

**Minutes of Trust Board meeting held in Public
Thursday 19th December 2013 from 10:30 to 13:00
Room 7/8, PGEC East Surrey Hospital**

Present

(AM) Alan McCarthy	Chairman
(MW) Michael Wilson	Chief Executive
(PS) Paul Simpson	Chief Finance Officer
(PB) Paul Bostock	Chief Operating Officer
(GFM) Gillian Francis-Musanu	Director of Corporate Affairs
(DH) Des Holden	Medical Director
(FA) Fiona Allsop	Chief Nurse
(IM) Ian Mackenzie	Director of Information & Facilities
(YP) Yvonne Parker	Director of Human Resources
(AH) Alan Hall	Non-Executive Director
(JP) John Power	Non-Executive Director
(RD) Richard Durban	Non-Executive Director
(RC) Richard Congdon	Non-Executive Director
(RS) Richard Shaw	Non-Executive Director

In Attendance

Sacha Beeby	Note taking
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1.	<u>General Business</u>	
	1.1	Welcome and Apologies for absence The Chairman opened the meeting by welcoming Trust Board members, staff and members of the public. Apologies for absence were noted from Yvette Robbins, Deputy Chair. The Chair introduced the Board and its public audience to members of the Deloitte team, who would be observing the meeting as part of the trusts FT application process.
	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 – 28th November 2013 Correction to attendance record: <i>Lorraine Clegg, Deputy Chief Finance Officer – to replace Paul Simpson, Chief Finance Officer.</i> The minutes of the meeting held on 28 th November 2013 were then approved as a true record.
	1.3.1	Action Tracker <u>Action 1</u>

		<p>The Trust's formal response to Francis will be presented to the Safety & Quality Committee in January 2014, before submission to the board.</p> <p><u>Action 2</u> The NHS Outcomes Framework was circulated to members of the board for information.</p> <p>All actions from the meeting held on 31st October have been completed and closed.</p>
<p>1.4</p>		<p>Chief Executive's Report</p> <p>The board received and noted the Chief Executive's report in advance of the meeting.</p> <p>MW highlighted that additional funding for winter pressures will be distributed around England to help local systems maintain standards and reduce pressures on Accident and Emergency departments over the winter. The additional money will come from NHS England's expected surplus for the current financial year and will be distributed among local health systems. £1.35m will be available to the local health economy and the Trust is currently in discussions with local CCGs to revalidate the schedule of Accident & Emergency winter pressure schemes in order to secure the appropriate funding for SASH. Some of the schemes within the bid include support for diagnostics, 7-day working, staffing of community beds, strengthening of discharge and site teams, amongst others.</p> <p>ACTION 1: MW agreed to share the schedule of winter pressure schemes with the Board.</p> <p>From December 2013, NHS England began publishing data on never events in greater detail, including number and type of never event by reporting organisation. They will continue to publish this data quarterly, and then on a monthly basis from April 2014. During the period April - September 2013 SaSH reported one never event and this has previously been discussed by the Board.</p> <p>Following the first Integrated Delivery Meeting with the TDA on 14th November, Dr Stephen Dunn, Director of Delivery and Development (South) wrote to the Trust to confirm that SaSH is an organisation with an expectation of operational delivery. Our A&E performance remains consistently strong and there is confidence and an expectation that performance will be maintained throughout the winter. There was also an acknowledgement that the Trust has more to do. Our proposed Foundation Trust timeline was also agreed.</p> <p>On 18th December the Trust met with the TDA to give assurances around preparations for the winter season and discuss challenges around delayed transfers of care which was recognised as a wider health system issue due to the complexities of multiple agency involvement.</p> <p>The TDA agreed to give consideration to the Trusts plea for help in regards to Continuing Healthcare which was a considerable challenge for the organisation and one which cannot be afforded by the health economy.</p> <p>Last year the Trust was officially designated as a Trauma Unit and in order to retain this status we have to pass an annual inspection. The Board was pleased to learn that the unit passed the annual assessment in December 2013. The board thanked the clinicians and various teams involved for their great work and effort over the last</p>

	<p>year and for updating the panel on progress made. This is good news for our staff and for local people.</p> <p>MW confirmed that a key lesson learnt from the experience and from the feedback related to the collection of TARN data, which provided a better view on clinical outcome and allowed the Trauma Network to make a comparison of data submissions. Resource has now been identified and training provided in the use of the database to avoid further delay in the submission of such TARN data. The Network are satisfied with the Trust's subsequent actions.</p> <p>MW further highlighted that the Trust had been invited to participate as a case study for the Parliamentary Review in April 2014, a handful of organisations selected to produce a publication demonstrating exceptional practices and innovation.</p> <p>ACTION 2: MW agreed to discuss with the board our approach to content for the review and to share the official guidance once it has been made available.</p> <p>The report was duly noted by the board.</p>
2.	<u>Safety, Quality and Patient Experience</u>
2.1	<p>Clinical Presentation – A Patient Story</p> <p>The board received a report in advance of the meeting, describing lessons learnt from a Never Event which resulted in a patient receiving a cytotoxic medication on consecutive days.</p> <p>A great deal of effort has gone in to the safe and appropriate prescribing of antibiotics in the trust. However in this case, prescribing and drug administration contributed to a frail and elderly patient with multi-disciplinary illnesses receiving a cytotoxic medication on consecutive days.</p> <p>The investigation concluded some system failings and missed opportunity in the recording of drug administration. However, the error was alerted to very quickly by the team and the pharmacist.</p> <p>This serious incident remains open with the CCG and we are discussing their wish to re-categorize as an administration error, as logically both prescription and administration contributed to the patient receiving two doses in 24 hours. The total dose did not exceed the single dose given to many patients and has not been deemed as contributory to the death of the patient.</p> <p>Action will be taken to review the policy in relation to the completion of drug charts and the lessons learnt from this incident have been discussed with CCGs within clinical quality performance meetings.</p> <p>It was recognised that the schedule of identified Never Events was more widely understood by senior nursing teams and that this should be shared more openly with junior members of nursing teams.</p> <p>A correlation was made between this incident and the results of the Patient Survey which identified performance gaps where patients felt listened to and involved in decisions. However, it was noted that the nurse on this occasion followed good practice by challenging the administration of the drug, which was later overruled due to confusion from the drug chart.</p>

	<p>The presentation was duly noted and gratefully received by the Board.</p>
<p>2.2</p>	<p>Board Assurance Framework & Significant Risk Register</p> <p>The board received the BAF and SRR in advance of the meeting.</p> <p>The Board Assurance Framework (BAF) describes the principal risks that relate to the organisation's strategic objectives and priorities. It is intended to provide assurances to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives.</p> <p>The Significant Risk Register (SRR) details the highest rated operational risks that have been raised by the Executive Team and Divisional Management. The SRR is reviewed and moderated by the Executive Team on a monthly basis to ensure alignment with the BAF and other key risks to the Trust.</p> <p>The BAF details a total of 21 risks to the four Trust objectives. The 3 Workforce related risks which have reached their residual level in objective 3 have now been removed upon recommendation from the Finance & Workforce Committee and 2 new risks have been added to objective 1.</p> <p>The Board was asked to note that risk 2.1 has increased to reflect a greater understanding of the performance of the Trust's complaints and PALS systems. This acknowledges the need for more triangulation of information relating to patient feedback and actions taken.</p> <p>The board recognised and accepted that the report was better served early in the Agenda, to facilitate and guide some of the discussions which would take place throughout the remaining agenda. The single reporting against both the BAF and SRR was intended to bring greater visibility to the board in terms of strategic and operational risks of the organisation.</p> <p>The board continued to discuss the narrative and risk ratings against each of the key risks attributed to the BAF and SRR and comments were noted for revisions.</p> <p>The report was approved, noting comments received by members of the board.</p> <p>The board conveyed their thanks to Colin Pink, Head of Quality Risk for his efforts and hard work amalgamating the reports concisely.</p>
<p>2.3</p>	<p>Joint Chief Nurse & Medical Director's Report</p> <p>The board received and noted the joint Chief Nurse and Medical Directors report in advance of the meeting</p> <p>FA presented the results of the Early Warning Score pilot which commenced on Copthorne and Charlwood on 4 December 2013.</p> <p>Early warning scores were devised to assist in the early detection of deteriorating patients and are based on the premise that there is a common physiological pathway for deterioration in acutely unwell patients. Accurate and timely observations and adherence to early warning scoring systems are crucial in identifying those patients at risk of deterioration.</p> <p>Overall the quality, legibility and consistency of the documentation of vital signs were good. Verbal feedback from staff following the pilot suggests that</p>

	<p>improvements can be made to provide further clarity about documentation. Escalation of a deteriorating patient is occurring; however work is needed with both the nursing and medical teams around the documentation and escalation of deteriorating patient using the MEWS as the trigger for response and review.</p> <p>The Trust's hospital acquired pressure ulcers were reported in detail within the last Board Report. Since that time, the incidence of pressure damage remains low with no grade 3 or 4 pressure damage to report. FA agreed to bring further updates to the board only when there is a change in position.</p> <p>The board noted that the acuity of the trusts elderly population meant that patients often arrive at the hospital with some level of pressure damage. The focus for ward staff and clinicians will be to ensure patients are appropriately assessed early on arrival and appropriate interventions immediately sanctioned if necessary to prevent further deterioration. The Trust is working closely with community providers to identify the source of community-acquired pressure damage.</p> <p>FA presented an analysis of Falls data relating to the period 1st September . 30th October 2013 and a comparison against data relating to the same period during 2012. Those falls resulting in a Serious Incident case opening have now been closed.</p> <p>Paula Tucker, Head of Patient Safety at BSUH, joined the Executive team in December to share some of the key learnings from a pilot undertaken to reduce the number of patient falls on wards and to better understand how behaviours can be attributable to the volume of incidents. The Trust is keen to take forward some of the ideas and lessons learnt from this exercise and FA will provide further updates to the board as discussions progress.</p> <p>It was noted that the committee which currently reviews patient falls had potential for greater productivity and the membership of that committee should be made up of enthusiastic individuals who have a specific interest in the management of falls.</p> <p>An audit was undertaken to identify if the agreed identifier for patients at risk of falls was being used consistently and appropriately, and whether patients at risk of falls were being identified at handover. The audit results identified that the use of blue pillow slips was inconsistent and variable however it was reported that availability was an issue.</p> <p>The audit concluded that the number of blue pillow slips available for the falls profile of the Trust is insufficient. PS confirmed that there were no financial constraints preventing the order of blue pillow slips.</p> <p>The Trust has recently hosted visits from the TDA infection control lead who reviewed all 22 CDiff cases we have reported this year, the RCA we have undertaken, and the actions we have recently introduced. Overall, our practices and actions were reported to be good practice and consistent with other organisations. They encouraged us to open a dialogue with commissioners to gain agreement where fines might be waived if care has been optimal and the patient still developed CDI.</p> <p>The antibiotic formulary and prescribing guidance has now changed and the Trust has purchased an app for smart phones which allows the guidance to be updated very easily and to be available on everyone's hand held device.</p> <p>RCA's undertaken suggest that the problem does not relate to patient care, but the use of antibiotic. The Trust has recently approved the use of a new antibiotic</p>
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	<p>Temocillin however, it was recognised that CDiff will soon become resistant of any new antibiotic and that the challenge was a much wider health problem.</p> <p>The Trust hosted the second meeting of the local health economy Clinical Cabinet, a sub-committee of the SPC group. This meeting was well attended with medical and nursing leads for quality from CCGs and our clinical chiefs.</p> <p>The main focus was on the stroke pathway and there was broad agreement that all parts of the pathway merited attention. Future meetings will take place monthly and will have themes developed either through the CQPM and SPC, or by agreement within the Cabinet itself. The Cabinet will look at quality and clinical outcomes and will not focus on financials. This is the first evidence of clinical conversation between provider and commissioner and there is strong view that the resource and priorities need to be fully understood and dictated appropriately.</p> <p>The KSS Clinical Senate group met recently and has decided that the first cross-counties work it will lead on is advanced care planning for patients nearing end of life. There are many challenges in this area of health care provision including difficulties patients who have made plans experience when traversing primary/ community and secondary care boundaries.</p> <p>The report was duly noted by the Board.</p>
<p>2.4</p>	<p>SaSH Response to Right People, Right Skills, Right Place, Right Time</p> <p>The board received a guidance document in advance of the meeting. This document was developed by the CNO, in conjunction with the National Quality Board and published in November 2013. The guidance seeks to support organisations in making the right decisions and creating a supportive environment where staff are able to provide high quality compassionate care with the best possible outcomes for their patients.</p> <p>The guidance does not define staffing ratios and acknowledges that these will differ across and within organisations. It emphasises the importance of using evidence, evidence based tools, professional judgement and a multi-professional approach in reaching agreed staffing numbers.</p> <p>There are ten expectations detailed within the guidance relating to the domains of accountability & responsibility, evidence-based decision making, supporting and fostering a professional environment, openness and transparency and planning for future workforce requirements which are of relevance to the Trust Board.</p> <p>The report outlines the Trust's approach to setting nursing and midwifery establishments and describes a process for achieving the expectations outlined in the guidance. It was noted that this will require flexibility and review as the process evolves at a national and local level.</p> <p>The current uplift is 22% with 18% held directly by budget holders and 4% held centrally.</p> <p>The Trust will need to agree a range of actions and interventions relating to staffing levels over the coming months and like others, will be in a process of transition to respond to the published guidance.</p> <p>The draft risk will be rated accordingly on the BAF and this will be reduced as the Trust gains a better assessment of the position.</p>

<p>2.5</p>	<p>Safety & Quality Committee Chair's Update</p> <p>The board received a verbal update from the Chair of the Safety & Quality Committee.</p> <p>RS summarised some of the key discussions from the committee meeting which was held on 10th December 2013.</p> <p>Yvette Robbins stood down as Chair of the committee to help the Trust deliver its FT consultation programme. This was the first meeting chaired by RS since resuming the position as Committee Chair.</p> <p>The committee received a paper which undertook to review how SQC could add value to the Trust and to carry out its role of providing assurance to the Board. The CQC has now published its 5 domains which are safety, well led, responsive, effective and caring and the Trust has realigned its priorities with these domains.</p> <p>It was agreed that the committee should meet monthly so that it could review the latest monthly performance data; that it should review key points arising from the meetings of MBQR (to be replaced by the ECQRCC) and CQPM; that it should invite Services to present the findings of their reviews against the five CQC domains; and that it should triangulate assurance by looking at information from different perspectives, including patient experience, complaints and themes from the new Internal Controls Assurance Framework.</p> <p>The committee reviewed the Integrated Performance Report, as presented to the Trust Board and Finance & Workforce Committee. The committee noted the high level of bed occupancy, with increased demand for inpatients compared to last year. Escalation was apparent during Quarter 4, notably a challenging time for the health economy as winter pressures set in.</p> <p>DH presented a newly formatted performance dashboard aligned to the five CQC domains. The Trust level scorecard will provide the quantitative information to the Executive Committee for Quality, Risk and Clinical Care and its sub committees. Along with the outputs of Executive Committee, it will be available to SQC.</p> <p>The committee received an update on Trust performance with regards to both the Friends and Family Test (FFT) and the Trust's own Your Care Matters Programme. It highlighted some of the key themes from the feedback and actions taken as a result. DH offered to provide a revised report in January to include data from complaints and PALs to provide a more integrated approach.</p> <p>The committee received a presentation describing the recommendations and implications for SASH resulting from the National Cancer Patient Experience Survey. A restructure within the organisation will see the arrangement of a new Cancer Directorate commencing December 2013. The Trust plans to conduct its own monthly survey to provide more frequent data. The monthly surveys will report back to the Committee via a scorecard from each team.</p> <p>Linear accelerators are reported to be 2 months behind schedule. The Chief Operating Officer will join the Chief Executive for a meeting with the TDA regarding Delayed Transfers of Care, to seek help from a governing body. The feedback from this meeting will be shared with the Trust board.</p> <p>The verbal update was duly noted by the board.</p>
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3.	<u>Operational Performance</u>
3.1	<p>Integrated Performance Report (Month 8)</p> <p>The board received the Integrated Performance report in advance of the meeting.</p> <p>For November 2013, the Trust is expecting to be overall rated as performing for the quality of services based on the DH framework and the Trust's core objectives.</p> <p>PB summarised that ED Performance against the 4 hour target was maintained in November for the 7th consecutive month.</p> <p>There was an increase in the number of ambulance handover delays over 30 minutes but no delays over one hour.</p> <p>As activity and acuity levels change during the winter, the system plans for additional community capacity are being implemented alongside Trust actions, most notably changes to consultant presence at weekends, that are supporting the Trust's delivery of ED performance.</p> <p>PB confirmed that the team were confident in delivering the expected standards throughout winter, and the Trust remains on plan to deliver performance standards during December, despite expected winter challenges. Community beds have been implemented and are in operation, with a further increase in community capacity expected during January 2014.</p> <p>There has been a significant increase in Ambulance attendances, affecting acute hospitals throughout the south of England.</p> <p>18 weeks delivery remains in excess of expected standards at aggregate level, however the admitted and non-admitted targets were not achieved in Trauma & Orthopaedics. Remedial action plans are being put in place to increase capacity and resolve underlying issues and this position has since improved. The Trust continues to experience significant increase in referrals compared to previous years.</p> <p>Diagnostic performance saw an adverse movement, although still within expected standards, centred around waits for MRI. Additional capacity is being put in place to reduce waits in the modality of diagnostic.</p> <p>The Breast Symptomatic target was achieved for the second consecutive month and 62 Day Screening performance was also achieved in month.</p> <p>However, the 31 day subsequent treatment from Surgery did not achieve in month with two breaches out of twenty two patients.</p> <p>Patient safety indicators continued to show expected levels of performance. However, the Trust did not achieve the TDA standard of 92% for harm free care. The key driver behind this remained as in October, patients being admitted with existing pressure damage. The Trust is working to record where patients have been admitted from with existing pressure damage to facilitate quality governance across the health community.</p> <p>The latest HSMR data and SHMI data both show overall trust mortality is lower than expected and there are no Dr Foster negative mortality alerts.</p> <p>30 day readmission rates remained at 7.30% in November.</p>

The Trust had one case of MRSA bloodstream infection and three C-Diff cases in November, taking the YTD total to twenty two.

The Trust is implementing a revision (change in drug) to the antibiotic prescribing policy and is also reviewing processes around stool sampling. In addition the TDA and the lead nurse for infection control from Ashford and St Peters have provided a review of practice with learning incorporated into the Trust action plan.

The Friends and Family Test shows a Net promoter score for Inpatients as +75 and for ED was +70, both increasing on previous months.

There has been on-going work to increase response rates, particularly in ED where the response rate increased from 6.4% in October to 16.6% in November.

The number of complaints per 10,000 occupied bed days has decreased in November. The Trust is targeting the quality of complaints responses to reduce the number of open cases and give a better experience to the complainant. November saw an increase in the number of re-opened complaints which is being discussed and complaints will form part of a wider patient experience strategy workshop in January 2014.

Staff turnover continues below 15%, however it is too early to say whether this is due to the impact of our continuous nurse recruitment programme. The percentage of staff having had an appraisal within the last 12 months has declined in month and is being discussed at Divisional performance reviews. Sickness absence has declined in November and remains lower than previous years. The key themes for sickness absence include Surgery, Gastrointestinal problems and Anxiety/Stress.

DH reported good progress with the implementation of 7-day working. Specialist Physicians are now joining ward-rounds during weekends and this is having a positive effect on the number of discharges seen over the weekend, putting the hospital into a more favourable position as the working week begins. This also provides greater support for junior doctors, who work extremely hard under great pressure. Consultant contracts are being re-defined under national guidance and removal of premiums for weekend working.

The overall Trust financial position at month 8 remains at £0.2m surplus. The forecast remains a £0.3m surplus, while savings are above plan with £6.3m (57%) achieved to date.

The Trust agreed to set a final budget in respect of non-recurrent support last month.

ACTION 3: PS will circulate the final budget to board members.

The divisional positions worsened in month with continued over spending, however the position remains on plan through the use of reserves and central underspends. Overspends relate to escalation costs and costs in the Surgical Division due to increased activity.

Month 5 over performance invoices have been raised to the CCGs, however the contractual process remains difficult.

Key risks to the Trust relate to the contractual dispute over the outcome of the readmissions audit, income; with the elective position now improved, achievement of CQUIN; a report will be shared with the board in January 2014, and financial

	<p>challenges resultant from contractual processes with the CCGs.</p> <p>The cash balance has improved to £2.3m and is slightly above plan as a result of the £5.5m temporary PDC received. However, cash management remains challenging. The Trust expects an extension of the temporary cash borrowing until the end of the next financial year.</p> <p>PS reported that if the Trust was to set a deficit, cash would be covered for the next year. However, cash would need to be sought to replace temporary borrowing. This has been discussed with the TDA.</p> <p>The board resolved to delegate authority to the CEO and Chairman to set the final budget.</p> <p>The board challenged the performance data being published by CCGs for the Trust, noting conflicting indicators and scoring methods. MW confirmed that the Trust was monitoring information used by our commissioners and is keen to work collaboratively to ensure the right information is being published and discussed. However, the Trusts board papers were publicly available and it has little control over how this information is interpreted or used.</p> <p>PS noted that the SPC committee, a meeting convened with commissioners to escalate performance or quality concerns has been cancelled in recent months, suggesting no concerns by commissioners. This contradicts the reporting seen within their board papers.</p> <p>PS further highlighted that the capital for stage 2 of the theatre refurbishment had been verbally approved and the Trust awaits clarification and formal confirmation.</p> <p>The report was duly noted by the board.</p>
<p>3.2</p>	<p>Finance & Workforce Committee</p> <p>The board received a verbal update from the Finance & Workforce Committee Chair.</p> <p>RD highlighted key discussions from the committee meeting held on 17th December 2013.</p> <p>Key themes from the committee's discussions focused around revisions to the Workforce, Estates, IT & Information Strategies.</p> <p>The committee approved the Workforce Strategy, conditional on revisions to include a greater emphasis on values & behaviours, actions to be prioritised and R&R actions to be strengthened. The updated strategy will be circulated in January 2014.</p> <p>The committee did not approve the Estates Strategy and requested that it was updated to show schemes by maintenance, refurbishment and new schemes, to quantify the schemes and clarify across time and to link it to the LTFM and capital programme. The updated strategy is expected to return in January 2014 for sign off.</p> <p>The committee received an update in relation to the Theatres project for phase 1, which opened on 16th December. All 4 theatres opened and had a normal working day. The committee noted that a decision was pending on the cash funding for stage 2.</p>

		<p>IM reported that the BOC build was well underway and the building is expected to open in July 2014. The committee considered the need for a patient impact assessment to be carried out as a result of the delayed opening of the Linear Accelerator.</p> <p>The committee did not approve the IT Strategy and requested that it be split into an IT Strategy and an Information Strategy. The strategy should quantify the schemes and clarify across time and link to the LTFM and capital programme. The updated strategy will be circulated in January 2014 for sign off.</p> <p>The draft IBP was presented to the committee, with a focus around the timetable as presented within the report.</p> <p>The CFO verbally presented the detailed finance report for Month 8, noting that the Trust had a small surplus YTD with a small surplus forecast at year end. The committee further noted that confirmation had been received from the TDA confirming the £3.5m of non-recurrent support.</p> <p>PS reported that the Trust was currently rated a Level 3 by the TDA due to the financial risks against the trust however, the monthly TDA returns are showing a green performance score. Now that the £3.5m non recurrent funding has been confirmed we may be moved to a rating of 2 in January 2014.</p> <p>The committee received assurances that the Trust was ahead of its savings target and any under achievement of the CIP programme would be mitigated in month.</p>
4.	<u>Risk, Regulatory and Strategy Items</u>	
	4.1	<p>FT Update</p> <p>The board received and noted the FT Progress Update in advance of the meeting.</p> <p>MW summarised the progress of the organisations journey to becoming a Foundation Trust and the next steps due to take place over the coming weeks.</p> <p>The next meeting of the Project Board is due to take place on 16th January 2014.</p> <p>The Trust's 12 week consultation began on 21st November and to date, meetings have taken place in Dorking, Oxted, East Grinstead, Reigate and both Crawley and East Surrey Hospitals. In addition, the Trust has held presentations at the Surrey Health & Wellbeing Board, SASH Patient Experience Forum and Surrey Gypsy/Traveller Community Forum.</p> <p>Overall attendance and interest from the wider community at the public meetings has been limited thus far and we are looking at ways to increase attendance at future planned public events with further publicity.</p> <p>Recruitment of FT members is in progress with face-to-face, postal and online recruitment also taking place. To date, the trust has recruited a total of 220 patient and public members. Activities to increase membership over the next period have been considered.</p> <p>It was noted that the reputation of the hospital's past performance continues to deceive members of the public, which makes recruitment challenging.</p>

		<p>The Trust will attend a consultation event in the Croydon area, following the Trusts decision to include this catchment area within its membership criteria.</p> <p>Recruitment packs are available to the Board and these can be collected from GFM. All board members are invited to attend public consultation events.</p> <p>In response to the TDA feedback on our first draft IBP the Trust board has reviewed and revised its strategic intentions to cover the five year planning period 2014-2019.</p> <p>The TDA Readiness Review is planned to take place in March 2014 for which TDA requires all documents to have been signed off by the Trust Board and submitted to the TDA at least a month prior to the meeting.</p> <p>The external reviews of the BGAF and QGAF assessments began on 10th December with observations of the Safety & Quality Committee and Trust Board. 1:1 interviews with the board and key staff members along with 2 staff focus groups have taken place and surveys have been conducted with the board and staff across the organization. The draft report is due to be submitted by Deloitte in mid-January 2014.</p> <p>The report was duly noted by the board.</p>
4.2		<p>Emergency Preparedness, Resilience and Response Provider Assurance Process</p> <p>The board received an overview of the current EPRR status within SASH in advance of the meeting.</p> <p>The Trust was asked to undertake a self-assessment process with regards to its EPRR status to include emergency planning and business continuity. The process showed the Trust to be rated green for emergency planning and amber for business continuity, which is in line with recent internal audit results.</p> <p>Actions are in place to address gaps in business continuity processes and this is not considered a significant risk to the Trust.</p> <p>The Trust was asked to provide a letter of compliance together with an action plan going forward to the NHS England Area Team and the co-ordinating CCG.</p> <p>The board resolved to review the documentation which has been submitted to NHSE and noted for information.</p>
5.	<u>Other Items</u>	
5.1		<p>Any Other Business</p> <p>The board thanked Lisa Cheek, Divisional Chief Nurse for the Medical Division for her contribution to the organization and wished her well for the future as she leaves the Trust to face new challenges in the New Year.</p> <p>IM asked the board to note its thanks to the Estates team for their contribution and efforts in the completion and opening of the new theatres development. Feedback from patient and staff members has been extremely positive.</p> <p>No further business was discussed by the board.</p>

5.4	Questions from the Public There were no questions raised by members of the public.
5.5	Date of the next meeting Thursday 30th January 2014 at 10.30am in Room 7/8, Post Graduate Education Centre, East Surrey Hospital

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>	<u>WINTER PRESSURE FUNDED SCHEMES</u> MW agreed to share with the Board the schedule of schemes to be funded by the Winter Pressures allocation	M Wilson
<u>ACTION 2</u>	<u>PARLIAMENTARY REVIEW 2014 – SASH CASE STUDY</u> MW agreed to discuss with the board our approach to content for the Parliamentary Review and to share the official guidance once it has been made available	M Wilson
<u>ACTION 3</u>	<u>FINAL BUDGET – CIRCULATION TO BOARD</u> PS agreed to circulate the final budget to board members	P Simpson

These minutes were approved as a true and accurate record.

Alan McCarthy

Chairman:

Date: