



**TRUST BOARD MEETING
MINUTES
Open Session
25 April 2019**

PRESENT	Mike Baxter	Non-Executive Director
	Andy Field	Chairman
	David Fluck	Medical Director
	Chris Ketley	Non-Executive Director
	Neil Hayward	Non-Executive Director
	Keith Malcouronne	Non-Executive Director
	Simon Marshall	Director of Finance & Information
	Louise McKenzie	Director of Workforce Transformation & OD
	Suzanne Rankin	Chief Executive
	Tom Smerdon	Director of Strategy & Sustainability
	James A Thomas	Chief Operating Officer
	Meyrick Vevers	Non-Executive Director
	Marcine Waterman	Deputy Chairman
APOLOGIES	Hilary McCallion	Non-Executive Director
	Sue Tranka	Chief Nurse
SECRETARY	Liz Davies	Company Secretary
IN ATTENDANCE	Sal Maughan	Associate Director of Corporate Affairs and Governance

Minute		Action
O-49/2019	Patient Story	
	<p>The detail of the story was described in Paper 10.0 of the Board reports. In summary it records the family’s journey through St Peter’s Hospital to St George’s University Hospitals NHS Foundation Trust (SGH) following admittance of their young son with a severe kidney infection and details the care received during transition from one service to another at a critical time for the family.</p> <p>Susannah, mother of Ollie, joined the meeting and circulated photographs of her family to provide context; prior to relating her positive experience at St Peter’s Hospital. During the telling; it was heartening to hear mention of particular staff and reference to their good communication skills. Susannah also thanked the support functions such as Pathology and wished to note the exceptional consistent care and compassion shown by all staff.</p> <p>The Director of Strategy & Sustainability reflected that we work closely with St George’s University Hospitals NHS Foundation Trust (SGH) as the tertiary centre and that as a system we could help with management of the pathway experienced by Susannah. The Chief Executive added that it was almost certain that SGH would be interested in Susannah’s story and that working together our trusts could improve the quality of care; and Susannah stated she would be happy to be connected up with SGH.</p> <p>The Chief Executive observed the emotion in the room and said the story had made us feel proud and stated that we would welcome Susannah telling her story on video in order that we could share the positivity and pride with our organisation. Susannah said she would be happy to do this and it was agreed to make the arrangement.</p> <p>The Chairman thanked Susannah for taking the time to write to the Chief Executive and for attending Board to relate her powerful story.</p> <p>The following reflections were noted from Board members:</p> <ul style="list-style-type: none"> • Forbearance in relation to the time it took for the diagnosis; • Susannah drove the care and was very articulate; • True reflection of what “together we care means”; • Cultural bias, how this would have played out if Susannah had not been so articulate and well supported by her family; • Alternative reflection on what happens to those people who become angry and difficult to manage perhaps as a result of being unable to articulate their needs; • Consider cultural bias; and how we might take the learning forward; • Joined up care and process with SGH is important; collaborative working; • Overall cultural change in the community. 	SMau
O-50/2019	Declarations of Interest	

	There were no additional declarations of interests.	
O-51/2019	MINUTES	
	<p>It was agreed to change the wording in regard to the Deputy Chairman's recorded absence in March; to read:</p> <p>"The Deputy Chairman was not present as she was engaged elsewhere on Trust business."</p> <p>The minutes of the meeting held on 28 March were AGREED as a correct record with the following exception.</p> <p>C31/19 Quality Report change "The Chief Executive added that there was a lack of compassion and sensitivity demonstrated in letters" to read "The Chief Executive added that there was a lack of compassion and sensitivity demonstrated in some letters".</p>	
O-52/2019	MATTERS ARISING and ACTION LOG	
	<p>The Trust Board reviewed all of the actions contained within the minutes of the previous meeting. Nominated leads confirmed that all the respective actions had been completed, appeared as agenda items for the meeting or were on track within agreed timescales.</p> <p>It was AGREED to close action O-25/2019; and it was noted that action O-10/2019 was still open for completion.</p>	
	REPORTS	
O-53/2019	Chairman's Report	
	<p>The Chairman took the report as read and highlighted the following items:</p> <ul style="list-style-type: none"> • Visited Maple Ward and presented their certificate celebrating 365 days free from hospital acquired category 2 and above pressure ulcers. It was noted that this had been an impressive achievement given that this was an acute medical ward. • The Coroner's Learning Event held at the beginning of April had provided an opportunity for staff from across the Trust to understand the processes from a retired Coroner. The discussion and question and answer session was lively and it was clear that the event was timely and much appreciated. • Pleased that both our Board and the Board of Royal Surrey County Hospital had endorsed the recommendation to move to preferred bidder status on our joint procurement of the new electronic patient record system, a vital component in our move to a more digital organisation. • The annual presentation to Woking Borough Council to update them on the Trust was marked by good discussion and a real willingness to collaborate on issues such as key worker housing, the prevention of ill health agenda and the role of Borough Councils within the Integrated Care Partnerships. • Attention was drawn to the NHS Improvement consultation on their 	

	<p>proposals for legislative change. It was noted that the Trust would be responding in its own right and that the Chairman had also provided direct input in “round table” discussions at NHS Improvement, and contributed to NHS Providers and Surrey Heartlands responses.</p> <p>The Chairman drew attention to the proposals which range from promoting collaboration through to the possible integration of NHSE and NHSI and removing the need for NHS mergers to go to the Competition and Markets Authority. It was noted that some proposals are more controversial than others and, for Foundation Trusts, the proposals for powers to direct mergers and more central control over capital spending had raised much debate.</p> <p>It was confirmed that the consultation outcome would go back to the Health Select Committee in the Summer.</p> <p>Action Place our response in the Board Reading Room.</p> <p>The Chief Executive stated that the Trust was already active in collaborative working across the system and Marcine Waterman, Deputy Chairman added that she had attended a recent meeting on system governance with Surrey Heartlands.</p> <p>On a final note the Chairman thanked the Chief Operating Officer and the TASCC team for an innovative and creative Board Masterclass on Theatres Utilisation.</p> <p>The report was RECEIVED by Board.</p>	LD
O-54/2019	Chief Executive’s Report	
	<p>The Chief Executive stated that she had been on leave for two weeks and wished to record a thank you to both Tom Smerdon and David Fluck for deputising as Chief Executive for a week with the support of the other members of the Executive Team.</p> <p>Attention was drawn to a recent initiative in bringing arts into the healthcare setting; it was noted that the first of a series of four health plays had taken place this month at St Peter’s Hospital, written by playwright Brian Daniels, who writes on a variety of prominent medical and social issues. The first play had been about the diagnosis of early onset dementia and how two different families had reacted to the news.</p> <p>The Director of Workforce Transformation reflected on the impact these plays might have on staff and to consider providing an introduction on the purpose of subsequent plays.</p> <p>Action Provide a preamble for staff and invite attendance from the community.</p> <p>The sale of surplus land at St Peter’s Hospital known as the West Site had been completed and was a milestone in the history of the Trust and would pave the way for major healthcare improvements, benefitting both patients and the team. It was noted that the Trust would be looking forward to working</p>	ST

	<p>closely with patients, colleagues and local citizens to design and build new, state-of-the-art, facilities which meet the needs of all and help achieve our vision to provide an outstanding experience and the best outcome for patients and the team.</p> <p>Aligned with the above the Chief Executive and Medical Director had arranged for <i>Well North</i> to visit the Trust and share their experiences. Well North, was an inspiring organisation that links people with a shared vision to creating better health and wellbeing; and their visit engendered many ideas about the contribution we can make to our local community; and work collaboratively to promote a dynamic, thriving and healthy place to live and work.</p> <p>Marcine Waterman, Deputy Chairman, noted that we would be bringing the Trust's plan on Arts in Health to our Board meeting in June.</p> <p>The Board RECEIVED the Report.</p>	
	QUALITY AND SAFETY	
O-55/2019	Quality Report	
	<p>The Quality Report included both quality assurance (QA) and quality improvement (QI) which reflects the on-going alignment of QA and QI within the Trust.</p> <p>The Medical Director highlighted the following issues from the report:</p> <ul style="list-style-type: none"> • <i>Medication safety:</i> Since April 2018 there had been twelve confirmed medication incidents which had resulted in moderate patient harm; a 59% reduction compared to 2017/18. It was noted that the run charts in the report demonstrated the good work and sustained improvement; the team had continued to carry out regular audits and analysis of omitted medications and continued to raise staff awareness about medicines related incidents and learning using monthly infographics and staff story videos. • <i>Mortality:</i> It was noted that there had been no real change in the metrics; the Trust had made good progress with the Structured Judgement Review programme and a full review of learning from deaths in 2018/2019 would be provided in the Q4 paper to be presented to Board in June 2019. • <i>Experience:</i> Complaints management remained a challenge in regard to capacity issues and it was noted that a 2019/2020 patient experience work plan, based on the Trust Strategy would be submitted to the Patient Experience Monitoring Group in May 2019 outlining our key new initiatives for next year. <p><i>Infection:</i> One of the priorities for improving infection prevention and control in the year ahead was the reduction in surgical site infections (SSIs). The focus of the work will include ensuring that all surgical specialties are adopting the best practice interventions, sharing data on compliance; as well as making improvements in theatres and further updates would be included in this report each month.</p>	

	<p>It was noted that the Trust’s initiative to reduce surgical site infections for Neck of Femur (NOF) patients had been shortlisted for a national patient safety awards this month. The improvement work had been recognised in the ‘Infection Prevention and Control Initiative of the Year’ category in the Health Service Journal (HSJ) Patient Safety awards.</p> <p>With reference to the medication safety improvement programme, Marcine Waterman, Deputy Chairman drew attention to the following in the report <i>“In March 2019 there were 35 reported medication-related incidents with no harm, which was a significant reduction on the previous months“</i>; and queried if this was an improvement or failure to report. It was noted that there had been a reduction in the overall number of incidents reported in February and March 2019 and the reasons for this were being investigated.</p> <p>The Director of Strategy & Sustainability made the observation that the Trust’s approach to risk management was a key governance component and noted that our Strategy was yet to be rolled out across the organisation. The Medical Director added that the two key quality priorities for the year ahead are infection, (avoidable harm) and improving medication safety. It was observed that this was aligned with the World Health Organisation’s campaign to reduce medication-related harm by improving practices and reducing medication errors. For assurance it was noted that these priorities are to be aligned and reflected in the Trust’s Corporate Risk Register.</p> <p>Chris Ketley, Non-Executive Director queried if the zero tolerance aim for hospital acquired category 3 and above pressure ulcers was realistic; the Chief Executive responded that these pressure ulcers are entirely avoidable and confirmed that zero tolerance was the Trust’s objective. The Medical Director added that Maple Ward had achieved zero incidents in the year and was an area with challenging patients.</p> <p>Mike Baxter, Non-Executive Director, made reference to e-prescribing and if this might mean medication errors would drop to zero; the Medical Director stated that the Chief Pharmacist had developed a Strategy to target errors in the pathway and concluded that minimising errors was linked to attention to detail and consistency in practice and that use of the ‘robotic pharmacist’ would help in minimising errors in dispensing medication.</p> <p>The Board NOTED and obtained ASSURANCE from the Report.</p>	
O-56/2019	Corporate Risk Register	
	<p>There were six risks summarised on the Corporate Risk Register as at 18 April 2019. The report provided assurance that relevant risks had been identified as corporate risks and that mitigating actions were in place. The Risk Register links to all Strategic Objectives.</p> <p>The Chairman drew attention to the good work that had taken place on the Board Assurance Framework and noted that the underpinning piece around the refreshed operating model for the organisation was yet to be aligned within the Divisions.</p> <p>The Chief Executive added for assurance that we are managing risk on a</p>	

	<p>daily basis and that work was to be instigated to ensure an effective risk management culture was embedded across the Trust.</p> <p>Action The Deputy Chairman requested an outline implementation plan be presented to the Audit & Risk Committee in May.</p> <p>In regard to the new risk concerning “Lack of Standardisation with Wall Suction Devices”; the Director of Finance & Information provided assurance that the Trust had a robust action plan in place to address this issue and the replacement of suction devices was underway.</p> <p>The Board RECEIVED and obtained ASSURANCE from the Register.</p>	<p>SMau</p>
<p>O-57/2019</p>	<p>Health and Safety Report</p>	
	<p>The half-yearly summary provides assurance to the Board that it was managing its Health & Safety risks and complying with its statutory duties.</p> <p>It was noted that the RIDDOR related incidents had seen a sharp rise in Q3 but had declined significantly in Q4; fractures from slips and trips resulting in falls were the most common injury.</p> <p>There had been a decline in reported incidents during the last half year and the Trust had measures in place to support staff dealing with aggression and physical assaults.</p> <p>The Director of Workforce Transformation reported on the inspiring presentation given by a mental health nurse from the Imperial College Healthcare NHS Trust at the recent conference she had attended with the Health & Safety Security Advisor on “Better Protecting the NHS Workforce: Implementing the NHS Violence Reduction Strategy”. It was noted that the information would be shared with the Trust’s dementia teams.</p> <p>It was noted that the Trust would be taking part in a pilot on staff wearing body cameras in A&E, ITU, Maternity, dementia wards and other areas with the aim of preventing incidents of violence and aggression by patients and visitors.</p> <p>As part of the project; staff had completed a questionnaire which had shown they were keen to be part of the pilot.</p> <p>Attention was drawn to the bodycam trial which had been carried out at Northamptonshire Healthcare NHS Foundation Trust; their feedback had been overwhelmingly positive and it was felt that the use of cameras had prevented confrontational situations and had helped to provide an accurate record of incidents.</p> <p>It was noted that a Standard Operating Procedure would be submitted to the Trust Executive Committee for review and approval and would comply with General Data Protection Regulation. The results of the Pilot would be reported to Board in due course.</p> <p>The Chief Executive reflected on how important it was to get the infrastructure right in creating a dementia friendly environment for patients.</p>	

	The Board NOTED and obtained ASSURANCE from the Report.	
	PERFORMANCE	
O-58/2019	<p>The Chief Operating Officer took the report as read and highlighted the following matters:</p> <p><i>Referral Time to Treatment (RTT) 18 week performance</i> The Trust recorded a non-compliant performance against the 92% standard with March's performance recorded at 91.5%; however this was 0.6% ahead of our agreed trajectory and delivered the required reduction in Waitlist size in March 2019 compared to the same period in 2018.</p> <p><i>Diagnostic Tests</i> The Trust recorded a non-compliant performance for the DM01 diagnostic standard in March with performance recorded at 98.2%. It was noted most breaches had occurred in MRI, ECGs and Endoscopy due to unexpected demand impeding the Trust's recovery trajectory, and that enhanced recovery plans for creating additional capacity was underway with a plan to regain compliance during June 2019.</p> <p><i>62 Day GP Referral to Treatment Performance</i> The Trust had recorded a compliant performance for March at 89.6%.</p> <p><i>62 Day NHS Cancer Screening Service Referral to First Treatment</i> The Trust recorded a non-compliant performance for March at 83.3%; one colorectal patient had breached due to complex pathway.</p> <p><i>31 Day Wait for Subsequent Treatment (Surgery)</i> The Trust recorded a non-compliant performance for March at 85.7%, due to one skin patient breached due to complex pathway.</p> <p>The Director for Strategy & Sustainability reflected that this was a good achievement despite the difficult logistics in hospital, and highlighted in particular the 62 day standard performance; a well-deserved thank you was recorded for the Chief Operating Officer and team for sustaining such a good performance.</p> <p>The shared pathway was referenced by the Chairman and the Chief Operating Officer responded that as part of the Surrey & Sussex Cancer Alliance our main partnership was with the Royal Surrey County and noted that some changes had been made to the cancer measures; notably there was now an obligation to get patients transferred to a tertiary partner before day 38 in the 62 day cancer pathway.</p> <p>The Chairman also made note that the new Infusion Suite at Ashford Hospital was an important service and that the Trust would be expanding services at Ashford.</p> <p><i>A&E Performance</i> It was reported that attendances were 10.0% higher than in March 2018, although admissions were lower by 4.7%. The ongoing high occupancy of the hospital had created patient outliers and higher length of stay; the shortage of</p>	

	<p>community support, high acuity of patients and reduced staff availability due to vacancies had contributed to delays in A&E as well as slow flow to the wards.</p> <p>Board took part in a brief discussion on the cost of delivering care and the current challenges and pressures experienced in the local system.</p> <p>The Chief Executive stated the need for more substantive beds; and noted that we are working with system partners and looking at capacity options in the community. It was noted that the Trust's aim was to sort this matter quickly as effective patient flow was the best solution to create cost efficiencies.</p> <p>The Chief Executive added that the Recovery plan would be delivered through the relevant sub board committees with total plan oversight managed through Part II of Trust Executive Committee; stating that the quality of care and safety of patients was the paramount priority.</p> <p>The Chairman concluded that there was full Board support for the immediate proposals.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
O-59/2019	Balanced Scorecard	
	<p><i>Finance</i></p> <p>The Trust, in its draft financial results, was reporting a surplus of £40.2m against a plan of £37.0m resulting in a favourable variance of £3.2m. This included £26.1m of Provider Sustainability Fund (PSF) income. When adjusted for non-control total items and PSF, the Trust was £2.1m above its pre-PSF control total and this was attributable to higher profits on its land sales than planned. Since the draft results were submitted it was noted that the Department of Health have confirmed the final PSF payments as £32.8m which will increase our surplus to £46.9m.</p> <p>It was noted that the temporary staff spend would be revised post year end.</p> <p>The Board recorded a big thank you to the Director of Finance and Information, Director of Estates & Facilities and Head of Capital Development for their hard work in achieving the land sales.</p> <p>Neil Hayward, Non-Executive reflected on the logical explanation for the exact sum of money awarded.</p> <p>The Director of Finance & Information explained that the sums were made up of three main elements a core payment of £7m, due to the achievement of our core financial targets and 1 quarter of A&E incentive payment only, a stretch incentive payment of £16m, reflecting the expected land sale improvement against our initial control total, and a bonus element of £9m, reflecting additional land sale profits and a general distribution made to all providers.</p>	

	<p><i>People</i></p> <p>The Director of Workforce Transformation drew attention to the following issues:</p> <ul style="list-style-type: none"> • Additional staff for escalation areas had increased agency use and off-framework approvals and it was noted that the Trust had introduced a strict protocol to follow when using off-framework agencies. • Successful overseas recruitment campaign for doctors • The Deputy Chief Nurse for Workforce was now in post and facilitating progress in key areas including; recruitment and retention projects, monitoring staffing establishments, continuing professional development opportunities and aligned approaches across all Divisions. • The Quarter 4 Family and Friends Test results would be reported to Board. <p>Reference was made to the buying and selling of annual leave which was an arrangement between the employee and the Trust, whereby an employee's annual leave entitlement can be extended or reduced by up to a week per financial year. It was noted that Divisional teams were looking at the staffing implications related to the use of the Scheme.</p> <p>It was noted that staff are allowed to carry over a maximum of five days leave to the next financial year with their Manager's approval.</p> <p><i>Digital</i></p> <p>It was noted that efficiency measures are in place and that there would be discussion on the scorecard at the Strategic Change Committee; and would be reporting on the KPI's on the new Balanced Scorecard from April onwards.</p> <p>The Board NOTED and obtained ASSURANCE from the Scorecard.</p>	
O-60/2019	Integrated Digital Committee Minutes	
	<p>The Chairman of the Committee drew attention to the following in the Minutes:</p> <ul style="list-style-type: none"> • Cyber Organisational Readiness (CORS); a formal audit conducted by Templar Executives on behalf of the central security team from NHSE was being carried out and would produce a report on the organisation's operational readiness in relation to: Policy, Communications, Procurement, IT, and Culture; • Of specific note was that the CCIO and CNIO roles are now being circulated to the Trust Executive Team in readiness for recruitment. • The IT Risk Register would be submitted to the next meeting. • Digital roadmap initiatives would align to Surrey Heartlands <p>The Chairman stated that the e-PR masterclass to the Board and TEC had been well received.</p> <p>The Board RECEIVED the Minutes.</p>	

	REGULATORY	
O-61/2019	Use of the Trust Seal	
	<p>Under the Standing Orders the Board receives a regular update on the use of the Seal. The seal was last used on 20 March 2019.</p> <ul style="list-style-type: none"> - Seal Number 083 dated 25 March 2019 – Deed of Variation. Agreement under Section 106A re development of land at SPH dated 07/02/19. - Seal Number 084 dated 27 March 2019 – West Site Collaboration Agreement. - Seal Number 085 dated 27 March 2019 – West Site Intercreditor Agreement - Seal Number 086 dated 27 March 2019 – West Site ASPH Legal Charge - Seal Number 087 dated 27 March 2019 – West Site Car Park & Building Lease - Seal Number 088 dated 27 March 2019 – West Site Sale Agreement - Seal Number 089 dated 27 March 2019 – West Site Transfer - Seal Number 090 dated 29 March 2019 – West Site Land and Property Sale. <p>The Board NOTED use of the Trust Seal</p>	
O-62/2019	Register of Interests	
	<p>NHS England's guidance to staff on Managing Conflicts of Interest in the NHS states the common situations which might give rise to risk of conflicts of interest and the aim of the Register was to identify all activities and interests which might be interpreted as carrying a risk of bias in the conduct of the person's Trust duties; including the disclosure of roles undertaken in strategic decision making groups across the system.</p> <p>The Board NOTED the Register of Interests.</p>	
C-63/2019	ANY OTHER BUSINESS	
	None.	
O-64/2019	QUESTIONS FROM THE PUBLIC	
	<p>Following on from a previous question last month around plans for the Abraham Cowley Unit (ACU); a service managed by the Surrey & Borders Partnership FT (SABP); further assurance was provided that we work in collaboration with SABP regarding plans for the new build and for the ACU with the aim of providing improved mental and physical treatment and care for patients.</p> <p>A question was posed on the number of patient readmissions reported in the Performance Report. The Medical Director responded that a key cause for readmissions was patients attending A&E with mental health conditions that required different pathways of care; it was noted that part of the solution was around improving communication with clinicians and access to shared records within the community; adding that it was envisaged that the digital strategy would help with this issue.</p>	

	<p>The Director of Strategy & Sustainability added that the Trust was carrying out targeted work with Surrey & Borders Partnership NHS Foundation Trust to develop care plans for patients with complex needs and hence avoid hospital readmission.</p> <p>In reference to the cost of readmissions, the Director of Finance & Information explained that in the last audit, 14% of all readmissions were considered to be avoidable in some way and the cost of these to the Trust was circa £2.5m. It was further explained that this value was based on the income that was irrecoverable to the Trust under our main contract.</p>	
O-48/2019	REFLECTION	
	The Chairman reflected that there had been good discussion.	
	DATE OF NEXT MEETING	
	The next meeting of the Trust Board will take place on 30 May at St Peter's Hospital.	

Signed:
Chairman

Date: 25 April 2019