



**TRUST BOARD MEETING
MINUTES
Open Session
27 June 2019**

PRESENT	Mike Baxter	Non-Executive Director
	Andy Field	Chairman
	David Fluck	Medical Director
	Chris Ketley	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
	Sue Tranka	Chief Nurse
	Meyrick Vevers	Non-Executive Director
	Marcine Waterman	Deputy Chairman
APOLOGIES	Neil Hayward	Non-Executive Director
	Hilary McCallion	Non-Executive Director
SECRETARY	Liz Davies	Company Secretary
IN ATTENDANCE	Helen Collins	Head of Patient Experience and Involvement (<i>item 10.0</i>)
	Pardeep Gill	Guardian of Safe Working (<i>item 15.4</i>)
	Sal Maughan	Associate Director of Corporate Affairs and Governance

Minute		Action
O-91/2019	Staff Story	
	<p>The Head of Patient Experience & Involvement introduced the patient's story. Mr B had undergone two total hip replacements and clinically both appear to have been successful. The story illustrated how a timely and excellent quality of complaint response could assist in active learning for staff and maintain the positive reputation of the Trust.</p> <p>Mr B was engaging and articulate and was keen to point out that his comments had been constructive to help support the high standards in the hospital and were not meant as "criticism" and further noted that all the staff had been polite and helpful and he had been made comfortable.</p> <p>In summary the following issues had been raised:</p> <ul style="list-style-type: none"> • Cancellation of operation at the point of being in theatres. Mr B's name had been misspelt on the blood form and consequently the Haematology laboratory would not release the blood which may have been required during the operation. • Delayed discharge due to availability of medicines to take home. • Issued with a discharge letter that was for another patient. • Issued a different size of anti-embolism stockings to use once discharged <p>It was noted that Mr B had been pleased with the comprehensive response received and to learn that a number of actions had already been put in place to address the issues raised. It was an exemplar response.</p> <ul style="list-style-type: none"> • Appropriate level of apology • Not defensive • Actions to address issues already being progressed <p>Keith Malcouronne, Non-Executive Director queried if in judging the service Mr B's confidence had been undermined. Mr B responded that he had undergone two operations by the same surgeon and would be happy to recommend both the hospital and surgeon.</p> <p>The Medical Director reflected that this had been an instructive story and that these small administrative errors could have had a detrimental impact and that it might be helpful for Mr B to tell his story to colleagues on the ward.</p> <p>The Chairman echoed the sentiments already expressed on the great care and the administrative errors. The Head of Patient Experience & Involvement noted that the adult inpatient survey 2018 results had showed that the waiting times for TTO's ('to take out'; medicines given to patient on discharge from hospital) was an issue and required improvement.</p> <p>The Director of Finance & Information observed that the Trust should not be cancelling operations last minute and that the request could have been cross checked; however the Medical Director said that following the protocol in place for blood transfusion had reduced errors in transfusion.</p>	

	<p>Mike Baxter, Non-Executive Director observed that following identification of the error Mr B could have been moved to later on the list and avoided being cancelled on the day. It was reflected that teams could have been more proactive.</p> <p>The Chairman thanked Mr B for attending Board and relating his story; his time was much appreciated and there had been some good learning.</p> <p>Board reflected that we should take steps to empower teams to take more responsibility and to encourage patients to take a more active role in their own healthcare. The Director for Strategy & Sustainability added we should encourage the wider team to have a focus on the objective; the patient's operation – 'patients first'.</p> <p>It was confirmed that a Task and Finish Group was looking at improving the process for TTO's to patients on discharge from hospital.</p> <p>The Medical Director concluded that safety systems in the health system affect risk appetite.</p>	
O-92/2019	Declarations of Interest	
	There were no additional declarations of interests.	
O-93/2019	MINUTES	
	The minutes of the meeting held on 30 May were AGREED as a correct record.	
O-94/2019	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 re-open action O-29/2019; and it was noted that action O-37/2019 was now closed.</p>	
	REPORTS	
O-95/2019	Chairman's Report	
	<p>The report was taken as read and the Chairman drew attention to the following items:</p> <ul style="list-style-type: none"> • The progress on governance of Surrey Heartlands with the Chairs' Forum now formalised and reviewing the papers submitted to the System Board. The role of Lay/NED members on the ICS finance and quality sub-committees had been made clearer and the next task was to agree the ICP roles for NEDs. • Represented the Trust at the annual Runnymede Civic Service held in Royal Holloway, University of London. The chapel was a spectacular setting for a multi-faith service reflecting the various traditions in the 	

	<p>Borough and had provided a good opportunity to network.</p> <ul style="list-style-type: none"> • Schwartz rounds provide a safety valve for staff and at the recent event on ‘Pressure’ staff were able to express the emotional impact of the pressure and the frustration that arises from the lack of time and continuity with patients. • The Trust’s annual Dragon’s Den event was fantastic; staff from across the organisation had pitched for funding for a wide variety of items to help the patient or staff experience; and local television presenter and fitness trainer, Annie Price, who had been cared for by our Trust in the past had given an inspirational presentation. • Witnessed an orthopaedic operation; a total knee replacement and was impressed with the safety protocols and the whole team’s focus on quality of care. • Attended two members’ events; ‘End of Life’ and ‘Dementia’ which were well attended by members and our governors. <p>Keith Malcouronne, Non-Executive Director made a general point in respect of board report format and drew attention to repeated information and duplication of points detailed in the strategic objectives, executive summary and main body of the report.</p> <p>The Chairman responded that the objective was to read the Executive Summary as the minimum. The Chief Executive added that this observation had been taken on board and noted that effort was made not to repeat the same information in the Chairman and Chief Executive Reports</p> <p>The Chairman’s Report was RECEIVED by Board.</p>	
O-96/2019	Chief Executive’s Report	
	<p>The Chief Executive took the report as read and highlighted the following matters:</p> <ul style="list-style-type: none"> • The Dragon’s Den had been a great event; the Chief Executive recorded a well done to the Chief Operating Officer and team, and added that despite being under pressure colleagues had been enthused and empowered to make a difference and the contributions had embodied the culture we want to promote at the Trust. • Chaired a workshop at the NHS Confederation conference on workforce challenges and how recruiting from your local community could help tackle those challenges. It had been found that patients had a better experience of care when the workforce mirrors the patient population. NHS Employers had put together a suite of tools, resources and guidance to support NHS organisations to better engage with and recruit from the local community. • As part of the transformation programme at the St Peter’s Hospital site, it was noted that inconvenience would be caused to staff by the closure of the main outpatient car park for eight months as we build the new multi-deck car park. The Trust was working on plans to provide alternative solutions for staff, such as parking off site and facilitating people to work from home, and drop in sessions and other forums in the coming weeks and months were being organised for staff. 	

	<p>The Chairman reflected on his car park walk-through with the Director of Finance & Information and the challenges of staff car parking once the multi-storey build starts.</p> <p>The Director of Workforce Transformation added that the organisation would be offering staff support and were working on a proposal around agile working and in addition would be moving away from traditional employment recruitment processes, for example, 'teach on the job' and other organisational development changes.</p> <p>Chris Ketley, Non-Executive Director made an observation on the Clinical Coding team's new office layout and the Patient Experience team being positioned close to the Executive Team. It was noted that the future would require different and new ways of working and workforce re-design would form part of the workforce transformation plan.</p> <p>The Board RECEIVED the Chief Executive's Report.</p>	
	QUALITY AND SAFETY	
O-97/2019	Quality Report	
	<p>The Report was taken as read and the following matters were highlighted from the report.</p> <ul style="list-style-type: none"> • <i>Medication Safety</i>; the Chief Nurse reported that the Trust was making consistent progress in improving the safety culture. We were improving access to medicines expertise, addressing human factors through use of digital solutions and automation and sharing best practice. The outcome measures for the medicines safety programme compare favourably against the target for the reporting period and we were on trajectory in meeting the overall strategic aim. • <i>Infection Prevention and Control</i>: One of the priorities for improving infection prevention and control this year was the reduction in surgical site infections (SSI's) being led by Shashi Irukulla, Divisional Director for Theatres, Anaesthetics, Surgery, Critical Care and Trauma & Orthopaedics. It was noted that to achieve on-going surveillance of SSI's, a dedicated nurse post had been established and a Registrar-level clinical lead for reducing SSI's had also been appointed. Processes had been put in place to improve the identification and reporting of SSI's through the use of the Datix reporting system, clinical coding and via electronic discharge summaries. <p>The team was working to ensure all patients receive a number of simple, evidence-based interventions during their 'surgical journey' and it was noted that the use of these best-practice interventions was being monitored at both Ashford and St Peter's theatres and the data was being shared with the clinical teams.</p> <p>Chris Ketley, Non-Executive Director asked about the Group A streptococcal infection outbreak in Essex and the Medical Director confirmed that the Trust had not received a notification relating to this outbreak.</p> <p>Meyrick Vevers, Non-Executive Director observed that the detailed, focused</p>	

work in the Report was to be applauded.

- *Effectiveness:* The Medical Director stated that the Trust's aim for later in the year was for the Sentinel Stroke National Audit Programme (SSNAP) to reach a B rating. It was noted that overall outcomes in the pathway would be improved by additional specialist resource across the service so that patients can be seen sooner by a designated stroke specialist.

Marcine Waterman, Deputy Chairman, reflected on her visit to Birch Ward with the Director of Workforce Transformation and the difficulty in finding and recruiting therapy staff. It was noted that at present the Trust was only in a position to offer a day service and the Chief Executive reflected that there was not enough consolidation of clinical expertise.

- *Patient Experience:* The Chief Nurse drew attention to the complaints handling process and the change in the team's approach; and that in carrying out an initial conversation, patients were generally content with local resolution rather than making a formal complaint.
- The *PALS service* continued to be busy and had received 200 new cases in May. The Chief Nurse noted that the PALS themes are consistent with previous months' trends and related to enquiries about Outpatient Services and the need to communicate information more clearly; attention was also drawn to the rise in cancelled appointments and the patient not being notified of the cancellation. The Chief Nurse provided assurance that the Outpatient Transformation programme was working on addressing these issues and ensuring that improvement was implemented within the Divisions.
- *Patient Feedback:* Obtaining quality patient feedback in real time was a priority for the Patient Experience Team and the Chief Nurse stated that the Trust was in the process of trialling different mechanisms to obtain feedback and progress on the implementation plan would be included in the next Quality Report to Board. It was noted that to further explore our learning, an Evidence Based Co-Design workshop between complainants and staff had been scheduled for 3 July 2019.

The Chief Executive reported that the Trust's medication safety work had been shared with the GIRFT lead for Acute Emergency and he had been impressed with our work and had commended our teams.

With reference to cancelled appointments, the Chief Operating Officer observed that managing theatre cancellations and avoiding cancelling on the day continued to be a challenge; it was noted that patients receive a letter of apology from operational leads with an offer to compensate expenses. For assurance it was noted that the numbers of 'same day' cancellations are reported externally and that the Trust had robust plans in place to address this issue.

Following a short discussion on capturing positive feedback, the Chief Nurse observed that we would capture the compliments in the report in order to provide a balanced view and the Chairman added that we might consider circulating future social media summary reports to Non-Executive Directors.

	The Board NOTED and obtained ASSURANCE from the Report.	
O-98/2019	Learning from Mortality Reviews Quarterly Report	
	<p>The Medical Director introduced the report and reflected that we had started using the Structured Judgement Review in identifying, reporting, investigating, and learning from deaths in October 2017.</p> <p>This report provided details on the screening and Structured Judgement Review (SJR) of in-hospital deaths from Q4 2018/2019 with further analysis on the findings of the SJR and phases of care.</p> <p>The following points were highlighted from the report:</p> <ul style="list-style-type: none"> • In accordance with the Department of Health mandated requirement for a Medical Examiner to work in each Trust, we were currently progressing a business case for the provision of a Medical Examiner Service for the Trust; it was under consideration to be part of either a ICS-wide service provision or an even wider network to cover all five Acute hospitals that refer to the Surrey Coroner, including Frimley and East Surrey. • One of the objectives within the Quality of Care strategy for 2019/2020 was to develop a 'bereavement pathway' and improve the end of life experience. A Bereavement Pathway subgroup had been set up early in 2019 to review the current pathway and experience for families in the light of the 'Learning from Deaths' and it had been recommended for this improvement work to be aligned with the proposed role of Medical Examiner and Medical Examiner Officer. • In Quarter 4 there had been 334 inpatient deaths, including six neonatal deaths and represented an increase from the previous three quarters but remained within common cause variation. • In Q4, 29 cases were identified for SJR and 17 had been completed to date (59%). • Of the cases identified in Q4 2018/2019, two cases had been found to have received 'poor care' following a stage one SJR. Both cases awaited second stage reviews and dependent on the outcome may be subject to more in-depth investigation to extract learning to inform improvement priorities. It was noted that a summary of the detail and the initial learning associated was summarised in the report. <p>In response to a question from Meyrick Vevers, Non-Executive Director about working through the volume of SJR's; the Medical Director said the SJR was primarily a review of the medical notes and the longer it was left the less relevant the learning and that improvement was required in the timeliness of reviews and reporting in some areas.</p> <p>It was noted that Paediatric and Neonatal cases were small in number and were reviewed systematically; however the Medicine & Emergency Service Division's workload was high.</p>	

	<p>In reference to cases found to have received 'poor care', Mike Baxter, Non-Executive Director suggested that these cases go straight back to the Division for a more in depth investigation. The suggestion was met with approval.</p> <p>The Board RECEIVED and obtained ASSURANCE from the Report.</p>	
O-99/2019	Seven Day Services Board Assurance Framework	
	<p>The ten clinical standards for seven day services in hospitals (7DS) were developed in 2013 through the Seven Day Services Forum. The standards define what seven day services should achieve, no matter when or where patients are admitted and the programme had been supporting the work towards compliance by 2020. The four priority standards had been chosen for their potential to positively affect patient outcomes:</p> <ul style="list-style-type: none"> • Standard 2 – Time to first Consultant review • Standard 5 – Access to diagnostic tests • Standard 6 – Access to Consultant-directed interventions • Standard 8 – Ongoing review by Consultant <p>Meyrick Vevers, Non-Executive Director observed that as we hadn't seen this before would it call into question the KPIs the Board reviewed regularly. The Medical Director responded that this was the first self-assessment on compliance and shows where the Divisions were positioned on the four priority standards and noted that we had assessed ourselves strictly.</p> <p>The following was highlighted from the report:</p> <ul style="list-style-type: none"> • Patient experience and shared decision making was one of the Trust's key strategic aims and ensuring clinicians obtain valid consent from patients was integral to demonstrating informed choice. An internal audit of consent had been carried out during June 2019 and the results would inform the outcome of this standard going forward. • The Medical Director reported that the percentage of emergency inpatients having their first Consultant review within 14 hours had declined 18% overall from 92% in March 2018 to 74% by April 2019. It was noted that Consultant job plans support rotas which meet the standard for all emergency inpatients except for Stroke Specialist Service Consultant inpatient reviews. It was further noted that although clinical teams were available, they were very busy operationally and were not always getting round to the work in as timely a fashion as was required. <p>The Medical Director confirmed that we had performed well on diagnostics access for inpatients however the Trust was unable to declare compliance with this standard owing to the absence of a 24/7 service for Ultrasound and MRI.</p> <p>A short discussion took place on the report and the Chairman reflected that the Board was assured on the strict assessment which had surfaced issues to work on, and that NHS Improvement was aware. It was noted that detail of</p>	

	<p>the analyses was provided in the Appendices.</p> <p>The Chief Executive concluded that this would provide an opportunity to shape some of the measures and to think about achieving compliance from a system perspective and potentially via a system assurance group.</p> <p>Action: To suggest the System Assurance Group takes the 7DS report for assurance and review.</p> <p>The Medical Director added that we would be aiming to achieve compliance on the four priority standards and for progress on the remaining standards by May 2020.</p> <p>The Report was APPROVED by Board.</p>	SR
O-100/2019	Guardian of Safe Working Annual Report	
	<p>Pardeep Gill, ITU Consultant and Guardian of Safe Working joined the meeting to present the report.</p> <p>The Guardian of Safe Working stated he had been in post for one year and that this was the second annual report and was a distillation of the four quarterly reports that had been presented to the Workforce & Organisational Development Committee and subsequently the People Committee since April 2018.</p> <p>The paper summarised the Exception Reports (ERs), rota gaps and most importantly gaps that had remained unfilled within the period. It was noted that unfilled gaps may put our doctors in training at risk of both working unsafe hours in respect to time but also workload intensity and as such could be used as a marker of safe working within the organisation.</p> <p>The Guardian of Safe Working Report provided assurance to Board on the following:</p> <ul style="list-style-type: none"> • Our rotas are compliant with safe working hours and Junior Doctors felt able to make exception reports when their working hours exceeded their agreed schedule; • There had been no instances of identifiable patient harm as a result of over working; • The Trust provided excellent rest facilities for Junior Doctors and had been successful in filling rota gaps with bank staff and in reducing agency use. • Minimal impact on junior doctor training. <p>In response to a query from the Chairman regarding the impact of Doctors missing or being overtired during training the Chief Executive observed that delivering care was a means to train colleagues; adding that every patient interaction forms part of the learning experience for junior doctors or professional trainees.</p> <p>The Chief Operating Officer said we can use this information to formulate longer term solutions and use the report to drive change and planning for the winter period. The report referred to exploring different ways of working with</p>	

	<p>an expansion of non-medical roles and detailed the positive results following the changes in working practice on the Acute Medical Unit.</p> <p>The Medical Director drew attention to the safety aspect and looking after junior doctors; stating that it was not optional and was part of the consultant supervisor's contractual obligation; and referenced the Dr Bawa-Garba case. https://en.wikipedia.org/wiki/Hadiza_Bawa-Garba_case</p> <p>The Board RECEIVED and obtained ASSURANCE from the Report.</p>	
O-100/2019	PERFORMANCE	
	<p>The Chief Operating Officer took the report as read and highlighted the following matters:</p> <ul style="list-style-type: none"> • The Trust recorded an A&E NHSI performance at 82.4%, which was a 2.1% improvement on last month at 80.3%. • Attendances were 4.6% higher than May 2018, with admissions also higher by 2.1%. • Length of stay remained high and bed occupancy was above 100% • During May the Trust recorded DTA (<i>decision to admit</i>) patients waiting in A&E overnight on all 31 days with an average of 10 per day. <p>The Trust recorded a compliant performance in May for the following constitutional standards:</p> <ul style="list-style-type: none"> • <i>62 Day GP Referral to Treatment</i> at 86.4%; • <i>TWR</i> at 94.2% and • <i>RTT Incomplete Pathways</i> at 92.3% which was 0.6% above our agreed trajectory. <p><i>Diagnostic Tests</i></p> <p>The Trust recorded a non-compliant performance for the diagnostic standard in May with performance recorded at 95.1% due in part to issues in endoscopy; it was noted that recovery plans are underway with a plan to regain compliance from July 2019.</p> <p>Mike Baxter, Non-Executive Director drew attention to the ambulance turnaround times which had improved and the Chief Operating Officer responded that the Trust was releasing the ambulance crews more quickly. The Chief Executive added that she was the Chair of the SECAMB Handover Task and Finish Group for Kent, Surrey and Sussex and colleagues Board colleagues were impressed with our work. She also drew attention to planned presentations at ICP level about SECAMB services and paramedic portfolio to build relationships, understanding and collaboration on service and workforce issues and opportunities.</p> <p>It was noted that the performance of urgent care performance at the Trust since January 2019 had been running at its lowest level for at least the last five years. It was acknowledged that the low level of performance against the constitutional 4 hours standard underpins a number of quality, experience and cost metrics that were cause for concern. It was proposed to engage a team of specialists to work with our teams on improving our urgent care</p>	

	<p>service and would also provide extra capacity in supporting the teams currently focused on running a heavily pressured hospital.</p> <p>Meyrick Vevers, Non-Executive Director and Chair of Modern Healthcare Committee said this approach was commendable and noted that the matter had been discussed and agreed in detail at Committee.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
O-101/2019	Balanced Scorecard	
	<p>The Chairman stated that feedback on the scorecard would be provided offline and the following matters were highlighted in brief:</p> <p>The Director of Workforce Transformation reported that total Trust turnover had reduced to 15.2%, the lowest reported rate since May 2015. Our staff retention strategies had included internal promotions on flexible working opportunities and providing greater access to training and development through apprenticeships.</p> <p>As reported last month we have a number of recruitment campaigns in progress and the Trust's Deputy Chief Nurse for Workforce was working with the Divisions and making an impact on Nursing & Midwifery recruitment and mitigating workforce spend.</p> <p>The Chairman drew attention to the use of off framework agencies and it was noted that there was a clear escalation process in regard to using off framework agencies and requests were approved via the Chief Nurse and Deputy Chief Nurses.</p> <p>The Chief Nurse reflected that we should be mindful of this phase in recruitment, and noted that it takes about four months before a nurse begins to work independently, and factor in the costs as we continue with agency staff during this probation period.</p> <p>The Chief Operating Officer made note that the Trust had exceeded the e-Referrals Appointment Slot Issues (ASI's) in May with performance recorded at 6.9% and stated that we would be supporting a trial by NHS Digital called 'capacity alerts' which aims to reduce the volatility of referral demand across providers.</p> <p>The Director of Finance said the Trust was behind plan due to the underlying pressures. The Chairman added that the system remains challenged and the pressure theme was evident in all the board papers. The Chief Executive reflected that the Trust was not unique and that nationally the NHS was experiencing very similar pressures and challenges and drew attention to mobilising our urgent care improvement plans, Making Every Day Count with the support of PRISM and working in a different way.</p> <p>The Board NOTED and obtained ASSURANCE from the Scorecard.</p>	
O-102/2019	Modern Healthcare Committee Minutes	
	The Board RECEIVED the Minutes.	

	REGULATORY	
O-103/2019	NHSI Self-Certifications	
	<p>As part of the Annual Plan Review process 2019/20 the board must sign off on self-certification. We are required to submit two self-certification documents; and this is the second of the certifications, the Corporate Governance Statement.</p> <p>The Chief Executive stated that it is no longer a requirement to submit the templates to NHS Improvement; however the Trust may be contacted and asked to provide evidence of self-certification.</p> <p>The Board APPROVED the self-certifications.</p>	
O-104/2019	Constitution Group Committee Meeting	
	<p>The Chairman stated that following discussion, minor amendments to the Constitution had been recommended by the Committee. Attention was drawn in particular to the proposal to stagger election terms and it was noted that the Council of Governors had AGREED not to take this forward.</p> <p>It was recorded that the amended Constitution would be presented at the Annual Members Meeting in July.</p> <p>The minor amendments were APPROVED by Board.</p>	
O-105/2019	ANY OTHER BUSINESS	
	<p>The Chairman drew attention to social media and an inappropriate tweet received from the relative of a patient. It was noted that a full apology had been received and circulated to Board members.</p>	
O-106/2019	QUESTIONS FROM THE PUBLIC	
	<p>The Chairman's Report was referred and a point of correction made in regard to the 'End of Life' members' event. It was noted that the speaker had been Dr Sinead Henderson not Dr Clare Smith.</p> <p>Reference was made to Board Reports 15.3 and 15.4 and arrangements for consultant cover in the Medicine Division. The Medical Director stated that we have an electronic rostering system covering elective and emergency rotas and approval was required by a senior manager more than six weeks' ahead of the planned absence.</p> <p>A question was raised on the rise of hospital acquired infections during the second and third quarters and it was noted that an increase could coincide with viral outbreaks. The Medical Director offered to provide more detail outside the meeting.</p> <p>In response to a question about the Trust's Stroke Service, the Chairman stated that decisions on this service had been made at system level. The Chief Executive added that we had support from SECamb to bring FAST patients to one of the three Hyper Acute Stroke Units in the Surrey region. The system stroke plan had not been fully implemented and additional guidance was awaited from the national team with particular reference to the</p>	

	size of population base and the stroke model for Surrey.	
O-107/2019	REFLECTION	
	<p>The Chairman reflected on the theme of pressure in both the Trust and wider system and referred to the imminent PRISM intervention and the delayed publication of the Green Paper with reference to the funding of adult social care in particular.</p> <p>The Chairman thanked staff for all their hard work during this period of persistent pressure.</p>	
	DATE OF NEXT MEETING	
	The next meeting of the Trust Board will take place on 25 July at St Peter's Hospital.	

Signed:

Chairman

Date: 27 June 2019