

**TRUST BOARD MEETING  
MINUTES  
Open Session  
25 May 2017**

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| <b>PRESENT</b>        | Valerie Bartlett   | Deputy Chief Executive/Director of Strategy and Transformation |
|                       | Mike Baxter  | Non-Executive Director   |
|                       | Heather Caudle   | Chief Nurse  |
|                       | Hilary McCallion   | Non-Executive Director   |
|                       | David Fluck  | Medical Director   |
|                       | Neil Hayward   | Non-Executive Director   |
|                       | Michael Imrie  | Chief of Patient Safety/Deputy 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                      |
|                       | Aileen McLeish   | Chairman   |
|                       | Terry Price  | Non-Executive Director   |
|                       | Suzanne Rankin   | Chief Executive  |
|                       | Tom Smerdon  | Director of Operations – unplanned care                        |
|                       | James A Thomas   | Director of Operations – planned care                          |
|                       | Meyrick Vevers   | Non-Executive Director   |
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| <b>SECRETARY:</b>     | Liz Davies   | Acting Company Secretary                                       |
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| <b>APOLOGIES:</b>     |  |  |
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| <b>IN ATTENDANCE:</b> | Giselle Rothwell   | Head of Communications   |
| <b>Minute</b>         |  | <b>Action</b>  |
|                       | <b>Declaration of Interests</b>  |  |
|                       | There was no declaration of interests.                                       |  |
| <b>O-55/2017</b>      | <b>MINUTES</b>   |  |
|                       | The Chairman opened the meeting and welcomed members of the public.          |  |
|                       | The minutes of the meeting held on 27 April were AGREED as a correct record. |  |
| <b>O-56/2017</b>      | <b>MATTERS ARISING and ACTION LOG</b>  |  |
|                       | The Trust Board reviewed all of the actions contained within the             |  |

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|                  | <p>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.</p> <p><b>O-163/2016 – Safer Staffing Report.</b> The Chief Nurse confirmed that the analysis aggregating the level of harm will be included in next month's report.</p>  |  |
|                  | <b>REPORTS</b>  |  |
| <b>O-57/2017</b> | <b>Chairman's Report</b>  |  |
|                  | <p>The Chairman drew attention to the following matters in the report:</p> <ul style="list-style-type: none"> <li>• The global ransomware attack that affected a large number of NHS organisations, and noted the excellent work by our IT team in managing this issue.</li> <li>• Over the last few months work has been taking place in our Intensive Care Unit to expand the unit and will mean that all the critical care beds in the Trust are located together, which is much better from a patient safety and staffing point of view.</li> </ul> <p>It was noted that the Intensive Care team is addressing the issue of the Intensive Care Room capacity when accommodating a number of visiting family members who gather in the main hospital corridor.</p> <ul style="list-style-type: none"> <li>• The Chief Executive of Mallinckrodt Pharmaceuticals visited the Trust to mark the £100,000 donation to the Trust and will support the vital work of the Neonatal Intensive Care Unit helping fund specialist training for nursing staff in areas such as pathophysiology, pharmacology, advanced medicines management and life support. The company is interested in developing an ongoing relationship with the Trust and to understand healthcare in the UK.</li> <li>• Dr Melaine Coward is our new Stakeholder Governor representing the University of Surrey and will be joining the Trust in June. Melaine is Head of School of Health Sciences, Senior Teaching Fellow and Strategic Lead for Health Sciences Education at the university.</li> </ul> <p>The Board RECEIVED the report.</p> |  |
| <b>O-58/2017</b> | <b>Chief Executive's Report</b>   |  |
|                  | <p>The Chief Executive highlighted the following in the report:</p> <ul style="list-style-type: none"> <li>• The Staff Achievement Awards where the Chairman's significant contribution to the NHS was recognised. The main award winners are detailed within the report.</li> </ul>  |  |

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|  | <ul style="list-style-type: none"> <li>• The CQC have published their final report, following their focused inspection on 28 February. The compliance actions we have been striving to improve upon during the last two years are now cleared and we retained our CQC rating of 'GOOD'.</li> <li>• On 5 May it was International Day of the Midwife and our maternity team organised some special celebrations. They reunited Mums who had their babies at St. Peter's Hospital with the midwives who looked after them in labour and birth.</li> <li>• Our annual Pride in Nursing and Midwifery Day held on 12 May was a great success. Congratulations to our Chief Nurse and team for organising such a fantastic day.</li> </ul> <p>Our keynote speaker, Philip Darbyshire, Professor of Nursing, gave an inspirational talk on the challenges we are facing and the ability of the nursing and midwifery profession in meeting the challenge. We were also joined by Joanne Bosanquet MBE, who is the Deputy Chief Nurse at Public Health England, a Queen's Honorary Nurse and a Florence Nightingale scholar.</p> <p><b>Action:</b><br/>Think about how we can celebrate other staff groups.</p> <p>Neil Hayward, Non-Executive Director asked about the interest shown in the two-day exhibition which took place on 26-27 April to showcase the West Site Redevelopment plans.</p> <p>The Chief Executive responded that there had been good engagement and feedback and the plans had been debated with members of staff at the Chief Executive's Sounding Board.</p> <p>The Director of Workforce Transformation &amp; OD added there has been a recurring theme on the provision of staff facilities and this matter is being discussed at senior level.</p> <p>It was noted that the new Chief Executive starts at the NW Surrey Clinical Commissioning Group on 5 June. Mike Baxter, Non-Executive Director and our Director of Workforce Transformation &amp; OD had been part of the recruitment panel.</p> <p>Hilary McCallion said there had been a number of questions at the Pride in Nursing Day demonstrating a good measure of nursing engagement and challenge.</p> <p>Meyrick Vevers, Non-Executive Director echoed this sentiment - there had been a good level of engagement and a sense that staff felt empowered to make changes.</p> <p>The Board RECEIVED the Report.</p> | <p style="text-align: center;">SR</p> |
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|                  | <b>QUALITY AND SAFETY</b>  |           |
| <b>O-59/2017</b> | <b>Quality and Performance Committee Minutes (QPC)</b>   |           |
|                  | <p>Hilary McCallion, Non-Executive Director and Chair of the committee referred to the Analysis of the Mortality Spike in January 2017 which was included at Appendix 1.</p> <p>The report sets out the explanation of the spike in the national context and it was found that there is no obvious cluster of quality and safety concerns specific to our hospitals with which we can triangulate this spike. It was noted that our mortality review process is embedded but requires further improvement.</p> <p>The Chair of the Committee observed that in addition to the need for further work to look into this mortality spike, there is a requirement to strengthen our learning in accordance with the most recent guidance, The National Guidance on Learning from Deaths.</p> <p>The Board was asked to receive the mortality paper as assurance that extensive analysis had taken place on this issue and that no obvious cluster of quality issues specific to our trust that would have a causative link to the mortality spike had been observed.</p> <p>Reference was made to the paragraph in the Minutes relating to the absconded patient and it was confirmed that the matter had been discussed at committee and it was deemed patient confidentiality had not been breached. The Chair of the Committee added that consideration is being given to the reports that come to Board in the future; and the purpose of the Quality &amp; Performance Committee (QPC) is also to be discussed with the Executive team and Divisional Directors.</p> <p><b>Action</b><br/>Ensure that the QPC Minutes are checked for confidential information.</p> <p>The Board RECEIVED the Minutes and obtained ASSURANCE from the Mortality Spike Report.</p> | <b>HM</b> |
| <b>O-60/2017</b> | <b>Quality Report</b>  |           |
|                  | <p>It was accepted that the report had been read, and the following matters were highlighted:</p> <p>The Chief of Patient Safety reported that our mortality rate is now back to baseline and that the anticipated secondary spike did not occur.</p> <p>The Chief Nurse reported that of the 31 complaints requiring a response, 19 (61.3%) met the timescale agreed with the Complainant.</p> <p>Picker has provided the Trust's National Inpatient Survey 2016</p>  |           |

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|                         | <p>results in advance of the publication of the national data on 31 May 2017 and the highlights are detailed in the report. It was confirmed that a more complete report will be submitted to the Quality and Performance Committee (QPC) following the publication of national data.</p> <p>The Deputy Chief Executive/Director of Strategy and Transformation referred to the rise in admissions. The Medical Director responded that readmissions continue to run at a higher rate than in the previous year and we need to do some further work to understand the reasons behind this trend.</p> <p>Mike Baxter, Non-Executive Director referenced the stroke unit performance wherein 53.2% of stroke patients admitted in April reached the stroke ward within 4 hours of being admitted.</p> <p>As documented previously this is due to a variety of issues including the ring fencing of beds and the complete pathway from A&amp;E to the ward. Overall the stroke service is rated as an “A” unit in the national stroke audit. A multi-disciplinary team review of all breaches has been scheduled to understand root causes and improve performance.</p> <p>The Director of Finance &amp; information confirmed that stroke is part of the Best Practice Tariff and money is expected to be made available to improve performance which has been at this level for some time.</p> <p>Terry Price, Non-Executive Director asked about the overdue safety alert on nasogastric tube misplacement. It was confirmed that this patient safety alert is directed at Trust boards to ensure processes that support clinical governance are in place around this alert. We have appointed a named executive director as responsible for implementation. A trust-wide risk assessment has been undertaken and QPC is to review the action plan. It is anticipated that the full action plan will be completed in quarter two.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p> |  |
| <p><b>O-61/2017</b></p> | <p><b>Safer Staffing Report</b></p>  |  |
|                         | <p>This paper provides a review of the safer staffing levels within inpatient areas in the Trust in accordance with the national reporting requirements and guidelines. The Trust continues to follow its policy on safer staffing escalation, thus supporting the delivery of safe, high quality care. We are experiencing a significant shortage of staff at present and an action plan is in place to address this issue.</p> <p>The Chief Nurse confirmed that the ward commentary was now included at Appendix 4.</p> <p>A discussion took place on the staffing levels on Aspen ward which</p>   |  |

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|                         | <p>requires an increase in establishment, and it was noted that retention and stability has been improving due to good leadership.</p> <p>There was some reservation expressed on whether the data did provide assurance of the quality of care on Aspen. It was confirmed that there has been no commensurate level of harm nor an increase in complaints, however a concern was noted over the long term resilience of staff in carrying out extra shifts. It was confirmed that the Divisional Chief Nurse is providing senior support.</p> <p>Neil Hayward, Non-Executive Director had some concerns with the information detailed in Appendix 4 and it was agreed that the level of detail on the plan was not relevant for Board and that the report would be submitted to the Workforce &amp; Organisational Development Committee in future.</p> <p>Board was reminded that the report on safer staffing levels within inpatient areas is submitted in accordance with the national reporting requirements and guidelines.</p> <p>The Chief Executive confirmed that a pay governance review paper documenting a framework for proposing and agreeing local pay arrangements is due at the Trust Executive Committee in June. The approach will help ensure services are staffed appropriately to deliver the best care.</p> <p>The Board NOTED and obtained ASSURANCE from the Report.</p> |  |
| <p><b>O-62/2017</b></p> | <p><b>Safer Staffing Establishment Framework – 6 month review</b></p>   |  |
|                         | <p>In June 2014 it became a national requirement for all hospitals to publish information relating to staffing levels on their wards.</p> <p>This paper presents the results of the Statutory 6 month review of acuity and dependency that was conducted in January / February 2017 including the output of the acuity and dependency review and the application of professional judgement as well as senior executive challenge.</p> <p>Following Board discussion it was agreed to note that the review had taken place and that further work was required and that the recommendation for investment would come back to Board.</p> <p>Board RECEIVED the Statutory Report.</p>   |  |
| <p><b>O-63/2017</b></p> | <p><b>Trust Risk Register</b></p>   |  |
|                         | <p>This report summarises the Trust Risk Register as at 18 May 2017. There are currently five top level risks on the Trust Risk Register. There is one new risk added and one risk has been closed. Risks below 15 sit on the Divisional held register and risks submitted at 15 and above are discussed at TEC for decision.</p> <p>The Deputy Chief Executive/Director of Strategy Transformation</p>   |  |

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|                  | <p>noted a concern in relation to risks 1451 and 1552 and queried if we were confident that the actions were expressed adequately. At present the actions relate to systems not people, clinical teams, who are responsible for finding the answers.</p> <p>The Director of Operations for planned care responded that there has been significant engagement with clinical teams and it was agreed the action plan needed to be articulated differently.</p> <p><b>Action</b><br/>It was AGREED to review the actions and our approach to ensure we describe and document the people piece, and for the template to be amended to reflect this.</p> <p>Neil Hayward, Non-Executive Director recommended that consideration is given to bringing an end of year summary to Board, providing a broad spectrum review of the longer list of risks.</p> <p>It was noted that an internal assurance report on our divisional governance arrangements would be submitted to the Trust Executive Committee in July.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p> | <b>MI</b> |
| <b>O-64/17</b>   | <b>Board Assurance Framework</b>  |           |
|                  | <p>The paper attached sets out the update to the current Board Assurance Framework. It is accepted that the current document requires review and updating to reflect the environment in which the Trust is operating.</p> <p>It was noted that we are working towards simplifying the process and redesigning the structure of the Board Assurance Framework (BAF) in line with the evolving strategic plan. The Board agreed with the direction of travel.</p> <p>Board APPROVED the BAF as it currently stands pending a review led by TEC.</p>   |           |
|                  | <b>PERFORMANCE</b>  |           |
| <b>O-65/2017</b> | <b>Performance Report</b>   |           |
|                  | <p>The Performance Report was taken as read. The following matters were highlighted from the report:</p> <p><i>A&amp;E</i></p> <p>Performance at 91.24% for April is above trajectory and remains above for May. Although this is below the constitutional standard of 95%, it is in line with the agreed recovery plan with NHS Improvement (NHSI). The Director of Operations for unplanned care added that it remains a challenge to meet the 93% 4 hour</p>   |           |

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|                  | <p>NHSI standard by July.</p> <p><i>Cancer</i></p> <p>The Trust is reporting compliance on all cancers 62-day wait for first treatment in April at 87.29%.</p> <p><i>Stroke</i></p> <p>The proportion of patients admitted to a stroke ward within the 4hrs' standard for April is recorded at 53%. The key issue is moving patients to a ring-fenced bed; there are also delays associated with the identification of stroke patients and with referring a patient once a stroke has been diagnosed.</p> <p>The issue of providing more ring-fenced beds was raised. The Director of Operations for unplanned care responded that the team is looking at changing the pathway to provide direct access to the stroke unit which will require a different level of service and a potential investment in stroke specialist nurses.</p> <p><i>RTT</i></p> <p>The Trust has remained compliant for April recorded at 92.3%, and we are improving compliance in the specialties.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p> |  |
| <b>O-66/17</b>   | <b>Cancer 62 day standard improvement plan</b>   |  |
|                  | <p>The Trust has been working since autumn 2015 on a plan to improve 62 day cancer performance. A series of recommendations from an invited review by the Department of Health Intensive Support Team (IST) last summer were incorporated in a joint action plan with North-West Surrey Clinical Commissioning Group.</p> <p>It was noted that the graph in the report illustrates the journey.</p> <p>Following the IST report, action has been taken across several key areas to improve performance against the 62-day cancer treatment constitutional standard. Work is continuing to deliver the recommendations currently outstanding.</p> <p>It was confirmed that the action plan will be tracked through the Performance Report.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>   |  |
| <b>O-67/2017</b> | <b>Balanced Scorecard</b>  |  |
|                  | <p><i>Skilled, Motivated Workforce</i></p> <p>The Director of Workforce Transformation and OD reported that we have a green rating on agency spend for April and indicates that our control measures are taking effect. Additionally, the new IR35</p>   |  |



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|                          | <p>arrangements which were introduced from April 2017 have resulted in a notable reduction of medical agency spend and usage and many doctors have either requested to join or worked via the Trust Bank to comply with the new regulations.</p> <p>We continue to be concerned about our turnover level and it was confirmed that a detailed discussion had taken place at the Workforce Organisational Development (WOD) Committee on retention and we are working on delivering a more detailed retention plan to identify and counteract staff's reasons for leaving the organisation. We have also struggled with performance around completion of appraisals and have instigated a review which our Assistant Director of HR - Learning and Organisational Development is implementing.</p> <p>Keith Malcouronne, Non-Executive Director raised the issue of short term agency staff not having the same level of commitment in delivering good quality care.</p> <p>The Chief Nurse responded this is an issue recognised nationally and made reference to an "app" developed by Ernst and Young called "Right nurse", which is similar to Locum's Nest, the medical locum booking software, and could be one solution.</p> <p><i>Top Productivity</i></p> <p>The Director of Finance reported the Trust is on track with the NHS Improvement control total at month 1 and has accrued the full amount of STF funding for month 1 as the A&amp;E performance target has also been met.</p> <p>It was noted that April is a difficult month and was planned to have lower activity levels due to the number of bank holidays. The position is forecast to improve in May.</p> <p>The Board NOTED and obtained ASSURANCE from the scorecard.</p> |  |
| <p><b>O-68/20176</b></p> | <p><b>Financial Management Committee Minutes</b></p>  |  |
|                          | <p>The Board RECEIVED the Minutes.</p>  |  |
| <p><b>O-69/2017</b></p>  | <p><b>REGULATORY</b></p>  |  |
|                          | <p><b>Patient Experience Annual Report</b></p>  |  |
|                          | <p>The Annual Patient Experience provides an overview of patient feedback and involvement over the past year and assurance that formal complaints made to the Trust during the period April 2016 to March 2017 are being considered in accordance with the NHS and Social Care Complaints Handling Regulations (England) 2009.</p> <p>The Trust Patient Experience Monitoring Group (PEMG) meets quarterly and is chaired by the Chief Executive. The Group reviews patient experience information, including trends in complaints, and monitors actions that have been put in place as a response to</p>   |  |

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|                  | <p>complaints and concerns.</p> <p>The Chief Nurse reported that complaints numbers were relatively stable; and noted there has been an increase in relation to patient safety incident reporting.</p> <p>The Chief Executive reflected on whether we were evaluating the right measures and said that we are considering how we might work in partnership with 'I Want Great Care' in measuring bespoke objectives.</p> <p>It was concluded that the report requires context.</p> <p>The Board RECEIVED the report.</p>   |  |
| <b>O-70/2017</b> | <b>NHSI Self-certifications</b>  |  |
|                  | <p>As part of the Annual Plan Review process 2017/18 the board must sign off on self-certification. We are required to submit two self-certification documents. This paper details the first of these certifications and the Corporate Governance Statement will be submitted to Board in June.</p> <p>The Board APPROVED the self-certification.</p>  |  |
| <b>O-71/2017</b> | <b>Audit Committee Minutes</b>   |  |
|                  | <p>The key points to note from the minutes are:</p> <ul style="list-style-type: none"> <li>• Internal Audit – received the update paper, noting the outcomes of completed audits during the period;</li> <li>• Approved an indicative LCFS work plan for 2017/18, noting that the Trust required an LCFS in place whilst the tender was undertaken;</li> <li>• The External Audit interim audit report was noted and issues relating to the Quality Report would be referred to the Quality and Performance Committee; and</li> <li>• Reviewed an update on the production of the Annual Report and Accounts</li> </ul> <p>In reference to the matter of Bribery Act Compliance the Director of Finance confirmed this would be followed up with board members outside the meeting.</p> <p>The Board RECEIVED the Minutes.</p> |  |
| <b>O-72/2017</b> | <b>Audit Committee Annual Report</b>   |  |
|                  | <p>As a formal sub-committee of the Trust Board the Audit Committee presents its Annual Report for noting. The report was approved at the Audit Committee meeting held on 18 May 2017 and summarises the key areas of activities over the last year in discharging its duties under its approved Terms of Reference.</p>   |  |

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|                  | <p>The Head of Internal Audit opinion for 2016/17 gave Significant Assurance that there is a generally sound system of internal control within the Trust.</p> <p>In terms of contracts the following was decided; the internal audit and Local Counter Fraud Service contract would be tendered in quarter 1 of 2017/18 to cover the three financial years 2017/18 to 2019/2.</p> <p>The recommendation to the Council of Governors was accepted at its March 2017 meeting; that the contract with KPMG (external auditors) would be extended for an additional year pending a tender exercise late in 2017.</p> <p>It was confirmed that Keith Malcouronne, Non-Executive Director will take over chairing the Audit Committee, and the appointment was formally approved.</p> <p>The Board thanked Terry for his sterling work on behalf of the Audit Committee.</p> <p>The Board RECEIVED the Annual Report.</p> |  |
| <b>O-73/2017</b> | <b>Register of Interests</b>  |  |
|                  | <p>It was noted to add Tom Smerdon and James A Thomas, Directors of Operations for unplanned and planned care respectively to the Register of Interests and to remove George Roe.</p> <p>The Board NOTED the Register.</p>  |  |
| <b>O-74/2017</b> | <b>Organ Donation Annual Report</b>   |  |
|                  | The Board RECEIVED the Report.  |  |
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| <b>O-75/2017</b> | <b>ANY OTHER BUSINESS</b>   |  |
|                  | None.   |  |
| <b>O-76/2017</b> | <b>QUESTIONS FROM THE PUBLIC</b>  |  |
|                  | None.   |  |
|                  | <b>DATE OF NEXT MEETING</b>   |  |
|                  | The next meeting of the Trust Board will take place on 29 June at Ashford Hospital.   |  |

**Signed:** .....  
 Chairman

**Date:** 29 June 2017