 2011 were approved as a true record with two minor corrections on page 3 item 1.6.2 and signed off by the Chairman.
	<b>1.4</b>	<b>Actions from the last meeting on 21<sup>st</sup> July 2011</b>
	<b>1.4.1</b>	<b>Divisional Deep Dive Exercises –</b> <b>The non-executive directors confirmed that they had not been contacted with regard to representation at each of the four Divisional Deep Dive Exercises –</b> In Des Holden's absence the Chief Operating Officer informed that the proposal regarding the participation of non-executive directors in "Deep Dive" meetings would be presented next week for discussion.

		<b><u>ACTION 1</u></b> <b>D Holden to update the board on agreed arrangement / proposal.</b>
	1.4.2	<b>Director of Information and Facilities to resolve the issue of the trust's wheelchairs and to test the current protocol is working.</b>  I Mackenzie reported that the laminated card with instructions explaining how the process works has been given to volunteers. The process and instructions have been tested and revealed the shortage of wheelchairs. 21 extra wheelchairs have been ordered and should arrive on site by Christmas. Funding for additional wheelchairs is being given by the League of Friends. <b>Action has been completed and closed.</b>
	1.4.3	<b>Ian Mackenzie and Bernie Bluhm to look into the issue (operation cancellation due to the lift being out of order) and ensure that the system is working effectively.</b>  I Mackenzie reported the lift failure was not the reason for cancellation of the operation, but unavailability of a bed on the day. This has been miscommunicated to the patient and led to confusion. The lift repairs are still ongoing. <b>Action has been completed and closed.</b>
	1.5	<b>Minutes of Board Committees</b>  The following approved minutes were received by the board for information - <ul style="list-style-type: none"> <li>- Audit and Assurance Committee held on 2<sup>nd</sup> June and 19<sup>th</sup> July 2011;</li> <li>- Investment and Workforce Committee held on 12<sup>th</sup> July, 10<sup>th</sup> August and 7<sup>th</sup> September 2011;</li> <li>- Charitable Funds Committee held on 19<sup>th</sup> July 2011.</li> </ul>
	1.6	<b>Written updates from Board Committee Chairs</b>
	1.6.1	<b>Audit and Assurance Committee (AAC)</b>  Edward Cooke reported that the key matters discussed at the last meeting on 13 September were the Annual Audit letter from the Audit Commission on 2010/11 accounts and the report on clinical audit. <ul style="list-style-type: none"> <li>▪ The Annual Audit letter issued an unqualified report for the preparation of financial statements, whilst the quality of accounts produced was good; and qualified report for value for money and financial resistance but stated poor performance.</li> <li>▪ The report from internal auditors contained three areas: Carbon management, CQC Essential standards of quality and safety and Clinical audit. The action plan was drawn up to address issues raised re clinical audit.</li> <li>▪ Board Assurance Framework (BAF) was tabled and it was agreed to make it more 'user friendly'.</li> <li>▪ E Cooke informed that the Audit tracker was presented to the committee. The tracker will monitor the delivery of the improvements agreed to clinical audit and other areas identified by internal audit.</li> <li>▪ The trust has recently received the highest award for the Local Counter Fraud Service performance.</li> <li>▪ The next meeting of the committee is on 15<sup>th</sup> November.</li> </ul> <b>Edward Cooke was thanked for his verbal report.</b>
	1.6.2	<b>Safety and Quality Committee (S&amp;QC)</b>  Yvette Robbins updated the board on the key discussions that took place at meeting on 14 <sup>th</sup> September - <ul style="list-style-type: none"> <li>▪ The committee reviewed clinical audit papers, new Safety &amp; Quality clinical dashboard and the Safety &amp; Quality strategy. The meeting also received the presentation from Chief of Medicine on the management of risks in the</li> </ul>

		<p>emergency department and review of 'never events'.</p> <ul style="list-style-type: none"> <li>▪ The Safety and Quality management and governance policy was ratified by the committee.</li> <li>▪ The SQC reviewed the clinical audit report for 10/11 and the 11/12 programme following concerns arising from the 'red rated' report from internal auditors. The committee was assured that all parties understood what was required for the success of the clinical audit programme. SQC will be monitoring the progress of the programme as well as the implementation of the internal auditors' recommendations.</li> <li>▪ The committee asked for assurance and further safeguard planning in regards to the five 'never events'.</li> <li>▪ Transformational and building works in the Emergency Department should address issues of capacity, performance, patient experience and risks.</li> <li>▪ The next meeting of the committee is on 12<sup>th</sup> October.</li> </ul> <p><b><i>Yvette Robbins was thanked for her verbal report.</i></b></p>
	<p><b>1.6.3</b></p>	<p><b>Investment and Workforce Committee (I&amp;WC)</b></p> <p>Richard Durban reported that the committee met five times since the last public board meeting in July. The committee chair gave update on three key areas -</p> <ul style="list-style-type: none"> <li>▪ <u>Capital &amp; Estates –</u> The committee approved the full business cases for the Modular Wards build (40 beds) at a cost of £4.8m and Unscheduled Care (ED) at the cost of £4.4m. R Durban noted that the capital programme was ambitious and challenging to deliver and that the committee was assured that appropriate management and governance resources were in place to monitor the progress and minimise risks. Y Robbins asked if the implementation review of benefits and lessons learnt from these business cases / projects was planned. R Durban replied that the post implementation reviews of all major projects were on the committee planner.</li> <li>▪ <u>Workforce -</u> Review of the 11/12 Training and Education plan and discussion of the 12/13 plan were taken place. The group received the progress update on the appraisal and performance management system.</li> <li>▪ <u>Business planning -</u> Business planning group has been established to drive the 12/13 business planning process. The aim is to see it as less budgeting exercise and more as the whole trust approach to business planning. The challenges include working with commissioners to ensure timely provision of information and dovetailing annual and strategic work. <ul style="list-style-type: none"> <li>▪ The next meeting of the committee is 5<sup>th</sup> October.</li> </ul> </li> </ul> <p><b><i>Richard Durban was thanked for his written report.</i></b></p>
	<p><b>1.6.4</b></p>	<p><b>Charitable Funds Committee (CFC)</b></p> <p>Yvette Robbins updated the board on the key discussions of the committee on 20<sup>th</sup> September and noted that the committee reviewed the set of management accounts showing growth and expenditure of funds by fundholders.</p> <ul style="list-style-type: none"> <li>▪ The CFC also reviewed the commentary within the Annual report and made improvements.</li> <li>▪ Due to high administration cost the committee proposed to use volunteers to support administration side and liaison with fundholders.</li> <li>▪ The committee chair informed that the income to charitable funds was reducing and that funds were running low. The committee would like to get a Charitable Funds page on the trust's website to encourage donors and to facilitate</li> </ul>

		<p>donations in an easier way.</p> <ul style="list-style-type: none"> <li>▪ Y Robbins concluded her update by notifying the board that the committee approved the transfer of £60K donated to the Harrowlands fund (no longer in existence) sometime ago to Surrey &amp; Sussex Community trust.</li> <li>▪ The next meeting of the committee is on 15<sup>th</sup> November.</li> </ul> <p><b><i>Yvette Robbins was thanked for her verbal report.</i></b></p>
1.7	<b>Chief Executive's Report</b>	<p>The Chief Executive updated the board on the progress made on the trust development programme -</p> <ul style="list-style-type: none"> <li>▪ <u>Refurbishment of A&amp;E department</u> – complex project in terms of timescale and schedule (winter season). Work is being done in phases, phase 1 started in August. New matron has introduced the different way of working and new patient flow process in A&amp;E.</li> <li>▪ <u>Day Surgery Unit</u> – project is due to complete in early November (8 extra beds). Beds will be ring fenced for stroke patients and day cases (electives).</li> <li>▪ <u>West Entrance</u> – refurbishment works are due to start on site in early Jan-12.</li> <li>▪ Reigate &amp; Banstead Planning Committee meeting on 28<sup>th</sup> September 2011 with the council resulted in approval of 4 planning permissions for the trust: car park, Paediatric Modular ward (porta cabin), 40 bed Modular wards and refurbishment of the hospital's West Entrance.</li> <li>▪ <u>Channel 4 "Dispatches" programme</u> - the trust is implementing recommendations from the independent review.</li> <li>▪ <u>Stroke – SASH</u> is part of the Stroke network that has been working on provision of the 24/7 stroke service. Some technical issues have been causing the delay but now have been resolved. The 24/7 service will go live on 6 September.</li> <li>▪ <u>Maternity Unit</u> – busy unit with 4,300 deliveries per year. New midwife-led birthing unit went live few weeks ago. Although the unit was in place, it was not fully utilized. Experienced resource is now in place to drive it through and offer choice to patients. Y Robbins asked whether the trust was meeting 1:32 ratio or had the shortage of midwives. J Thomas responded that there was 1:30 ratio on the birthing unit. Review of establishment in Maternity is underway.</li> <li>▪ <u>Community services (Asthma)</u> – trust's medical and nursing teams were commended in Andrew Lansley's speech.</li> <li>▪ <u>Cancer Centres</u> – there is a proposal to have Macmillan Cancer Information Centre on hospital's site.</li> <li>▪ M Wilson congratulated Reg Wadie, the trust Senior Biomedical scientist at Crawley hospital, who represented the trust at a Royal Garden party at Buckingham Palace.</li> </ul> <p><b><i>The Chief Executive was thanked for his verbal report.</i></b></p>
2.	<b><u>Strategy</u></b>	
2.1	<b>SEG Agreement</b>	<ul style="list-style-type: none"> <li>▪ M Wilson presented the Strategic Executive Group (SEG) principles that have been agreed as a set of common rules which each organisation had agreed to work within.</li> <li>▪ Chairs of Sussex provider trusts will also sign up to the same agreement.</li> <li>▪ J Chadwick-Bell added that the Strategic Programme Board has the similar set of principles in place.</li> </ul> <p><b><u>ACTION 2</u></b> <b>J Chadwick-Bell to prepare a single set of rules &amp; principles.</b></p>
3.	<b><u>Safety and Quality</u></b>	
3.1	<b>Organ and Tissue Donation at SASH - Clinical presentation by Dr Somi Desikan and Specialist nurse Emma Little</b>	

	<ul style="list-style-type: none"> <li>▪ Low rate of organ donation in UK (15 donors per 1m of population).</li> <li>▪ 7800 patients waiting for organ transplant.</li> <li>▪ Barriers to donation include lack of education and training, uncommon event for majority of people.</li> <li>▪ Tissue donation is more common and easy. 1 donor can donate to up to 15 people.</li> <li>▪ Number of patients on the active transplant lists has increased.</li> <li>▪ Organ Donation Task Force (ODTF) was set up in 2006 with the aim to increase organ donation by 50% in 5 years.</li> <li>▪ Organ donation is only possible in certain circumstances and only with the consent.</li> <li>▪ SASH Organ Donation Committee was set up in 2009 and chaired by Norma Christison.</li> <li>▪ Local Organ Donation strategy has been written.</li> <li>▪ The trust receives donor reimbursements of £2K per each donation from NHS Blood &amp; Transplant (NHSBT). To date money received for organ donation were allocated centrally.</li> <li>▪ From 2008 – 2011 there were 26,643K reimbursements to SASH for organ donation.</li> <li>▪ All agreed that wider staff training &amp; education campaign is required to raise awareness. Y Parker proposed that Organ Donation became part of the staff mandatory training.</li> <li>▪ Board was asked             <ul style="list-style-type: none"> <li>- to endorse and support Organ Donation Committee</li> <li>- to include organ and tissue donation into trust' strategy</li> <li>- to assist the ODC to recover reimbursements for donations</li> <li>- to make Organ Donation the part of Mandatory training.</li> </ul> </li> <li>▪ Board thanked Dr Desikan, E Little and the team for their commitment, passion and tenacity in raising awareness of organ donation among staff, patients and their families.</li> <li>▪ Board unanimously agreed to commit to delivery of their promise.</li> </ul> <p><b><u>ACTION 3</u></b>  <b>L Clegg to reallocate the money received for organ donations by the trust to the organ donation department.</b></p>
<p><b>3.2</b></p>	<p><b>Chief Nurse's Report</b></p> <p>Chief Nurse reported that</p> <ul style="list-style-type: none"> <li>▪ Patient metrics tool has been designed piloted and now being rolled out through all areas.</li> <li>▪ Patient Experience – significant increase in positive patient feedback on trust's food.</li> </ul> <p>E Cook asked how it had been achieved and what had been improved.  J Thomas replied that the trust catering team was being more creative with menus and introduced "hot meal" option in the evening.  I Mackenzie added that there was no investment made in catering and that the improvements were seen as a result of empowering staff to use more initiative. Some investment will be required for the modernisation of kitchens and catering areas next year.</p> <ul style="list-style-type: none"> <li>▪ Pressure damage – reduction in numbers of incidents, so it is positive progress.</li> <li>▪ Review of services within Maternity - positive feedback received from patients.</li> <li>▪ ITU – patient diary system is being put in place as a result of feedback from patients' families and relatives.</li> <li>▪ Never Events – following a number of 'Never Events' in theatres Barbara Bray gave a session on WHO Checklist in theatres and why we need to comply.</li> <li>▪ Complaints – reduction has been seen in number of complaints received. Resource is in place to deal with complaints in a timely way.</li> </ul> <p>Norma Christison asked if staffing levels in ICU were reduced.  J Thomas responded that there were no reductions in ICU establishment and that 1:1 ratio of care was given to all level 3 patients.</p> <p><b><i>Chief Nurse was thanked for her verbal report.</i></b></p>

3.3	<p><b>Safeguarding Children Annual report 2010/11</b></p> <ul style="list-style-type: none"> <li>▪ Chief Nurse presented the Safeguarding Children Annual report that enables the board review the activity across the trust in relation to the Boards Statutory compliance with Section 11 of the Children Act.</li> <li>▪ The report has been reviewed and approved by the Safety &amp; Quality Committee on 14 September.</li> <li>▪ The report demonstrates the trust compliance with the statutory and mandatory requirements relating to safeguarding children and young people.</li> <li>▪ J Thomas noted that the current performance compliance of 10% for main Level 3 training was the key area for improvement. The action plan has been put in place to address this and to bring the compliance up at least another 30% by the end of financial year.</li> </ul> <p>John Power queried if the trust got feedback on the amount of forms required to submit when referring a child. J Thomas replied that the multidisciplinary feedback was given to teams on a weekly basis and that most of the times there was sufficient level of information submitted.</p> <p><b><i>The Board received and duly approved the Safeguarding Children annual report.</i></b></p>
3.4	<p><b>Infection Prevention and Control Annual report</b></p> <ul style="list-style-type: none"> <li>▪ Chief Nurse presented the report outlining the trust's position on the key performance indicators and standards for cleanliness, infection control and antibiotic stewardship.</li> <li>▪ The report has been challenged and reviewed by the the IPCAS group.</li> <li>▪ The paper contains the Annual programme objectives for 2011/12 detailing tasks and recording of actions taken to meet specific objectives under the duties of the Code of Practice. <ul style="list-style-type: none"> <li>▪ J Thomas reported that all targets have been achieved.</li> </ul> </li> </ul> <p><u>Flu vaccinations -</u> Y Robbins pointed out that there was a low uptake of flu vaccinations among the staff and high rate of absences during the flu outbreak last year. She felt that the trust management should encourage both clinical and non-clinical members of staff to have a flu vaccination. Y Parker informed that last year flu vaccinations arrived quite late in November and that this year it would happen earlier – expectation to have vaccines on site arrive any day from now. M Wilson agreed and added it was the matter of the re-education of staff. Trust cannot make people to have the vaccination but can persuade its staff. Clinical staff should be allowed to have time to get the flu vaccination. It was also noted that vaccination teams would be available to go directly to departments and wards to encourage staff to participate in the campaign.</p> <p><b><i>The Board received and duly approved the Infection Prevention and Control annual report.</i></b></p>
<b><u>Financial and Operational Performance</u></b>	
4.1	<b>Integrated Performance and Quality Report –</b>
4.1.1 & 4.1.2	<p><b>Quality KPIs and Operational KPIs</b></p> <p>Chief Operating Officer presented the report that updates the board on the key areas of improvement / concern against national and local standards / KPIs.</p> <ul style="list-style-type: none"> <li>▪ <u>A&amp;E target</u> – 95% target has been achieved in August which was mainly due to reductions of A&amp;E admissions during the holiday period (seasonal variation), introduction of the new patient flow process was also a contributing factor. A&amp;E YTD performance is at 87%. Time to access &amp; treatment target has also improved. Trust submitted trajectories for achievement of 95% A&amp;E target to the SHA. There are 6 dependencies for target achievement (Crawley hospital, Caterham Dene</li> </ul>

		<p>hospital, Delayed transfers of care, Dementia services, etc). It is expected to see a step change in performance once all projects impacting on work in ED are complete / 'go live' – after March / April 2012.</p> <ul style="list-style-type: none"> <li>▪ <u>18 weeks performance</u> -</li> </ul> <p>B Bluhm noted that RTT targets would not be achieved until the backlog was cleared. The backlog recovery plan has been submitted and accepted by the PCT and SHA. The revised 18 weeks plan delivers 18 week pathway in November 2011. The work is ongoing regarding the outsourcing of the backlog.</p> <ul style="list-style-type: none"> <li>▪ <u>Diagnostic delays</u> -</li> </ul> <p>There was a recovery plan to address colonoscopy and Endoscopy waits. By the end of Oct the trust should be at 10 week wait, by December – at 6 weeks.</p> <ul style="list-style-type: none"> <li>▪ B Bluhm also added that the Mobile unit will help to clear the backlog in 4 week period.</li> </ul> <p>Joe Chadwick-Bell brought to the attention of the board that the recent Cerner upgrade had an impact on non-admitted figures.</p> <ul style="list-style-type: none"> <li>▪ <u>Stroke</u> -</li> </ul> <p>Out of 6 metrics the trust is achieving against 4 of them but failing the access to stroke bed standard linked to the capacity and flow issues and bed pressures. The trust forecast for compliance with this target is March 2012.</p> <ul style="list-style-type: none"> <li>▪ <u>Fractured Neck of Femur (#NoF)</u> -</li> </ul> <p>Compliance against the standard decreased this month. More work needs to be done internally around process and communication between clinical site team, ED and orthopaedic unit. Target compliance is dependent on capacity works in ED and trust.</p> <ul style="list-style-type: none"> <li>▪ <u>VTE</u> -</li> </ul> <p>71% compliance against 90% target. Ongoing data collection issues, lack of engagement from junior doctors. Letter signed off by Des Holden re VTE compliance will be sent to all clinical chiefs, consultants and other medical staff on Monday.</p> <ul style="list-style-type: none"> <li>▪ <u>Mixed Sex Accommodation</u> -</li> </ul> <p>3 breaches occurred in the medical division (escalation areas). More breaches are expected in the next few weeks due to the loss / closure of 8 obs beds and building work on site.</p> <ul style="list-style-type: none"> <li>▪ <u>Length of stay (LoS)</u> -</li> </ul> <p>B Bluhm noted that the LoS increased to the rise in the number of delayed transfers of care (DToC). She noted that it became apparent that the Department of Health had been using the wrong denominator which explains why the national picture looks better than it is in reality. The DH is re-doing previous data submission and reports.</p> <ul style="list-style-type: none"> <li>▪ <u>Patient experience</u> -</li> </ul> <p>All indicators should improve once all projects with the trust wide development programme will 'go live'. Comments were received from the board on the number of falls, number of SUIs, and number of complaints which need to be amended / included in the next report.</p>
	<p><b>4.1.3</b></p>	<p><b>Workforce Key Performance Indicators</b></p> <p>Director of HR reported that -</p> <ul style="list-style-type: none"> <li>▪ Appraisal compliance was at 69%.</li> <li>▪ Vacancy Rate is 10.4% compared to 10.7% last month. 52 Irish nurses are coming to work for the trust on modular wards from November 2011 through to January 2012.</li> <li>▪ Sickness absence rate has gone up to 4.5% which is higher than last year (32%). 38 members of staff are on long term sickness leave.</li> <li>▪ Agency and bank staff usage has increased due to sickness absences and number of vacancies.</li> </ul>

		<p>M Wilson added that wards with full establishment have been asked to use bank staff only and not agency workers.</p> <p>J Thomas also pointed out that there was insufficient number of staff on the trust Bank register.</p> <p><b><i>The Board received and noted the Integrated Performance and Quality Report.</i></b></p>
<b>5.</b>	<b><u>Financial Performance</u></b>	
	<b>5.1 Finance Report (Month 5)</b>	<p>On behalf of Chief Financial Officer Lorraine Clegg (Deputy CFO) presented the Finance report for Month 5 (August ) and noted that</p> <ul style="list-style-type: none"> <li>- Financial performance for Month 5 was slightly favourable to plan, with a deficit of £3.8m.</li> <li>- The revised savings plan has been submitted to the DH and SHA and SASH is no longer categorised as ‘challenged’ under the NHS performance framework but as ‘underperforming’.</li> <li>- New schemes have been identified and confirmed to deliver the savings gap of £1.6m and plans are in place to deliver the totality of the £7.7m savings plan. The forecast outturn is a £6.1m deficit.</li> <li>- Overall the trust is on plan delivering its savings and managing areas of overspend.</li> <li>- Main risks are overspending on nursing and escalation areas in divisions, contractual challenges and activity reductions.</li> <li>- The balance of the trust’s liquidity issue remains to be an area under discussion with the SHA.</li> <li>- Contract income is £0.4m above plan.</li> <li>- Agency usage costs remain less than last year and are on plan.</li> <li>- Escalation areas were closed during August and trust delivered its A&amp;E access target as attendances reduced to manageable levels.</li> <li>- Performance reviews with divisions took place yesterday.</li> <li>- Medical Division (which is overspend year to date) delivered an underspend. CSS and Estates continue to overspend.</li> </ul> <p><b><u>ACTION 4</u></b> <b>L Clegg to re-circulate the paper detailing schemes identified to close the savings gap of £1.6m to NEDs.</b></p> <p><b><i>The Board received and noted the Finance Report.</i></b></p>
	<b>5.2 Annual Audit Letter 2010/11</b>	<ul style="list-style-type: none"> <li>▪ Lorraine presented the Annual Audit letter from the external auditors summarizing their opinion on the trust’s financial accounts, performance and demonstration of value for money in 2010/11.</li> <li>▪ The audit opinion on the financial statements was unqualified. The quality of accounts produced for audit was good.</li> <li>▪ The value for money opinion was qualified due to questions over trust’s financial resilience / sustainability rather than its track record on savings and reference costs.</li> </ul> <p><b><i>The Board received and noted the Annual Audit letter.</i></b></p>
<b>6.</b>	<b><u>Risk and Regulatory</u></b>	
	<b>6.1 Board Assurance Framework</b>	<p>Chief Executive presented the BAF report which updates the board on their progress with mitigating the principle risks to their objectives for 2011/12 and identified actions to further mitigate the risk.</p> <p>The board recognises the main risks facing the trust and agreed that greater clarity and understanding was required in populating the template.</p> <p><b><i>The Board Assurance Framework was received and noted by the board.</i></b></p>

6.2	<p><b>Regulatory Update – CQC Quality and Risk Profile report</b></p> <ul style="list-style-type: none"> <li>This report provides the board with the CQC’s view on the trust’s compliance with the Essential Standards of Quality and Safety (August 2011). It provides an analysis of the risk ratings and can be an early warning identifier of things that are improving or deteriorating.</li> </ul> <p><i>The Regulatory update was received and noted by the board.</i></p>
7.	<b>Other</b>
7.1	<p><b>Any Other Business</b></p> <p><u>Clinical Trial Activity – Use of probiotics –</u></p> <ul style="list-style-type: none"> <li>SASH is the first hospital to get to the milestone.</li> <li>We need to get more patients signed up for clinical trials for our Research team.</li> <li>M Wilson informed that the event on 31<sup>st</sup> October (day with clinical school) would raise awareness among consultants and could extend the scope of clinical trials.</li> </ul>
7.2	<p><b>Opportunity for members of the public to ask questions</b></p> <p><b>Question 1</b> (Mr Martin Holland, Surrey LINKs) - <i>I have been told from “sources close to the PCT” that the planned extra temporary beds would be restricted to 20 beds and not 40 beds as planned. The extra beds will only be used for non-elective patients. Could the board comment on this please?</i></p> <ul style="list-style-type: none"> <li>- M Wilson responded that PCTs and SHA agreed and supported trust’s plan to address lack of capacity which included the build of 40 bed modular wards but was dependent on delivery of other elements in primary and secondary care (e.g. delayed transfers of care) in the whole health system (reference to the letter of agreement).</li> <li>- Regarding elective care – M Wilson noted that the trust had not yet agreed what would happen to beds but pointed out that the trust needed its elective work. At the moment £10m of elective activity is outsourced to other trusts so by doing this activity ourselves, we will bring money back to the trust.</li> <li>- M Wilson also added that the trust needed the extra 40 beds and would be opening 20 beds to start with, however the situation could change.</li> </ul> <p>Fionnula Robinson agreed to provide further clarification on this matter to Martin Holland if required.</p>
7.3	<p><b>Date of Next Meeting</b></p> <p><b>Thursday, 24<sup>th</sup> November 2011</b> at 10:30 in Lecture Theatre, Post Graduate Medical 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.*

ACTION LOG		Person responsible
<b><u>ACTION 1</u></b>	<b><u>NEDs representation at divisional “Deep Dives” exercises –</u></b>	
	D Holden to update the board on agreed arrangement / proposal.	D Holden
<b><u>ACTION 2</u></b>	<b><u>SEG principles agreement -</u></b>	
	J Chadwick-Bell to prepare a single set of rules & principles.	J Chadwick-Bell
<b><u>ACTION 3</u></b>	<b><u>Organ and Tissue Donation -</u></b>	
	L Clegg to reallocate the money received for organ donations by the trust to the organ donation department.	L Clegg
<b><u>ACTION 4</u></b>	<b><u>£1.6 Savings gap -</u></b>	
	L Clegg to re-circulate the paper detailing schemes identified to close the savings gap of £1.6m to NEDs.	L Clegg

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman:

Date: