

Minutes of Trust Board meeting held in Public
Friday 3rd August 2012 from 10:30 to 13:30
Room 7/8 Post Graduate Education Centre, East Surrey Hospital, Canada Ave, Redhill, Crawley

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
Jo Thomas	Chief Nurse
Dr Des Holden	Medical Director
Helen Astle	Interim Director of Corporate Affairs
Yvonne Parker	Director of HR
Edward Cooke	Non-Executive Director
John Power	Non-Executive Director
Richard Durban	Non-Executive Director

In Attendance

Fionnula Robinson	Director of Communications
Sacha Beeby	Trust Board Administrator
John Gooderham	Surrey LINKs

Apologies

Ian Mackenzie	Director of Information and Facilities
Rodney Gritton	Surrey LINKs

1.	<u>General Business</u>	
	1.1	Welcome and Apologies The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public. Apologies for absence were noted as listed above. The Chairman announced Edward Cooke's retirement from the board commencing 31 st August and thanked EC on behalf of the board and the Audit & Assurance Committee for his contribution to the trust.
	1.2	Declarations of Interest The Trust Board members confirmed that they had no additional interests to declare.
	1.3	Minutes of the last meeting – 23rd May 2012 The following changes were made to the minutes; 2.3 Chief Nurse's Report – the board noted its continued use of the policy. 5.1 Staff Survey Results - Y Robbins requested the following revision to wording; <i>"Y Robbins added that the Health & Safety Strategy, Incident Reporting and Sickness reporting needed to be triangulated"</i> Minutes of the meeting held on 31.5.12 were then approved as a true record and signed by the Chairman.

	1.3.1	<p>Actions Tracker</p> <p>Actions from the meeting held on the 31.5.12 had been followed and are now closed.</p> <p>Yvonne Parker reported that in response to carrying out a benchmarking exercise across the South East Coast, SASH turnover was between 14% and 18% which meant we were not an outlier to other trusts.</p>
1.4		<p>Chief Executive's Report</p> <p>The CE's report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>MW highlighted that the trust has been classified as 'performing' for quarter 1 of 2012 for the Integrated Measures Score on the Department of Health's performance framework. This includes the clinical standards for ED 4-hour waits; 18-weeks RTT; cancer 2-week rule and VTE assessments.</p> <p>The trust has also achieved performing status for CQC registration; with a positive outcome following a CQC visit to East Surrey Hospital at the end of June which resulted in the two compliance notices placed on the trust after their visit at the end of last year being lifted. MW thanked JT for her contribution to this.</p> <p>MW announced that the new Paediatric A&E is now open and has been extremely well received by staff and patients. The refurbishment took 6-8 weeks and will now provide a much larger, pleasant surrounding for patients.</p> <p>The first phase of the new main entrance is now expected to complete by mid-August, with WH Smith's and Costa opening in conjunction. Boots store will open during phase 2. The business case for the Linacs unit has been approved and funding and support for this has been agreed by the PCT. Planning permission has now been granted for the unit and a new road to accommodate traffic to the site.</p> <p>MW thanked IM and his team for their hard work and commitment to the planning application process. Special thanks were noted to Chris Limpus for his management of this project.</p> <p>A: FR to circulate copy of the new GP Newsletter to members of the board for information.</p> <p>The second round of the leadership programme has also been completed which has seen around 200 staff members go through the programme.</p> <p>The board discussed the outcome of the PALS annual report as described in the CE's paper and highlighted the importance of ensuring patients and visitors understood the meaning and purpose of PALS in order to raise awareness of the service.</p> <p>MW clarified that recent concerns raised in relation to Health Records and its resource and capacity, were being addressed as a priority and a programme of work is being put in place including building larger storage facilities to house the large volume of patient notes which the team are currently unable to manage.</p> <p>JP noted that the HR Team were to be congratulated on running another successful round of the Leadership programme. It was important to sustain the evident motivation and enthusiasm amongst the presenters by ensuring that their ideas were translated into action.</p>

2.	<u>Safety, Quality and Patient Experience</u>	
2.1	<p>Emergency Department: Patient Streaming Presentation Emad Jasem, Clinical Lead GP for E.D Minors</p> <p>The board received a presentation from Dr Emad Jasem, Clinical Lead GP for E.D Minors.</p> <p>Dr Jasem presented an audit of the Emergency Department over a period of 8 days which demonstrated a comparison of emergency attendances and admissions including volume and age ranges as well as the time for which they present. The data suggested that there would be value in working with local GP surgeries to reduce the number of out-of-hours emergency admissions which would be better served by other community services.</p> <p>The board challenged whether the E.D audited patients who claim to have arrived at E.D after being unable to get a GP appointment. It heard that this would be difficult as it could not rely on what the patient tells us. However it might be possible to conduct an audit of the GP practices that were referring its patients to the trust on a regular basis.</p> <p>DH agreed it would also be helpful to understand those frequent attendees to E.D and why other local hospitals were not serving its population as efficiently. Working with the Ambulance Service and our local providers to improve this would be valuable.</p> <p>A: It was suggested that the new GP Newsletter which has been created by the Communications team and which is contributed to by our clinicians, should promote other services available to patients outside of their local hospital.</p> <p>A: J Webb, Lead Consultant for E.D agreed to attend the System Management Forum and Local Transformation Board meetings in order to support clinical discussions on behalf of SASH.</p> <p>The board heard that discussions were currently being had to deliver out-of-hours health service back on-site at ESH. J Webb was asked to engage his team in this discussion.</p>	
2.2	<p>Safety and Quality Committee (S&QC) Chair Report</p> <p>The board received a paper in advance of the meeting which was agreed as read.</p> <p>YR highlighted that the Committee had reviewed two case studies around the experience of two elderly patients over the age of 75, tracking their journey from E.D through to admission and discharge. The committee were assured that whilst quality of care had not been compromised, patient flow appeared to be primarily driven by operational targets at the expense of patient-focused care. Patients were moved as their acuity decreased to allow bed priority for more acute patients. However, rationale and communication around the moves were not well explained to either the patients or the family.</p> <p>Presentations from E.D, AMU and SAU identified that patients over the age of 75 had difficulty engaging in the Real Time Monitoring technology to measure patients satisfaction as well as the question around recommendation of SASH. RTM take up generally was low, was not representative and does not ask the age of the participant.</p> <p>The committee's concerns around the number of falls and pressure ulcers reported have been addressed and measures are now in place to address those issues.</p> <p>The committee heard recommendations and suggestions for the ultimate aim in preventing</p>	

	<p>the need for elderly patients to be admitted into hospital and a greater use of therapies to expedite the discharge process.</p> <p>The committee discussed the response of the stakeholders to the quality account and identified a positive review and some specific requests from some of them which will be addressed. The issue of stakeholder engagement was raised mindful of requirements under BGAF and the need for an integrated approach.</p> <p>BB added that, although developments in Length of Stay (LoS) was slow, it was reliant on better working practices as well as processes. Management plans are in place to enable criteria-led discharge and this will be reviewed by the new workstreams.</p> <p>JT further added that the new night-time discharge rules are now in place and it is hoped that by October this will also be the case for daytime discharge rules.</p> <p>YR clarified that the Comfort Rounds did not include patient diagnosis and treatment, an important requirement flagged up in previous patient surveys.</p> <p>The Safety & Quality Committee update was received and noted by the board.</p>
<p>2.3</p>	<p>Chief Nurse's Report</p> <p>A written report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>JT highlighted that the Care Quality Commission (CQC) made an unannounced follow up visit to East Surrey hospital on 29th June. The purpose of the visit was to review progress against the two compliance actions which were placed on the Trust late in 2011 relating to;</p> <p>Outcome 4 – Care and welfare of people who use our services Outcome 8 – Cleanliness and infection control.</p> <p>The outcome of the visit was that both compliance actions would be lifted and this has been confirmed in a written report.</p> <p>In June the Trust took part in a new programme of peer review undertaken to support the development of services for patients with learning difficulties and to share good practice across the sector. Overall good practice was noted in particular, Woodland Ward which was highlighted as an 'exceptional ward' in terms of cleanliness and good practice.</p> <p>In May, the LSA (Local Supervising Authority) conducted an audit of compliance against the LSA standards of Supervision and to gain insight into the services available to woman and their families who chose SASH for their maternity care. Informal feedback has been very positive and we await a final report.</p> <p><i>The board noted an error in the paper; A total of 8 patients breached the Mixed Sex Accommodation standard in June 2012.</i></p> <p>The board were assured that scores on the NHS Performance framework were being briefed down the management chain in a meaningful way to the front line, in particular the need to keep patients informed as to what was going on.</p> <p>DH added that the importance of communication with patients and the need to explain medical outcomes with the patient and family was being impressed on the new FY1 doctors</p>

	<p>in order to improve this aspect of patient experience.</p> <p>JT confirmed that the use of slipper socks by patients continues with the aim of reducing patient falls. The number of patients at risk of serious harm has been reduced and a successful pilot of sensor alarms has meant a new order being placed. New low-level beds on every ward and crash mats has been a contributing factor to a decrease in patient harm however the board appreciates that it is not possible to eliminate entirely.</p> <p>The board noted a possible trend in the breakdown of complaints by main reoccurring themes between Attitude & Courtesy; Communication; Nursing & Midwifery. The Customer Care Programme had not yet been phased to junior nurses but training had been given to midwifery staff. JT highlighted that these common complaints also represented the medical staff and individual cases were being addressed appropriately.</p> <p>The board received and noted the Chief Nurses Report</p>
<p>2.4</p>	<p>Chief Medical Officers Report</p> <p>A written paper was circulated to the board in advance of the meeting and was agreed as read.</p> <p>DH highlighted that KSS Deanery has agreed for the trust to recruit an academic registrar post for 2 years in Microbiology. This will be a rotational post between Royal County Hospital (Brighton & Sussex University Hospital Trust) Worthing Hospital and St Richard's Hospital (Western Sussex Hospitals NHS Trust).</p> <p>The job planning project will identify efficiencies of working from consultants during on-call and on- duty periods. It will highlight those who work beyond contractual expectations and those who do not. The outcome will determine whether a consultant must increase their commitment to their trust duties or reduce the number of sessions and salary they take.</p> <p>DH highlighted that a report on Academic Health Science Network was due to be heard by the board later in the Agenda.</p> <p>A: The board agreed to receive a report on the Job Planning project undertaken by KPMG through its Investment & Workforce Committee.</p> <p>The board received and noted the report.</p>
<p>2.5</p>	<p>Developing Health Innovations Update</p> <p>A written paper was received by the board in advance of the meeting and agreed as read.</p> <p>The report briefs the board on the trust's responsibility in developing health innovations as a result of the Department of Health's report "Innovation Health and Wealth" which was published in December 2011.</p> <p>HA summarised that workstream leads had been identified in collaboration with CCG's and that the trust was on target to develop the CQUIN implementation plan by Q2.</p> <p>HA explained that partial CQUIN payments were possible, but not relevant to SaSH as we were expecting to meet all.</p> <p>The board received and noted the report.</p>

2.6	<p>Academic Health Science Network</p> <p>A written paper was received by the board in advance of the meeting and agreed as read.</p> <p>The report briefed the board on the trust's KSS application to become an Academic Health Science Network in response to the Department of Health's 'Innovation Health and Wealth' which describes a number of challenges the NHS faces in the dissemination of good and innovative practice so that it is available to all patients, and challenges around generation of wealth. The AHSN's would be legally constituted and promote the collaborative working of health care providers, academia and industry to deliver several functions including research participation, translating research and learning into practice, education and training, service improvement, information management and wealth creation. New funding will be available to the 12-18 AHSN's envisaged, indicative funds available for which is £10m per year each network for 5 years.</p> <p>Acute and mental health providers and research networks have been invited by the DoH to submit their bids and the board was asked to note the expression of interest attached to the report for Kent, Sussex and Surrey.</p> <p>The board received and noted the report.</p>
2.7	<p>Annual Reports</p>
	<p>2.7.1 Security Management Annual Report</p> <p>A written paper was circulated to the board in advance of the meeting and agreed as read.</p> <p>The report was presented by PS on behalf of IM and was approved by the Management Board on behalf of the trust board.</p> <p>Richard Hirshman, present in the audience announced that since the report was written, he has now become an accredited Local Security Management Specialist (LSMS).</p> <p>RH clarified that the patients which are reported as 'missing' include those who have left the hospital without informing us. Some wards have a tagging system for vulnerable patients but this has not been rolled out to all ward areas.</p> <p>JP was pleased to note that cameras were now all operational, but enquired whether they were monitored in real time. In particular, would an assault on staff be spotted promptly? It was explained that there were too many cameras to monitor in real time and that they were in any case not positioned in patient areas</p> <p>RH highlighted that there were currently 87 cameras which are watched by a single security guard. The cameras are not roaming and are not present in public areas.</p> <p>The static films are kept for 28 days unless otherwise needed for investigation.</p> <p>The current risk is the lack of training for conflict resolution. This was due to personnel being unable to obtain release from normal duty. However, this is now a mandatory requirement.</p> <p>RH confirmed that the team were tendering for 1 security guard – limited due to available funds however the board felt it was important to understand whether this</p>

		<p>was a realistic demand and look at whether additional resource should be sought. RH agreed that at this stage it was not necessary.</p> <p>The board received and noted the report</p>
	2.7.2	<p>Fire Safety Annual Report</p> <p>A written report was received by the board in advance of the meeting and was agreed as read.</p> <p>PS presented the report on behalf of IM. The report highlighted that training remained a challenge but the current training programme and e-learning module aims to reduce the shortfall. Annual training is now not required and the number of staff this affects is too low for it to be a considerable risk to the organisation. On-site fires remained the same as previous years and unwanted fire calls were down by 20%. Despite this, the board were informed that there were no significant causes for concerns from committees.</p> <p>JP was pleased to note the reduction in UFS but these were still averaging over one a week, so questioned whether our standard procedures might be too sensitive. It was explained that the majority of causes related to construction work, after which a significant improvement was expected.</p> <p>The board received and noted the report</p>
3.	<u>Operational Performance</u>	
	3.1	<p>Integrated Performance and Quality Report (Month 2)</p> <p>A written paper was received by the board in advance of the meeting and was agreed as read.</p> <p>The report summarised that in June and for Quarter 1 as a whole, the trust is expecting to be rated as Performance Under Review for the quality of services based on the following ratings for quality domains;</p> <p>Integrated Measures – Performing CQC Registration – Performing User Experience – Under Performing (based on 2011 inpatient survey)</p> <p>Within the integrated measures, ED performance continued to be above target and a further milestone was achieved with all three aggregate RTT measures being achieved for the first time.</p> <p>The trust was performing for the majority of the Cancer measures, however in line with the risk highlighted in Month 2, the trust failed to meet the Breast Symptomatic measure. Work with commissioners to resolve this issue is on-going. BB informed the board that all patients had been offered appointments within the first week but had declined. Failure to achieve was not related to insufficient capacity or delay in offering appointments.</p> <p>There were no new cases of C-Diff and MRSA in June however Mixed Sex Accommodation and Delayed Transfers of Care did not achieve the performing threshold. Work to resolve these issues are on-going.</p> <p>The board commended the considerable improvements in the performance dashboard and</p>

	<p>noted the enormous effort from those involved to get to this stage.</p> <p>The user experience service measures for Outpatients at ESH was acknowledged as a consistent risk and the board heard that this was one of the biggest challenges to the trust. However, workstreams have been developed to look at Length of Stay/bed days; Theatre Efficiency; Outpatients; Recruitment & Retention and each will be better scrutinised at Management Board.</p> <p>MW added that with the new Main Entrance opening, electronic signage being put in place and better choice for patients in the opening of WH Smith, Boots and Costa, user experience across the field will improve considerably.</p> <p>The board questioned whether becoming a trauma unit would mean increased capacity for hospital and therefore worsen the user experience however this would not be the case due to the low numbers in trauma it would see. FNoF performance is a concern for the trust at the current time but this will not affect the trust's Trauma Unit Status application.</p> <p>MW reminded the board that the results of the national in-patient survey in 2011 was contributing to the results of the current overall user experience indicators and that the trust is due to re-send that survey to nearly 5000 patients in the hope that improvements made at the trust will be reflected in their responses. If the results from the latest survey are improved then the DH have agreed to use those results in place of those recorded from 2011 and this can be integrated into the performance dashboard.</p> <p>The indicator for the percentage of staff who have been appraised in month is now on plan noting that appraisals will always be carried out at different times of the year.</p> <p>Staff turnover continues to be higher than the target. Monthly fluctuations are expected as this is based on leavers in-month. The increase in establishment will also have an impact on turnover rate.</p> <p>Sickness absence rates fell to 3.5%; its lowest level since May 2011 showing the impact of sustained Divisional actions to proactively manage sickness levels.</p> <p>The board received the report for information.</p>
<p>4.</p>	<p><u>Financial Performance</u></p>
<p>4.1</p>	<p>Finance Report (Month 2)</p> <p>A written report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>PS summarised that the trust was on plan at M03, with income favourable to plan that balances costs adverse to plan, and the core of those costs driven by activity.</p> <p>The forecast is breakeven but the position gives concern, as the high activity level is not what the health system plan expects and provides financial risk in respect of the capped contract with Sussex CCG's.</p> <p>Apart from the capped contract, the overspending provides a risk as it does non deliver savings. The overspend within nursing and escalation budgets is being mitigated and managed through the trust's performance management process.</p> <p>The full year savings plan is £10.0million and at M03, budgeted savings have been</p>

		<p>delivered. The savings plan has been reviewed and mitigations for red rated risks are now largely scoped, but not in place.</p> <p>The trust and local CCG's have resolved the contract gap although SHA sign-off is awaited. There are no immediate cash problems to report.</p> <p>PS concluded that the trust faced a financial risk as it over-performs as this comes with an over-spend.</p> <p>The Single Performance Conversation meeting had recorded that the trust is in financial distress</p> <p>Looking at activity, PS confirmed that the relevant figures for measuring the critical non-elective to elective ratio, was the first two figures listed under Contract Activity, namely, PbR Elective Spells and PbR Non Elective Spells, not PbR Outpatients or A&E Attendance, and not Non PbR Activity.</p> <p>PS confirmed that the statement anticipating closure of the contract gap consequent upon an agreed resolution being put to the SHA did not include the £1.8M risk relating to the Sussex cap. And that the overspend was greater with Sussex than with Surrey.</p> <p>The board received the report for information.</p>
5.	<u>Risk & Regulatory Items</u>	
5.1		<p>Board Assurance Framework (BAF)</p> <p>A written paper was circulated to the board in advance of the meeting and was agreed as read.</p> <p>The board were informed that a later version (Version 7) of the BAF was now available and the difference noted was that Line 42:4.1a has since been deleted as it is covered by 4.1b-4.1e.</p> <p>The board also noted that significant reductions in the level of risk associated to Priority 1.1c and 1.1e had been identified. Both of which are linked to positive assurance received from the CQC in June and the July PEAT inspection.</p> <p>The risk associated to priority 1.3 has also reduced as consultant vacancies in ED have been filled and the risk associated to priority 1.1b has reduced as actions to improve non elective demand have been delivered.</p> <p>Trust liquidity position has improved and as such the risk associated with priority 4.1e has been decreased.</p> <p>The board recognised the great amount of work that had been done in producing a comprehensive report and in the improvements to the scores.</p> <p>RD noted that under priority 4.3 (Listen to, value and develop our workforce) the initial risks, current risks and target risks were all the same. This could not be correct and he agreed to discuss the matter with YP outside the meeting.</p> <p>BB clarified that the 25-40 surgical beds displaced daily did not fall under the definition of escalation beds.</p>

		<p>The board requested that the BAF and Risk Register are consistent and aligned.</p> <p>The board received and noted the report.</p>
5.2	De-regulation of Termination of Pregnancy at Crawley Hospital – Update	<p>JT asked the board to note that Crawley Hospital will officially request to be de-regulated to perform termination of pregnancies. JT clarified that the trust had not performed such procedures for some time and it was important to do this as whilst we remain regulated, the CQC can inspect Crawley services and expect to see all the governance and support services required to provide termination of pregnancies. This service will however continue at East Surrey Hospital.</p> <p>The board noted and accepted the update.</p>
5.3	Equality & Diversity Report	<p>A written paper was circulated to the board in advance of the meeting and was agreed as read.</p> <p>The report was received by Managements Board and has now been published.</p> <p>The board questioned the disproportioned number of staff employed as according to the report and asked whether the trust was over-represented.</p> <p>A: YP was asked to confirm whether the trust was overrepresented by BME staff at the next board meeting in September.</p> <p>The board received and noted the report.</p>
6.	<u>General Business</u>	
6.1	<u>Update from Board Committee Chairs</u>	
	6.1.1	Audit and Assurance Committee (AAC)
		<p>A written paper was circulated to the board in advance of the meeting and was agreed as read.</p> <p>The board were asked to note the key issues discussed at the last committee meeting held on 3rd July 2012.</p> <p>EC summarised that the Auditor's had confirmed that the Trust's Quality Account was compliant however the Management Board had not completed the Action Plan.</p> <p>Assurance will be sought at the next committee meeting as to the actions to implement the recommendations on the serious incident internal audit report which was behind time and the private AAC meeting received and accepted an internal audit investigation into what had happened to place ungratified policies on the trust intranet ahead of the NHSLA accreditation visit in January and remove them afterwards.</p> <p>EC announced that he had now attended his final committee meeting before resigning from the board and was thanked for his contribution and commitment to the organisation.</p>

		The board received the report for information.
	6.1.2	<p>Investment and Workforce Committee</p> <p>A written report was circulated to the board in advance of the meeting and was agreed as read.</p> <p>RD summarised that a paper describing the methodologies employed in setting clinical establishments had been presented at the last meeting and the committee were assured that these were robust.</p> <p>The final version of the Education & Development Plan for 12/13 was presented and funding from the SHA had still not been finalised however it is expected that this will be more than first anticipated. A progress report will be presented to the committee in January.</p> <p>The committee was assured that the Capital and Estates programme was progressing well and a revised approach to the Theatre refurbishments would be presented to the next committee meeting as an addendum to the business case. The project will consist of 2 phases; phase 1 will see 4 new modular theatres built and phase 2 will see the refurbishment of the existing theatres and recovery. The refurbishment will however be subject to additional funding from the SHA and their approval.</p> <p>The committee will review the draft Clinical Strategy in August and the draft Integrated Business plan in September; both of which will need board approval before being submitted to the DoH in mid-October.</p> <p>The board received the report for information.</p>
	6.2	<p>Minutes from Board Committees – for information</p> <p>The following approved minutes were received by the board for information -</p> <ul style="list-style-type: none"> - Audit and Assurance Committee held on 1st June, 23rd April and 22nd March 2012. - Safety & Quality Committee held on 26th June 2012. - Investment and Workforce Committee held on 6th June and 2nd May 2012.
7.	<u>Other</u>	
	7.1	<p>Any Other Business</p> <p>BB announced that the trust will be re-submitting its application for Trauma Unit status and this will take place in November. The team are very confident it will achieve this status and invitations were extended to the board for the feedback session.</p> <p>A: A date for the assessment day is to be confirmed and will be circulated to the board</p> <p>John Gooderham asked whether the trust was prepared to act as a major trauma unit immediately should it be granted status. BB confirmed it would and that it continues to work with Surrey and Sussex in this respect.</p>
	7.2	<p>Questions from the Public</p> <p>John Gooderham, Surrey LINKs</p>

		<p>A) What steps has the board taken to ensure that junior doctors who started work at the trust this week were better equipped to cope with the demands placed on them?</p> <p><i>The board responded that it had a robust Staff induction programme, allowing junior doctors to shadow more experienced clinicians and gaining experience of recognising the most vulnerable patients and how best to respond to those patients. Initiatives are being introduced to aid the increase in capacity and guidance on prescribing of antibiotics and other medication. This complements the trusts focus to reduce errors in antibiotic prescribing and infection control.</i></p> <p>B) What measures are the board taking to increase the time spent by senior doctors seeing patients, especially at weekends?</p> <p>C) What is the board doing to satisfy itself that the right number of doctors, in the right specialties and in the right grade are employed by the trust?</p> <p><i>The board responded that the job planning exercise which KPMG have undertaken aims to better match workforce with demand and may identify potential savings and efficiencies within the workforce</i></p> <p><i>RD added that the I&WC is expecting to receive a paper at its next meeting on methodology for ensuring the trust has the right balance of doctor s and nurses to meet its demands.</i></p>
	7.3	<p>Date of Next Meeting</p> <p>Thursday 27th September 2012 at 10:30 in Lecture Theatre, Post Graduate Management Centre, Crawley Hospital.</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
<u>ACTION 1</u>	<p><u>GP Newsletter</u></p> <p>Fionnula was asked to circulate a copy of the GP newsletter to all members of the board for information.</p> <p>The board agreed that the newsletter should better promote community services. FR will consider this approach for future issues.</p>	F Robinson
<u>ACTION 2</u>	<p><u>Clinical Representation at CCG/PCT Meetings</u></p> <p>J Webb was asked to attend the System Management Forum and Local Transformation Board meetings to support clinical discussions on behalf of SASH.</p> <p>BB will extend the invitation to J Webb and provide dates for the diary.</p>	B Bluhm

<u>ACTION 3</u>	<p><u>KPMG Report on Job Planning</u></p> <p>The board agreed to receive a report on the KPMG Job Planning exercise through its Workforce & Investment Committee</p>	D Holden
<u>ACTION 4</u>	<p><u>BME Staff Representation</u></p> <p>Y Parker was asked to confirm whether the trust was overrepresented by BME staff at the next trust board meeting in September</p>	Y Parker

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman: _____ **Date:** _____