SASH@home

Thanks to our newly launched SASH@home service led by clinical manager Frances Nri and her team (above), we are now able to bring care closer to home. Chief executive Michael Wilson said: “Patients can now be supported in leaving hospital as soon as they are clinically stable, enabling them to complete the remainder of their acute nursing and/or therapeutic care in the comfort of their own homes.”

Patients are still under the clinical care of the hospital and are able to receive treatment and support in their own homes rather than in a hospital bed.

The service provided is Monday – Friday, 9am-4pm and homecare is provided 7am-10pm, seven days a week by nursing staff, physiotherapists, occupational therapists and healthcare support workers.

For further information on clinical pathways and interventions visit:

http://intranet.sash.nhs.uk/department-directory/clinical/sash-at-home/

Our medical director goes ‘back to the floor’ in clinical coding

Medical director Des Holden is our latest executive to go back to the floor to learn more about the important work that goes on behind the scenes within our clinical coding team. The team, led by clinical coding manager Venkatesh Gaddam, is responsible for ensuring that all patient activity is recorded accurately for each episode of care undertaken across the Trust. The overall income generated equates to approximately £180m each year.

Venkatesh said: “Every diagnosis, each background medical history and individual procedures are coded from the patient’s medical record and assigned a clinical code. As coders we are heavily dependent upon clinicians to supply complete, accurate and timely information. The coding is used to inform our commissioners of the work we do in support of what is called nationally, ‘payment by results’. Coding outcomes are used at national level and internationally for the monitoring of diseases and deaths and also for health care strategic planning within our Trust, so it is vital that the information is accurate. Having Des in our department provided a good opportunity for us to showcase what we do on a daily basis. In light of this, Des has now arranged for some clinicians to visit our department so that we can get a better understanding of the complex procedures that are carried out which in turn will improve the quality of coding.”

If you would like one of our executive team to visit your department or ward then please contact internalcommunications@sash.nhs.uk or x2633.

Putting people first
Delivering excellent, accessible healthcare

Trust Headquarters
East Surrey Hospital
Redhill, Surrey, RH1 5RH
Tel: 01737 768511
Web: www.surreyandsussex.nhs.uk
The pilot for electronic prescribing and medicines administration (ePMA) has been enthusiastically received by doctors and nurses on Capel Annex. Ward manager Jayne Hewitt (above right) said: “It is very easy to use and saves us having to look for drugs charts. The alert system lets us know if drugs and antibiotics are to be reviewed or are delayed medications. The fact that medication can be adjusted remotely is also beneficial.”

A review of the pilot is soon to take place and a decision will be taken whether to roll this out trust-wide. We will keep you posted.

The Care Act 2014 comes into law on 1 April 2015. It builds on recent reviews and reforms and replaces numerous pieces of current legislation. It sets out new duties for local authorities and partners and new rights for service users and carers. The Act aims to achieve clearer, fairer care and support; physical, mental and emotional wellbeing support for the person needing care and their carer; prevention and delay of the need for care and support and personal control of care. Further details about The Care Act 2014 can be found at www.gov.uk/government/publications/care-act-2014-part-1-factsheets. For SASH, the new Care Act 2014 will mean:

- An increase in the number of people requiring assessment.
- Safeguarding which includes Safeguarding Adult Boards and serious case reviews will be on a legal footing.
- A change to some of the paperwork and processes surrounding discharges from hospital which will require training and education for staff.
- A responsibility to work with others to ensure that care needs are prevented or delayed.

Further details of the implication of the Care Act 2014 will be shared over the coming months.

Our annual health and wellbeing day is being held on 4 March in the PGEC at ESH from 10.00am-2.30pm.

Last year over 700 members of staff and volunteers attended the event which saw over 50 exhibitors on site. Head of workforce development Sally Knight said: “Last year we received so much positive feedback from staff saying how much they enjoyed the day and we are hoping that this year proves equally as enjoyable. We encourage each department and ward to plan so that every member of staff has the opportunity to attend.”

This year there will be ‘taster’ exercise sessions and the popular chill-out room where you can unwind with guided meditation and aromatherapy. Just some of the exhibitors confirmed so far include: Costco, Eco-drive simulator, Surrey Police; Priory Events, a variety of health and fitness providers, Unite and Unison.

This month’s Star of the Month is ED’s admin lead Jackie Sandford. Angela Stoker who nominated her said: “Jackie always goes out of her way to make our admin team happy but she also goes out of her way to make everyone in the department - nursing staff, doctors, housekeeping staff, porters and domestic staff - are happy too. She always takes the time to check that we are all okay. We can rely on her 100% and she is so approachable, and understanding. Every morning she walks into the department happy, cheerful and takes the time to say ‘good morning’ to everyone. I see her as the glue of the emergency department who holds everything and everyone together and I think she thoroughly deserves this award.”
Resilience planning – what’s in a name?

Meet our new resilience and business continuity manager Jamie Hogg. Having worked in the police service for 39 years as an officer and emergency planner, Jamie is now responsible for ensuring that when faced with an emergency situation, business at the Trust continues as normal.

What does your role entail?

We need to ensure that we prepare for any significant eventuality, or major incident, that could disrupt the way we operate day-to-day. It is my role to ensure the Trust is resilient and able to meet unexpected demands and disruption. The role can be broadly split into two areas: emergency planning and business continuity. These two areas are set out under an NHS national framework entitled Emergency Preparedness Response and Recovery (EPRR). This establishes a set of key plans that underpin the preparedness of the Trust to meet pre-identified risks, examples of these include, pandemic flu, CBRNe incidents and infectious diseases amongst others. Additionally, it provides guidance in helping to prepare staff to respond to a ‘no notice’ major incident, from whatever cause. This includes training, exercising, debriefing of incidents or events, as well as reviewing lessons learned, this enables revision of plans and policies as appropriate.

Essentially, an organisation’s business continuity management system (BCMS) helps it to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect.

What skills are important in this role?

I’m continually scanning the horizon for risks and assessing trends not just at local level, but national level and international level and looking for subtle changes that may be occurring. I guess this becomes intuitive after time. In simple terms, it is about thinking of all possible things that could go wrong and being effective at preparing and planning for how to deal with them if they do.

Is it not just local issues that could impact the way we operate?

Things happening in other countries may also have an impact on the way we carry out our business. Recent examples include diseases such as Ebola or issues of national security, but it could be a commodity issue such as potential difficulties in obtaining fuel – these could all affect the way we operate on a normal level. If trends are spotted, then if it is local level I would inform our local health resilience partners, the appropriate director, assistant director, operations team or our emergency department – depending on the nature of the risk.

Sometimes, it is the things that we least expect that could have an effect on us at the Trust and we can never anticipate when a major incident such as a rail, road or aircraft disaster or power failure may occur but we can be prepared.

What plans do we have in place in the event of a major incident?

As a category one responder (other category one responders include the police, fire, ambulance, district and borough local authorities), we are duty bound under the Civil Contingency Act 2004 to prepare, plan and have the correct policies and procedures in place that both public and staff can access. All departments have an emergency business continuity plan which is constantly under review.

What is most rewarding part of the role?

For me the greatest sense of satisfaction comes with finding practical solutions to different issues and being able to make these meaningful at local level to help people to do their jobs and improve our service outcomes.

Our current list of policies and procedures are available on our emergency planning page of the Intranet: http://intranet.sash.nhs.uk/department-directory/support-services/emergency-planning/

To see the Major Incident Plan visit: http://intranet.sash.nhs.uk/policies/corporate/

For further information about business resilience please contact Jamie.hogg@sash.nhs.uk
**Whistleblowing policy update**

Following a review of the Trust guidance policy, we have updated our policy for the raising of serious concerns - known as whistleblowing.

Although the guidance of the policy has not changed, we have added more content on how and when to use the policy, including a model flow chart to help you to raise concerns appropriately.

Please make sure that you are familiar with the new policy which is published on the intranet in the HR section of the policies pages: [http://intranet.sash.nhs.uk/_uploads/intranet/documents/policies-2/human-resources/whistleblowing-audit-changes-1-with-pic.pdf](http://intranet.sash.nhs.uk/_uploads/intranet/documents/policies-2/human-resources/whistleblowing-audit-changes-1-with-pic.pdf)

---

**Exploring a mutual model at SASH – We need your views**

The Mutuals in Health Pathfinder Programme launched in January. SASH is only one of only nine healthcare organisations awarded funding and the opportunity to explore what a mutual model might look like and how it might work in a large NHS Trust.

As part of the programme, we are establishing a project Board and running a series of focus groups for staff to explore the feasibility of what a staff forum might look like. Key issues we would like to explore include what rewards and incentives you may find engaging and we are seeking your views as to how you think this may work for us at SASH.

The pathfinder programme has been established following some research undertaken by Professor Chris Ham of the Kings Fund looking at how staff motivation and engagement has a direct impact on the quality of care and outcomes for patients.

One of the things that Chris Ham’s research showed was the extremely high levels of motivation and engagement that a number of mutual organisations had, including some community and primary care organisations.

Bolt Partners have been appointed in an advisory role to guide us through the project which is fully government funded.

If you or any members of your team would be interested in being involved in the staff focus groups (see below), or would like to find out more, please contact jane.thomson@sash.nhs.uk.

**Whistleblowing policy update**

- **9 February**
  - 11.30am-12.30pm Schwartz Round –‘The day I had enough’ - Lecture Theatre, ESH (12.30pm for cake)

- **16 February**
  - 9-10am; 10-11am; 11am-12.00 noon : Butterfly training sessions, room 2 PGEC
  - For more information please contact steven.adams@sash.nhs.uk

- **20 February**
  - 11.30am-12.30pm: senior leaders meeting – Lecture Theatre, ESH

- **26 February**
  - 10am-12.30pm: public board meeting. Rooms 7&8, PGEC

- **27 February**
  - 11am-12.00noon: All Staff meeting. Lecture Theatre, ESH

**Wednesday 11 March**

Mutuals in Health Pathfinder Programme staff focus groups

- **9.15 -10.15am** – corporate and management staff (HR, finance, IT etc.) – AD65
- **10:30 -11:30pm** - non clinical (admin, housekeeping, ward clerks) room 1, PGEC
- **12 noon - 1pm** - Medical (all levels of staff, from junior to consultant) - AD80
- **1:30 - 2:30pm** – CSS & therapies (OT/PT and assistants) - AD80
- **3 - 4pm** - nursing and midwifery (registered and unregistered) - AD80

**The diabetes and endocrine team has moved…**

All diabetes and endocrine appointments based at East Surrey Hospital will now take place at our new Earlswood Centre, including adolescent appointments (15-21 years) from 4 February, Earlswood Centre, Royal Earlswood Park, 1 Anderson Court, Redhill, Surrey RH1 6TP. For further information visit: [http://intranet.sash.nhs.uk/department-directory/clinical/diabetes/](http://intranet.sash.nhs.uk/department-directory/clinical/diabetes/)