

**TRUST BOARD MEETING
 MINUTES
 Open Session
 31 May 2018**

PRESENT	Mike Baxter	Non-Executive Director
	Andy Field	Chairman
	David Fluck	Medical Director
	Neil Hayward	Non-Executive Director
	Chris Ketley	Non-Executive Director
	Keith Malcouronne	Non-Executive Director
	Simon Marshall	Director of Finance & Information
	Hilary McCallion	Non-Executive Director
	Louise McKenzie	Director of Workforce Transformation & OD
	Suzanne Rankin	Chief Executive
	Tom Smerdon	Director of Operations – unplanned care
	James Thomas	Director of Operations – planned care
	Sue Tranka	Chief Nurse
	Meyrick Vevers	Non-Executive Director
SECRETARY	Liz Davies	Acting Company Secretary
APOLOGIES	Valerie Bartlett	Deputy Chief Executive/Director of Strategy & Transformation
	Marcine Waterman	Non-Executive Director
IN ATTENDANCE	Paul Murray	Deputy Chief Executive/Chief of Patient Safety (<i>item 17.1</i>)
	Olatokunbo Ogunbanjo (Toks)	Chief Pharmacist (item
	Giselle Rothwell	Head of Communications

Minute	Action
O-63/2018	Staff Story: Recognising and valuing compassionate leadership: Pharmacy's journey
<p>The Chairman welcomed Olatokunbo Ogunbanjo (Toks) the Trust's Chief Pharmacist to the Public Board Meeting to tell his story of transformation in Pharmacy.</p> <p>Toks said he had inherited a number of challenges when he commenced in post 1.5 years ago which echoed recurring themes received in the Trust's Staff Survey feedback.</p> <p>Issues identified related to conflict and dignity at work, staffing, services on the wards and visibility in the organisation which had led to staff wishing to leave the organisation.</p> <p>Toks explained that he had sat down with individuals and offered a personal touch and undertook a skill mix review which had been completed within the year.</p> <p>He stated his approach was to increase the number of generalists and for staff to be more visible on the wards and to develop relationships with ward managers. Steps were taken to empower divisional leads and teams to make decisions and take ownership for their areas with senior leadership support.</p> <p>Toks said this approach had been successful and disenfranchised staff were now engaged and working well. It was noted that the following meetings took place: weekly staff briefings where staff were invited to talk about conflict issues and senior management plus meetings, where Band 2 staff were invited etc, thus ensuring inclusivity of all staff groups.</p> <p>Learning from the staff survey recurring themes had been addressed in the following ways:</p> <ul style="list-style-type: none"> • Workplace seminars organised to address issues; working with other trusts • Morale and engagement exercises/activities; for example photo competition, bake-off, flower arranging, a picnic day. Ten activities had been arranged so far. • Introduced an 'Employee of the Month' style award to recognise and reward colleagues <p>The focus has been on learning and development and a programme of support to staff is available; and training courses are tailored to development needs which gives staff an advantage.</p>	

	<p>Toks noted that he conducts 1:1's with all new starters and reflected that in bridging the hierarchical gap encourages staff to be more open and comfortable to talk about their experiences.</p> <p>It was recorded that not all staff issues have been addressed however there has been good improvement. At present we have no vacancies and Toks stated he is now aware in good time of a pharmacist's decision to leave; the vacancy rate had been at 30% within the department and now stands at 3%. A rotational role with the Clinical Commissioning Group has been introduced and a number of team members are in training programmes; and staff members are engaged with the process.</p> <p>Keith Malcouronne, Non-Executive Director referenced his recent Board walkabout to Maple and Cedar wards with the Medical Director. The junior doctors had said they were learning from their Pharmacist colleagues and much appreciated their presence on the wards.</p> <p>Toks noted that prescriptions on patient discharge can still present a problem and said that e-prescribing will change the way we deliver that service.</p> <p>In response to a question from Mike Baxter, Non-Executive Director on residual issues; Toks responded that some longstanding members of staff are still not keen on the model of moving from specialist to generalist; however individual conversations continue and it was noted it is part of NHS Strategy.</p> <p>Hilary McCallion, Non-Executive Director said she was impressed with the leadership model. In response to a question on the subject of machine learning, Toks said that e-prescribing will ensure safety but all other elements require an individual to provide patient care.</p> <p>Neil Hayward, Non-Executive Director said he was impressed with Toks' calm and thoughtful approach and asked if the challenge had been explained at the time of recruitment.</p> <p>Toks responded that he had spoken to members of staff beforehand and had been aware of the position in the department however had been given assurance that it was a good team.</p> <p>The Medical Director was impressed that the team was being made ready for future roles.</p> <p>The Chief Executive noted that this approach should be shared and the work continued beyond Pharmacy and to develop other individuals.</p> <p>Action</p>	
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	<p>The Directors of Operations, Medical Director and Chief Nurse to facilitate sharing across the divisional leadership teams.</p> <p>The Chairman thanked Toks for all his good work so far.</p>	
	Declaration of Interests	
	There was no additional declaration of interests.	
O-64/2018	MINUTES	
	<p>The minutes of the meeting held on 26 April were AGREED as a correct record with the following exceptions:</p> <p>Minute O-51/18: Infection Control – “<i>The Trust reported fifteen C. difficile cases against the national target of seventeen</i>”, to read “<i>The Trust reported fifteen C. difficile cases against the national target of no more than seventeen</i>”</p>	
O-65/2018	MATTERS ARISING and ACTION LOG	
	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 the agreed timescales.	
	REPORTS	
O-66/2018	Chairman's Report	
	<p>The Chairman took the report as read and highlighted 'in brief' the following items from his report:</p> <ul style="list-style-type: none"> • It was noted that the Trust's new strategic objectives had been used on the report template. <p style="margin-left: 40px;"><i>Quality of Care</i></p> <ul style="list-style-type: none"> • The opening of the newly refurbished playroom and sensory room outside Oak and Ash Ward providing a much improved environment for our young patients. The Chairman formally recorded thanks to the charity Momentum and Berkeley Homes who had kindly donated the funding. <p style="margin-left: 40px;"><i>People</i></p> <ul style="list-style-type: none"> • Two events demonstrated the Trust's 'Pride in our Team' value; the successful Pride in Nursing Day and the 'Schwartz Round entitled "Threatened at Work" which illustrated the dedication of all our staff in the most difficult of circumstances. 	

	<ul style="list-style-type: none"> • <i>Modern Healthcare</i> The launch of our new Strategy demonstrated that many staff were engaged and really interested in our new direction and our Vision. The Chairman recorded thanks to the Executive team who covered the launch across both hospital sites. Attention was drawn to the Trust's very positive end of year financial result which has given us access to Sustainability Transformation Fund (STF) Capital funding that can be used for the benefit of our patients and our staff. • <i>Digital</i> There was a good exchange of information and views during the visit of Eve Roodhouse, Director for Implementation and the Digital Environment at NHS Digital, and we were joined later in the morning by colleagues from Surrey Heartlands. • <i>Collaborate</i> The Surrey Heartlands Chairs Forum met on 8 May and was well attended. The subjects covered included the Ofsted report on children's work and the general rising demand on Surrey County Council in terms of both children's and adult social care. <p>The Chairman also represented the Trust at the opening by the Mayor of Runnymede of the new SABP Therapy garden at the Abraham Cowley Unit on the St Peter's site. It was noted that discussions during the event highlighted the growing cooperation between the Trusts and the opportunities raised by the new Urgent Care Centre build.</p> <p>Chris Ketley, Non-Executive Director reflected that the Eve Roodhouse event had been really helpful and it was suggested we take an action to follow up on the actions and observations made on the day.</p> <p>Reference was made to consultant recruitment panels and that the Trust is now deliberately appointing 'change agents'. The Chief Executive reassured that we are addressing reputational issues; have good clinical leadership and we are providing a good learning environment for junior doctors.</p> <p>The Board RECEIVED the report.</p>	
O-67/2018	Chief Executive's Report	
	<p>The Chief Executive highlighted the following matters from the report:</p> <ul style="list-style-type: none"> • The Trust's Strategy launch was gratifying, 1000 members 	

	<p>of the team attended across both sites; and represented just the start of a larger engagement campaign to roll out the new strategy to all colleagues, partners, patients and stakeholders.</p> <p>Action was taken to deploy the new template aligned to the new strategic objectives for June Board papers.</p> <ul style="list-style-type: none"> As part of our Stroke rehabilitation service previously provided on Wordsworth Ward at Ashford; the Trust has now consolidated these beds onto the St Peter's site, bringing the whole service together in one specialist unit; repatriating both staff and patients. This has been a positive transition for staff and patients and thanks go to the Director of Operations and team for their careful attention to making this a success. Thanks were recorded to the Chief Nurse and team for the Pride in Nursing and Midwifery day. The theme this year was the importance of being kind to one another and creating a caring culture in our organisation; helping colleagues to feel nurtured and supported. Creating a happy working environment will aid the Trust's drive to improve recruitment and retention. As part of Mental Health Awareness Week which included a number of talks, mindfulness sessions and information stands, the Trust signed the <i>Time to Change Employee Pledge</i>; and is an important element of the work being done to address staff resilience and promote well-being. The successful year-end financial position is a significant achievement and testament to the hard work of teams across the Trust and puts us amongst the top hospital trusts in the country. The positive financial position will enable us to invest in much needed capital schemes for the benefit of patients and the team and creates the opportunity to undertake much needed backlog maintenance and to invest in other local improvements taking suggestions made by colleagues. <p>The Chief Executive reflected that the message to colleagues in understanding the position is challenging and we need to get it right.</p> <p>Neil Hayward, Non-Executive Director asked about the follow-up to Mental Health Awareness week and what support was in place for staff. The Chief Executive said the Trust is promoting the Wheel of Wellbeing which describes the interventions and is made up of six easy steps: Healthy Surrey - Welcome to the Wheel of Well-being, and</p>	<p>LD</p>
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	<p>we are providing a number of health improvement sessions for hospital staff, for example 'An introduction to mindfulness.'</p> <ul style="list-style-type: none"> The Trust was recently named as one of the CHKS Top Hospitals 2018, the award is made on the analysis of over twenty indicators including; clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. The Chief Executive said we are even more delighted this year to receive this award, as for the first time, all Trusts in England, Wales and Northern Ireland have been considered and do not have to be a CHKS client to be eligible for a Top Hospitals Award. <p>Chris Ketley, Non-Executive Director reflected that on the Board Walkabouts there had been a positive vibe from staff about the Dragon's Den initiative. In response to the question on what happens if we go over the £20,000 investment available; the Director of Operations for planned care said that we are managing this carefully and plan to support ideas aligned to outstanding patient experience and to reward people for a range of ideas.</p> <p>The Chief Executive added that we are looking for ideas that align with the Strategy and Vision and reflected that the feedback to teams will be important and that not all ideas will deliver on the Strategy and that some projects may be developed in the future.</p> <p>Hilary McCallion, Non-Executive Director suggested that we might consider documenting the projects in a brochure. Board received this idea with enthusiasm.</p> <p>The Board RECEIVED the Report.</p>	
	QUALITY AND SAFETY	
O-68/2018	Quality Report	
	<p>The quality report provides an overview of quality assurance and quality improvement efforts and outcomes across the Trust and reflects the priorities set out in the quality strategy for 2018/2019:</p> <p>The Chief Nurse took the report as read and highlighted the following issues:</p> <p><i>Medication Safety</i> Improving Medication Safety is a top priority in reducing harm to patients resulting from errors and serious incidents. In April 2018 there were zero medication incidents with moderate or severe patient harm and 52 medication errors reported in total, representing a reduction on previous months.</p>	

	<p>The Trust has recently reviewed and refreshed its aims to:</p> <ul style="list-style-type: none"> i) Reduce medication safety incidents that result in moderate or severe patient harm by 30% by March 2019; ii) Increase reporting of incidents with 'no harm' by 30% by March 2019 <p>The Trust is carrying out improvement work, and the driver diagram in the report shows the initial structure of the medication safety improvement programme that has been created by the team in order to meet the '30/30' aim. It is anticipated that this aim will be used as part of the wider communication and engagement plan for the project which will include 'Medication Safety Week' during week commencing 11 June.</p> <p>For example, some of the most frequent types of medication related incidents that led to patient harm in 2017 were those involving the prescribing and administration of insulin for our inpatients and patients attending the Emergency Department (ED). The Diabetes Team has have been reviewing these incidents and talking with the clinical teams to identify areas for learning and improvement and several initiatives have been adopted to reduce patient harm.</p> <p>It was noted that following a presentation by the Chief Pharmacist at the Quality & Performance Committee; the Committee had been assured on the direction of travel.</p> <p><i>Effectiveness: Learning from deaths and reducing in-hospital mortality. An action was taken to clarify the first paragraph in the report and has been revised as follows:</i></p> <p><i>"In April 2018 there were 89 inpatient deaths, which was a decrease on previous months but within common cause variation. In Q4, 39 cases were identified as part of the initial screening process and subject to a structured judgement review as part of the revised mortality review process. To date 14 have been completed; however it is anticipated that all 39 cases will be reviewed by end June. The report details an update on the implementation of this process, the learning generated so far and next steps."</i></p> <p>The Chief Nurse referred to the case in the report initially identified to have received 'poor care' following the first stage Structured Judgement Review (SJR) It had been acknowledged that the initial reviewer required more training and that following a second stage SJR by a more experienced reviewer the opinion had been revised to reflect 'good care'. Board was given assurance that the feedback and learning had been shared with the initial reviewer, and that training for members of staff who volunteer to carry out SJRs continues on an on-going basis.</p>	ST
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	<p>The Chairman observed that sepsis is not routinely subject to SJR. It was noted that following discussion at the Mortality Committee it had been agreed that both a retrospective review of cases of inpatient deaths with Sepsis will be coordinated by the Chief of Patient Safety and cases with Sepsis will also be added to the criteria for inclusion in the SJR process for the first part of 2018/2019.</p> <p><i>Learning From Errors And Reducing Avoidable Harm</i> The Chief Nurse gave assurance around the capability of temporary staff; following the learning from an incident relating to medication competencies and education of agency nurses. It was confirmed that appropriate education is given to all regular agency nurses to complete and the Trust is considering introducing a skills passport for non-substantive staff.</p> <p><i>Pressure Ulcers and Falls</i> There is little common cause variation reported in pressure ulcers and falls; and it was noted that the improvement work is detailed in the report.</p> <p><i>Hospital Acquired Infections</i> It was reported that there have been no instances of MRSA bacteraemia in April, and a post infection review had been undertaken for the MRSA bacteraemia reported in March arising from an infection in a peripheral intravenous line.</p> <p>The Chief Nurse provided assurance that we had derived good learning from this review on IV line usage and monitoring which has been shared with a wider audience, and other improvement options are being considered by the team.</p> <p>The Medical Director drew attention to the national campaign implemented last year to reduce the number of gram negative blood stream infections across the whole health economy by 50% by 2021.</p> <p>It was noted that a common theme of infection is device related and assurance was given that we are reinvigorating the message; including the development of a new urinary care pathway as part of the National Catheter Program and full implementation of aseptic non touch technique (ANTT); and progress towards this reduction will be reported in future months.</p> <p><i>Patient feedback</i> It was recorded that the current levels of Friends and Family (FFT) response rates do not provide adequate assurance and the Trust has not been able to demonstrate a real response.</p> <p>We have undertaken an options appraisal of systems available in the UK and found that no one system met our expectations for a patient feedback system. We are now seeking a new approach to</p>	
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	<p>report on patient feedback and which provides assurance on implementing our strategy. An outline of our findings will be presented at the Quality and Performance Committee.</p> <p><i>Complaints</i> There were 43 complaints recorded in April showing common cause variation only. In April 2018, 44 complaints were due to be closed, 30 of which were closed within the agreed timescales representing 68%. It was noted that 90% of complaints received an acknowledgement within 3 working days which is below the national target.</p> <p>The Chief Nurse provided assurance that the Trust's complaints improvement programme aims to streamline triage and handling of complex complaints so that complainants receive acknowledgement letters in a timely manner and training to support this is due to be completed by Q2 2018/2019.</p> <p>Neil Hayward, Non-Executive Director sought assurance on the Trust's General Data Protection Regulation (GDPR).</p> <p>The Director of Finance and information responded that the Trust is already in a good position because of its strong Information Governance culture. We have already completed the publication of revised Privacy Notices for both staff and patients. It was noted that GDPR Assurance Report is an item on the agenda.</p> <p>Action The Chief Executive suggested that we include the number of PALs contacts, conversion rate to complaints and resolution data in future Quality Reports.</p> <p><i>Using Quality Improvement To Create A Learning Culture</i> The Chief Nurse drew attention to the following:</p> <ul style="list-style-type: none"> • Executive leadership walkabouts are taking place during which conversations are held with staff regarding: progress on quality improvement and quality concerns; including workforce and current challenges. It was noted that staff have been open and honest, sharing their successes, what they are proud of, and where they would like to focus their attention. • We are building staff capability through attendance at Quality Improvement days and working with leadership teams to identify key areas for improvement that align with the Trust's new strategic priorities. <p>A number of improvement projects are already underway across the organisation in response to quality, safety issues and in other areas for improvement initiated by staff in pursuit of one of the strategic aims. Some of the</p>	
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	<p>Improvement Projects are described in Appendix A of the Report and include:</p> <ul style="list-style-type: none"> - Red to green bed days - Reducing surgical site infections <p>Chris Ketley, Non-Executive Director congratulated the Chief Nurse and Medical Director on a vastly improved report which demonstrates the scale and size of the Quality portfolio. The Chief Executive added that it is an outstanding report, an exemplar.</p> <p>Hilary McCallion, Non-Executive Director reflected that we should be mindful of undertaking too many initiatives at once; and ensure that we embed and sustain these campaigns and carry out critical review of outcomes.</p> <p>The Chief Executive gave assurance that the philosophy behind these initiatives is the same; stating it is all about 'Getting it Right First Time' (GIRFT) and strategic alignment and we must articulate that to staff.</p> <p>Mike Baxter, Non-Executive Director added that the annotation in the report was good; plotting the line of intervention and improvement.</p> <p>The Board NOTED and obtained ASSURANCE from the Report.</p>	
O-69/2018	Learning from Mortality Quarterly Report	
	<p>The report provides details and assurance on the mortality reporting process for the Trust and gives details on the screening system and progression to a full Structured Judgement Review (SJR), with further analysis on the findings of the SJR and phases of care. The report also includes detail on the learning and the plans for sharing of this learning throughout the organisation.</p> <p>The Medical Director noted that a mortality ratio is described as the number of observed deaths divided by the number of predicted deaths. The technical definitions for observed deaths and predicted deaths vary from model to model.</p> <p>The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.</p> <p>The CHKS Risk Adjusted Mortality Index (RAMI) is a ratio of an observed number of deaths to an expected number of deaths in a particular population. The index is the number of observed events</p>	

	<p>divided by the number of expected events.</p> <p>The Medical Director drew attention to the spike in mortality in December 2016; following which the Trust had carried out a comprehensive analysis. The report submitted to Board in May 2017 showed that the special cause variation in the Trust's crude mortality could not be explained. No obvious correlation to time of admission, place of admission, team or clinicians could be identified. The recent new metric produced by CHKS new RAMI, which more accurately takes into account the risk of death with the clinical presentation, demonstrates an increased risk during December 2016 – either suggesting that the metric could not fully take account of clinical risk or that this reflected increased risk during this period. As concluded in the report from May 2018, the SJR process will enable a granular investigation of our mortality going forward.</p> <p>The National Guidance on Learning from Deaths programme mandates to look at all deaths in the organisation, and in accordance with this guidance the Trust has reviewed and revised its policies and processes. Our aim is to ensure that there is a timely review of all relevant deaths through the Structured Judgement Review (SJR) process by specifically trained healthcare individuals; and to ensure there are robust methods and environments created within the Trust by which sharing, learning and actions for improvement can be made.</p> <p>From October 2017, full structured judgement reviews (SJR) have been carried out on all deaths meeting certain minimum criteria. These include any death where bereaved families and carers, or staff, have raised a concern about the quality of care provided; any deaths of patients with learning disabilities or with severe mental illness; any deaths following elective procedures; as well as a further sample of other deaths.</p> <p>The Trust currently has 24 professional staff trained to complete SJR's with a further 16 allocated to a training session. The structure is in place but there is room for improvement.</p> <p>In Q4 2017/2018, no avoidable deaths have been identified through the SJR process. Problems with care were identified in five cases but there were no cases of avoidable harm that led to death.</p> <p>The existing specialty mortality and morbidity review meetings provide an opportunity for peer review, collective learning and quality improvement, and this is an integral part of local clinical governance systems. In addition, each Divisional team is reviewing their plans for sharing learning from deaths within their governance structures. The next stage is to deliver the learning in different formats with multi-professional teams and Paul Murray our new Chief of Patient Safety will lead this work going forward.</p>	
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	<p>Hilary McCallion, Non-Executive Director and Chair of QPC reflected that we must be clear on what we can achieve.</p> <p>The Medical Director confirmed that appointment of a Medical Examiner is under consideration and a paper was submitted to the Trust Executive Committee in May. This role will help with the SJR programme capability and capacity.</p> <p>Action Provide assurance and regular update on numbers of SJR completed to QPC.</p> <p>The Chairman referenced the small number of completed SJR in Orthopaedics. The Medical Director said that historically there are small numbers in this specialty and it is their practice to complete the reviews at the end of the quarter which is next week. The Chief Nurse provided assurance that the Project Management team are working with them on improvement on this matter.</p> <p>The Board RECEIVED and obtained ASSURANCE from the Report.</p>	ST
	PERFORMANCE	
O-70/2018	Performance Report	
	<p>The Performance Report was taken as read.</p> <p>A&E The Director of Operations for unplanned care reported on the slight change to the report format which now includes a graph on p.3 showing occupied beds.</p> <p>In terms of performance the Trust is exceeding its trajectory position for April and we are on track for May. Our underlying position excluding the Walk In Centre's activity is performing slightly behind compared to last year and we are recording A&E NHSI performance at 88.8%, which is a 0.9% improvement on last month (87.9%).The Report highlights a 5.2% increase in patient numbers than in April 2017 and admissions are broadly similar at 0.3% higher.</p> <p>It was noted that on a number of occasions during the month surges in admissions and reduced staff availability due to vacancies created delays in A&E as well as slow flow to the wards. With difficulties in staffing levels still being experienced there is some concern about our ability to continue to achieve the trajectory at the same level of safety as last year.</p> <p>In mitigation of the recorded pressures we continue to implement the SAFER CARE bundle and RED and GREEN patient days to</p>	

	<p>support proactive patient flow and timely discharges as part of our Urgent Care Improvement Programme. Patient length of stay is going down and the number of discharges from the wards early in the day is also improving. We also plan to deploy the consultant and nursing workforces to the surges and volumes of patients at different times of the day</p> <p>We also continue to work on the Trust's response to increases in demand and the impact of the system architecture and access points, and it was noted that we are experiencing a growth in our A&E minors' section attendance.</p> <p>Keith Malcouronne, Non-Executive Director asked in the medium term how we are tackling this; i.e. "putting people in the right place". The Director of Operations for unplanned care gave assurance that we implement clinical streaming in A&E including primary care services and are progressing the development of the Urgent Treatment Centre which will be primary care led and governed.</p> <p>The Chief Executive added assurance that we are currently consulting on the strategic overview and localised plan and will organise a Board masterclass on this strategy during the next few months.</p> <p>The Director of Operations for planned care reported that hospital cancellations on the day are at their lowest level and we have achieved the Diagnostics performance for a number of months; and the rescheduling of Cancelled Operations within 28 days has also improved.</p> <p>Mike Baxter, Non-Executive Director stated that the Masterclass on Elective Access given in April was valuable and it was noted this would be presented to the Council of Governors at their meeting in June.</p> <p><i>RTT</i></p> <p>It was noted that the Trust is recording a non-compliant performance against the 92% RTT standard with April's performance recorded at 89.86%. There is a risk of aggregate RTT non-compliance and the Trust continues to implement plans to recover minimum compliance of 92% from November 2018.</p> <p>The Chief Executive reflected on the good work the Director of Operations for planned care and operational teams have carried out in improving the position and that the detail is reassuring.</p> <p>Neil Hayward, Non-Executive Director observed that efficiency in theatres is a complex picture.</p> <p>It was recorded that theatre utilisation is a poor measure of performance and theatre productivity would be a better measure</p>	
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	<p>and should be benchmarked against peers.</p> <p>Note was made that actions are being taken forward on closer scrutiny of performance in regard to histopathology issues experienced and good discussions on this matter have taken place with the Berkshire Surrey Pathology Service (BSPS).</p> <p><i>Cancer</i></p> <p>The Director of Operations for unplanned care reported compliance on two key standards:</p> <ul style="list-style-type: none"> • Two Week Referral performance for April is recorded compliant at 93.8% and • 62 Day GP Referral to Treatment performance for April is recorded compliant at 90.2%. <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
O-71/2018	Stroke Transformation Project Update	
	<p>The Director of Operations for unplanned care took the update as read and highlighted the following from the report:</p> <ul style="list-style-type: none"> • Good communication with SECAMB and progress on implementing crew instructions to increase the volume of Guildford & Waverley patients brought to St Peters; and numbers continue to be monitored monthly. • The inpatient pathway is consolidated at St Peter's with the rehabilitation facility on Cedar Ward and 7 day stroke expertise now in place for nursing, medicine and therapies • The end of pathway for patients is good and we have a high functioning Early Supported Discharge team; and • Work is underway to enhance capacity of the team and negotiate effective partnership and liaison with rapid response and reablement services from local authority and community services. It was noted that Early Supported Discharge is a vital component for effective stroke patient flow through the hospital and critical for the bed model to work. <p>In response to a concern voiced by Chris Ketley, Non-Executive Director about hitting the minimum numbers in accordance with the business model and any subsequent implications of failing to do so; the Director of Operations for unplanned care gave assurance that:</p> <ul style="list-style-type: none"> • The Trust has come to an acceptable contractual 	

	<p>arrangement with commissioners</p> <ul style="list-style-type: none"> • We can sustainably run the service on 550 patients; • It is possible (although too soon to say for sure) there has been a gradual reduction in the number of strokes which is a good thing in public health terms; however may have an impact on the future configuration of stroke services; • The Trust has a good co-working model with SECAMB and we are confident that the model number of patients from the right areas will be brought to SPH. <p>The Chairman noted we are making good progress.</p> <p>The Board RECEIVED and obtained ASSURANCE from the update.</p>	
O-72/2018	General Data Protection Regulation (GDPR)	
	<p>The General Data Protection Regulation (GDPR) came into force on 25 May 2018 and will be directly applicable to UK law.</p> <p>The Trust has been closely following guidance provided by the Information Governance Alliance (IGA) and the Information Commissioner's Office (ICO), and is also working closely with IG teams in our neighbouring trusts. The IGA has provided guidance to focus on 12 key areas, which the Trust has used as the basis for an action plan, with several key tasks completed or underway. Other actions require clearer interpretation of the legislation and more guidance is expected from the central teams.</p> <p>The Director of Finance & Information observed that there are some 'grey areas', for example in relation to using third parties such as "I want great care" and we are reviewing and working through the requirements. The Trust is currently in the process of generating all the required privacy notices and is working with front line services to tailor their service specific notices.</p> <p>Action Carry out a deep dive on compliance at the newly constituted Digital Committee.</p> <p>The Chairman drew attention to Subject Access Requests and if we might see more requests now that the Trust is no longer charging a fee. The Director of Information responded that the number of requests may increase as a result; as individuals have the right to obtain copies of all types of information held. The Subject Access Team is working to new deadlines in processing requests and will report on any significant impact as it comes to light.</p> <p>It was noted that teams throughout the Integrated Care System have had conversations across the network and have shared good practice and lessons learned and continue to do so.</p>	SM

	<p>The Chairman noted that it would be sensible to work towards an integrated policy.</p> <p>The Report was NOTED by Board.</p>	
O-73/2018	Balanced Scorecard	
	<p><i>Skilled Motivated Workforce</i></p> <p>The Director of Workforce Transformation and Organisational Development drew attention to a concern on the lack of assurance to Board on staff appraisal compliance; noting that with pressures on staffing, completing appraisals falls off agendas.</p> <p>The Trust is launching a new Appraisal Policy and a one page appraisal process in June that should help improve performance and ensure that the quality of appraisal continues to be high and does not become a tick box exercise. The appraisal guidance has also been condensed to ensure the most relevant information is easy to access.</p> <p>It was noted that agency spend as a percentage of the total pay was 6.0% in April against a bank spend of 9.2%; and that the new higher bank pay rates for non-medical substantive and bank-only staff have been launched and will take effect from 1 May.</p> <p>Neil Hayward, Non-Executive Director suggested that we might consider not implementing an increase in pay for staff members not undertaking an appraisal. It was recorded that the simpler process should result in an improvement on appraisal numbers.</p> <p>Hilary McCallion, Non-Executive Director posed the question; 'What difference does an appraisal make?', and Meyrick Vevers, Non-Executive Director queried 'Is it the right mechanism?'</p> <p>It was noted that a wider conversation on this issue will continue at the Workforce & Organisational Development Committee to provide reassurance on this matter.</p> <p>Actions Investigate Surrey and national comparator data on turnover of staff and; Rework and update the kite-mark on data quality assurance in line with the new Strategic Objectives.</p> <p><i>Top Productivity</i> The Director of Finance recorded in brief that we are behind plan on Cost Improvement Programmes (CIPs) and pay costs are below budget with vacancies remaining unfilled in several areas; and the message to take away is that the Trust is still busy and it is early days in terms of the new financial year.</p>	<p>LM</p> <p>SM</p>

	The Board NOTED and obtained ASSURANCE from the scorecard.	
O-74/2018	Financial Management Committee Minutes	
	The Board RECEIVED the Minutes.	
	REGULATORY	
O-75/2018	Guardian of Safe Working Annual Report	
	<p>The Chairman welcomed Paul Murray, Deputy Medical Director and Chief of Patient Safety to the meeting.</p> <p>This is the first Annual Guardian of Safe Working (GoSW) report on rota gaps and vacancies. This report is a distillation of the four Quarterly reports that have been presented to the Workforce and Organisational Development committee since February 2017 and covers an 18 month period, and is based around a NHS Employer template to aid consistency and benchmarking.</p> <p>This paper summarises the rota gaps and most importantly those gaps that have remained unfilled within period. The GoSW can offer assurance to the Board that our rotas are compliant with safe working hours and we have not attracted any penalty fines for the last nine months.</p> <p>Neil Hayward, Non-Executive Director thanked Paul for establishing the role and in giving the matter senior focus and attention, thereby providing sound assurance.</p> <p>Keith Malcouronne, Non-Executive Director asked about rest areas on the wards and it was noted that this will be considered as part of the estates strategy masterclass.</p> <p>It was noted that there have been nine Work Schedule Reviews (WSR) in period, eight in medical specialities and one in Obstetrics & Gynaecology. The details of these WSRs are described fully in the individual Quarterly Reports and have proven to be an effective mechanism for highlighting and quickly resolving issues with rotas and working patterns.</p> <p>The Board NOTED and obtained ASSURANCE from the Report.</p>	
O-76/2018	NHS Improvement self-certifications	
	Board APPROVED the self-certifications.	
O-77/2018	Audit Committee Minutes for March	
	The Chair of the Audit Committee noted that the Committee had finalised the year end plans and reviewed the year end work.	

	The Minutes were RECEIVED by Board.	
O-78/2018	Audit Committee Annual Report	
	<p>The attached report was approved at the Audit Committee meeting held on 23 May 2018 and summarises the key areas of activities over the last year in discharging its duties under its approved Terms of Reference.</p> <p>It was noted that this was the first full year of the auditors, BDO, and they had made good progress and provided value for money.</p> <p>The Head of Internal Audit opinion for 2017/18 had given Moderate Assurance that there is a generally sound system of internal control within the Trust.</p> <p>Hilary McCallion referenced the bad debt write off for 2017/18 as recorded in the Audit Committee Minutes. The Director of Finance and Information said this represented cumulative overpayments to staff leavers and provided assurance that it was a small amount in the context of the Trust's overall pay bill.</p> <p>Meyrick Vevers, Non-Executive Director and member of the Audit Committee added assurance that this issue was taken seriously and an action was taken to revise the wording in the Minutes.</p> <p>Board RECEIVED the Report.</p>	SM
O-79/2018	Standing Orders	
	<p>The Standing Orders form part of the Constitution and are reviewed annually and presented to the Board for approval. There are no substantive changes to the Standing Orders.</p> <p>Note was made to add a version number in future.</p> <p>The Standing Orders were APPROVED by Board.</p>	
C-80/2018	Review of Scheme of Delegation and Standing Financial Instructions	
	The Scheme of Delegation and Standing Financial Instructions were APPROVED by Board.	
C-81/2018	ANY OTHER BUSINESS	
	None.	
O-82/2018	QUESTIONS FROM THE PUBLIC	
	The Chairman stated that the Board is unable to answer questions of an individual nature and that members of the public should restrict their questions to matters contained in the board papers or to clarifications on the Open Board discussions.	

	<p>A query was raised on the difference in numbers of deaths reported in the 15.1 Quality Report and 15.2 Learning from Deaths quarterly report.</p> <p>The Medical Director gave the response that at the time of writing the report the number of deaths that had been reviewed in a particular month is detailed. If a subsequent report is produced, then the number of deaths that have been reviewed in that month may have increased which explains the change in number. For future clarification it was agreed that any report which may have figures that change on a temporal basis should have the production date of the report clearly stated.</p> <p>In response to a question raised regarding violence and aggression remaining a key issue within the Trust as reported in the Minutes; assurance was provided by the Director of Workforce Transformation that we offer support from mental health nurses and the Health and Safety Manager makes it a priority to talk to staff members who have been subject to violence and aggression, and the Trust provides focused training with teams.</p>	
	DATE OF NEXT MEETING	
	The next meeting of the Trust Board will take place on 28 June 2018.	

Signed:
Chairman

Date: 31 May 2018