

**TRUST BOARD MEETING  
MINUTES  
Open Session  
27 October 2016**

<b>PRESENT</b>	Nadeem Aziz	Non-Executive Director
	Valerie Bartlett	Deputy Chief Executive/Director of Strategy and Transformation
	Mike Baxter	Non-Executive Director
	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
	Aileen McLeish	Chairman
	Lorraine Knight	Interim Chief Operating Officer
	Terry Price	Non-Executive Director
	Suzanne Rankin	Chief Executive
	Peter Taylor	Non-Executive Director
	Meyrick Vevers	Non-Executive Director
<b>SECRETARY:</b>	Liz Davies	Acting Company Secretary
<b>APOLOGIES:</b>	Nadeem Aziz	Non-Executive Director
	Heather Caudle	Chief Nurse
	Louise McKenzie	Director of Workforce Transformation & OD
<b>IN ATTENDANCE:</b>	Lucy Bubb	Associate Director   Deloitte LLP
	Charlotte Cro	Senior Associate   Deloitte LLP
	Erica Heppleston	Assistant Director Regulation and Improvement
	Michael Imrie	Chief of Patient Safety/Deputy Medical Director
	Phil Spivey	Deputy Director of HR
	James A Thomas	Associate Director of Operations -Theatres, Anaesthetics, Surgery & Critical Care ( <i>Shadowing</i> )
	Russell Wernham	Deputy Chief Nurse

Minute		Action
	<b>Declaration of Interests</b>	
	There was no declaration of interests.	
<b>O-136/2016</b>	<b>MINUTES</b>	
	<p>The Chairman welcomed Deloitte, attending to observe our Board meeting as part of the Well Led Governance Review independent assessment.</p> <p>The minutes of the meeting held on 29 September were AGREED as a correct record.</p>	
<b>O-137/2016</b>	<b>MATTERS ARISING and ACTION LOG</b>	
	<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 the agreed timescales, with the following amendments:</p> <p><b>O-122/2016 – Add to Action Log.</b> Owing to Swan Ward's persistent quality issues, immediate staffing investment is recommended and will be discussed at <i>executive level</i>. Board was asked to note the findings.</p> <p><b>O-124/2016 – Add to Action Log -</b> It was agreed to consider a review of risk appetite as a development piece for Board.</p>	
	<b>REPORTS</b>	
<b>O-138/2016</b>	<b>Chairman's Report</b>	
	<p>The Chairman highlighted the following from the report:</p> <ul style="list-style-type: none"> <li>• <b>The Governor elections are underway</b> in a number of our public and staff constituencies. Three staff governors have chosen not to stand again and will be stepping down at the end of November; and we take this opportunity to thank Paul Darling-Wills, David Frank, and Samantha Lamb. Particular mention goes to David Frank who has been Lead Governor throughout this time; he has been particularly influential in developing supportive and appropriate governance arrangements between the Council and the Board.</li> <li>• <b>Launch of a new app for our breast cancer service –</b> BBC journalist Victoria Derbyshire attended the launch of this new app which will benefit patients undergoing treatment for breast cancer. The app incorporates the information from all our leaflets in an easy to access mobile format including mobile numbers and links to a variety of</li> </ul>	

	<p>useful external websites. Trust Consultant Manish Kothari has led on this initiative supported by our Quality Improvement Programme Office. Victoria has talked publically about her experience of breast cancer while undergoing treatment at our Trust and it was good to be able to thank her for her many positive comments about the care she received.</p> <p>The Board RECEIVED the report.</p>	
<b>O-139/2016</b>	<b>Chief Executive's Report</b>	
	<p>The Chief Executive drew attention to the following matters in the report:</p> <ul style="list-style-type: none"> <li>• <b>The iMSK service</b> is now up and running - joining up services such as orthopaedics, podiatry, orthotics, rheumatology, chronic pain, occupational therapy and musculoskeletal - is beneficial for our patients. This is a positive step forward for the Trust and we wish to record a big <i>thank you</i> to the team who have worked so hard to get the service established.</li> <li>• <b>Core clinical standards for Emergency Care</b> - these have been written by our clinicians and it has taken time to reach consensus as it was important to get them right. They are a clear and unambiguous description of the values and behaviours we expect from each other in order to provide the best care for our patients and maintain good patient flow. We will be monitoring the impact of the standards over the next few months.</li> <li>• <b>Relocation of the multi-faith centre</b> – We have met with the chaplaincy and discussed their anxiety over moving the centre. We have aimed to consult and work closely with the chaplaincy team on this change, together with local community representatives.</li> <li>• <b>'Eat Out, Eat Well' award for Just Dine restaurant</b> - Congratulations to the Just Dine team at St. Peter's Hospital who have been given a Gold Standard award by Trading Standards. The award is given to caterers who make it easier for their customers to make healthy choices when eating out and is a great reflection of the range and quality of food our caterers provide.</li> <li>• <b>Improvement in cancer patient survey results</b> – we are pleased to see a significant improvement in the cancer patient survey results this year. The response rate has been the best since we started the survey with 71% compared to last year's 58%, and way above the national response rate of 66%.</li> <li>• <b>Sustainability and Transformation Plan – Surrey Heartlands</b> - Progress continues on developing the</li> </ul>	

	<p>Sustainability and Transformation Plan for Surrey Heartlands. Earlier this month a Committees in Common meeting took place to approve the next submission of the plan to NHS England. The meeting was held in public as a demonstration of transparency at this key stage. It is important to note that the submission marks an update on our progress, and is not a set of detailed plans. The next stage will require more detailed work on behalf of our work streams, alongside widespread engagement with both staff and patients/members of the public.</p> <p>Hilary McCallion, Non-Executive Director (NED) reported how impressed she had been with the well organised teams in A&amp;E and the Urgent Care Centre when she spent time there recently with Rick Strang, Associate Director of Operations (Emergency Care), and recommended a visit to other NEDs.</p> <p>The Board RECEIVED the Report.</p>	
	<b>QUALITY AND SAFETY</b>	
<b>O-140/2016</b>	<b>Quality and Performance Committee Minutes</b>	
	<p>Terry Price, Non-Executive Director drew attention to the action recorded in the QPC minutes to ensure all Divisional Directors are present at the meeting or to send a representative in their absence.</p> <p>The Board RECEIVED the Minutes.</p>	
<b>O-141/2016</b>	<b>Quality Report</b>	
	<p><b>The Deputy Chief Nurse drew attention to the following issues:</b></p> <ul style="list-style-type: none"> <li>• <i>Friends and Family Test</i> - there are actions ongoing in regard to divisional data capture which are being discussed and monitored through the Quality and Performance Committee</li> <li>• <i>Safety thermometer</i> - falls with harm are above the national average this month and actions have been implemented to reduce falls and include a colour coded poster with specific instructions.</li> <li>• <i>Quality account</i> - has been remodelled and now provides better assurance to the stakeholders</li> <li>• <i>Maternity Safety Thermometer</i> - performance is better than the national average, it was noted that July and September data was not submitted and board was assured that the ward manager would be ensuring this data would be completed in future.</li> </ul> <p>The Chief of Patient Safety reflected that the high level metrics demonstrate good patient safety in relation to operational pressures. For Quarter 2, the Trust has achieved Safety Thermometer performance better than the national average apart from two months: new pressure ulcers in July 2016 and falls with harm in September 2016.</p>	

	<p>The Chief of Patient Safety added that there has been a remarkable reduction in falls since introducing the yellow blankets initiative and congratulations are due to Cecilia Chapman, Falls Improvement Nurse for this piece of work.</p> <p>The Chairman queried the completion rates for mortality reviews.</p> <p>The Chief of Patient Safety responded that the MES Division improved performance is due to Melanie Irvin-Sellers, Deputy Divisional Directors' input in monitoring the return rate and quality of reviews. It was noted that the other Divisions' contribution to the overall numbers is small however the numbers will be checked as they are not showing a sustained improvement.</p> <p>Neil Hayward, Non-Executive Director queried what are the top issues for focus.</p> <p>The Chief of Patient Safety responded that two issues for particular focus are around medication errors and the high level of incidents, and mandatory training. We continue to promote notifying and investigating medication errors which is driving increased reporting.</p> <p>The Deputy Chief Nurse added in regard to mandatory training we have introduced mental health training within the Safeguarding Training for Clinical Staff and are rolling out the PREVENT training programme.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
<p><b>O-142/2016</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 for September 2016 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.</p> <p>Whilst ongoing capacity pressures and recruitment shortages continue there is still a sustained vigilance over staffing levels daily, weekly and monthly. In addition there are bespoke projects specifically responsive to staffing issues in critical areas.</p> <p>Board took part in a discussion on recruitment and retention of nursing staff and a number of points were noted:</p> <ul style="list-style-type: none"> <li>• Offer career pathway Bands 5/6 specialty training</li> <li>• Overseas recruitment ongoing</li> <li>• Continuing Professional Development (CPD)</li> <li>• Make more use of the allocate software – our e-rostering solution</li> <li>• Transient nature of nursing workforce</li> <li>• Arrange a rotation of nurses, a partnership approach</li> <li>• Build loyalty in the organisation, offer education and career</li> </ul>	

	<p>progression comparable to medical workforce</p> <ul style="list-style-type: none"> <li>Consider strategic partnerships in relation to professional development</li> </ul> <p>To take the strategy forward, ideally we would form a partnership with a large tertiary centre to support professional development and service delivery.</p> <p>The Chief Executive agreed that as part of the strategy we should get some detail on strategic partnerships and come back to Board with a report.</p> <p>The Board NOTED and obtained ASSURANCE from the Report.</p>	
<b>O-143/2016</b>	<b>Board Assurance Framework (BAF)</b>	
	<p>The Board Assurance Framework (BAF) is aligned to the four Strategic Objectives as detailed in the Corporate Business Plan 16/17. The BAF is a key assurance tool that ensures the Board has been properly informed about the risks to achieving the Trust's Strategic Objectives.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
	<b>PERFORMANCE</b>	
<b>O-144/2016</b>	<b>Performance Report</b>	
	<p>The Interim Chief Operating Officer (COO) highlighted the following from the report.</p> <p><i>A&amp;E Performance</i></p> <p>The Trust missed the 4 hour A&amp;E NHSI standard in September with performance recorded at 92.5%, an improvement on last month although below the agreed recovery trajectory of 95.0%.</p> <p>Performance against the 4 hour standard has been particularly challenging due to a significant downturn in social and community care capacity leading to an increase in medically fit patients being retained in the trust which has subsequently impacted the flow from the Emergency Department to the wards and has also required significant elective cancellations.</p> <p>A new discharge to assess service commenced at the beginning of September and the Trust is working closely with Social Care and Virgin Care to ensure this is successful.</p> <p>The improvement plan has been revised and we have introduced three key programmes of work with the objective of streamlining pathways and avoiding admission to hospital.</p> <p>Hilary McCallion, Non-Executive Director asked about the number of patients going to care homes rather than staying at home with</p>	

	<p>carer support. The COO responded that we struggle to discharge patients with a package of care and we are working with our community providers to address this issue.</p> <p>The Chief Executive added that there are indications that the locality hub, providing access to a range of health, social care and community services, is starting to have an impact. We are seeing fewer patients aged 75+ years but it is not clear yet whether this is connected with the hub.</p> <p><i>Referral Time to Treat (RTT) – incomplete performance</i></p> <p>The Trust remained compliant for September recorded at 92.8% and we are doing well at aggregate level, although five specialties are below target and improvement plans are in place. We expect to maintain performance against the standard going forward.</p> <p>The Deputy Chief Executive asked if the issue of backlog and cancellations are presenting a clinical risk.</p> <p>The COO responded that patients are categorised and clinical conversations are taking place with consultants before making a decision to cancel.</p> <p><i>Cancer</i></p> <p>The Trust has recorded a non-compliant performance for the 62 day wait for first treatment recorded at 81.0% which is still under validation.</p> <p>We are undertaking a shadow performance monitoring exercise aimed at assessing the impact of the proposed 38 day tertiary referral guidance, and we continue to deliver the Cancer Improvement Action Plan</p> <p><i>Stroke</i></p> <p>Our performance in September for the proportion of patients admitted to a stroke ward within the 4 hour standard for September is recorded at 75%. A multi-disciplinary team review of all breaches has been scheduled to understand root causes, and a number of initiatives are underway to support improvement in performance.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
<p><b>O-145/2016</b></p>	<p><b>Balanced Scorecard</b></p>	
	<p><i>Skilled, motivated workforce</i></p> <p>The Deputy Director of HR highlighted the following issues:</p> <ul style="list-style-type: none"> <li>• <i>Agency expenditure</i> as a percentage of the pay bill has shown a good reduction from 9.1% in August to 7.5% in September 2016. This is a positive comparison to September last year when the agency spend was 9.1%.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Occupational Health department is currently visiting wards and running drop in sessions for the <i>flu vaccination</i> for staff. We are also focusing attention and resource on wellbeing and resilience interventions that will enable increased capacity and stability among the staff.</li> <li>• The Trust <i>appraisal and mandatory training</i> figures have both improved this month.</li> <li>• <i>The National Staff Survey</i> has been launched, which includes the Friends and Family Test questions, and a questionnaire has been sent to all staff via email or post. The fieldwork closes in early December, and indicative results are expected before Christmas.</li> </ul> <p><i>Top Productivity</i></p> <p>The Director of Finance and Information reported that we had achieved Q1 and 2 financial targets. The test will be to deliver our internal position in quarters 3 and 4 as we have a number of challenges and pressures impacting on financial performance. The Medical Director noted we have good clinical engagement to drive through improvements.</p> <p>The Board NOTED and obtained ASSURANCE from the scorecard.</p>	
<p><b>O-146/2016</b></p>	<p><b>Financial Management Committee Minutes</b></p>	
	<p>The Board RECEIVED the Minutes.</p>	
<p><b>O-147/2016</b></p>	<p><b>Hospital Pharmacy Transformation Programme (HPTP) Report</b></p>	
	<p>This paper is the draft HPTP plan for submission to NHS Improvement by October 31 2016. The final plan is due for submission on 31 March 2017. Thereafter six-monthly updates will be provided to the Board until 2020.</p> <p>Pharmacy and medicines optimisation was included as part of Lord Carter's review of productivity and efficiency in acute hospitals. Variations were found and a Hospital Pharmacy Transformation Programme, led by NHS Improvement has been established.</p> <p>It challenges acute hospital pharmacy departments to transform services by 2020. Transformation consists of three main work streams as described in the paper.</p> <p>It is envisaged that this programme will result in transformed optimisation of medicine use by reconfiguring pharmacy operations.</p> <p>The efficiencies in infrastructure will release staffing capacity for redeployment into the dispensary; and will result in meeting the necessary direct patient contact time.</p> <p>The Board RECEIVED the Report.</p>	

<b>148/2016</b>	<b>Lord Carter Review – Procurement Transformation Plan (PTP)</b>	
	<p>A key requirement of Lord Carter's Report is that every Trust should have a local Procurement Transformation Plan (PTP), which highlights the key changes required to deliver the targets and we fully supports the recommendations set out in the Lord Carter Report.</p> <p>We have conducted an initial review of the Purchase Price Index Benchmarking (PPIB) data and been ranked number 7 (out of 136 Trusts) on prices currently paid. There is still a potential savings of £112,398 against the variance to Median spend.</p> <p>Terry Price, Non-Executive Director observed there was some duplication in the table and it was agreed to take to Finance Committee for clarification.</p> <p>The Board RECEIVED the Report.</p>	
	<b>STRATEGY AND PLANNING</b>	
<b>149/2016</b>	<b>Emergency Planning Resilience and Response (EPRR)</b>	
	<p>We carried-out the EPRR Assurance process (an assessment against NHS England's Emergency Preparedness, Resilience &amp; Response Core Standards) in order to assure the Board and NHS England that we are able to respond competently and confidently in the event of an emergency.</p> <p>Following this process we concluded an overall compliance rate of 'Substantial' - (based on the NHS England definitions) In essence this rating acknowledges good practice and has identified one or more of the core standards which require some additional support/work in order to achieve full compliance.</p> <p>Board APPROVED the assurance rating and work plan.</p>	
<b>150/2016</b>	<b>REGULATORY</b>	
	<b>Annual Review of Standing Financial Instructions/Scheme of Delegation</b>	
	<p>The Trust is required to formally review its Scheme of Delegation (SoD) and Standing Financial Instructions (SFI's) on an annual basis. The last such review was in October 2015.</p> <p>Board APPROVED the changes.</p>	
<b>151/2016</b>	<b>Charitable Fund Annual Report and Accounts 15/16</b>	
	<p>The Trust Board, in its role as Corporate Trustee, is required to approve the Annual Report and Accounts for the Trust's Charitable Funds prior to their submission to the Charity Commission by 31 January 2017.</p>	

	<p>Both the Charitable Funds Committee (7 October 2016) and Audit Committee (20 October 2016) have reviewed and recommended Board approval of the attached report and accounts, and the draft management representation letter. The draft management representation letter is a standard letter required by the Trust's external auditors and no specific points solely for this Trust.</p> <p>The Medical Director made the observation that there is not enough detail on the expenditure and it would appear that funds are not used for mainstream issues.</p> <p>The Director of Finance &amp; Information said that the Committee sees all items put forward for funding and encourages the Divisions to spend funds. The Medical Director reiterated that it would be helpful to have clarity on how the funds are spent.</p> <p>The Chief Executive noted an action to add this item to the special finance discussion planned for TEC in November, and that we will review the strategic direction.</p> <p>The Chairman reported the news that the pharmaceutical company, Mallinckrodt plc, recently moved to Staines Upon Thames, have promised a £100,000 donation to the St Peter's hospital Neo natal unit.</p> <p>The Report was NOTED by Board.</p>	
<p><b>152/2016</b></p>	<p><b>Charitable Fund Committee Minutes</b></p>	
	<p>The Chairman reported that these minutes were reviewed and approved at the Charitable Funds Committee meeting held on 7 October 2016.</p> <p>The main points for consideration:</p> <ul style="list-style-type: none"> <li>• Reviewed and approved a new methodology for applying the management charge to the funds; and</li> <li>• Reviewed the quarter 3 management accounts where spending had increased.</li> </ul> <p>The Board RECEIVED the Minutes.</p>	
<p><b>153/2016</b></p>	<p><b>Register of Interests</b></p>	
	<p>The aim of the Register is to identify those activities and interests which Trust Board members consider they should volunteer into the public domain because those interests might be interpreted as carrying a risk of bias in the conduct of the person's Trust duties.</p> <p>All board members are asked to confirm their return and notify the Company Secretary of any changes.</p> <p>It was noted to remove Robert Peet from the Register.</p>	

	Board RECEIVED the Register of Interests.	
<b>154/2016</b>	<b>Trust Seal</b>	
	Board NOTED the use of the sea	
<b>O-155/16</b>	<b>ANY OTHER BUSINESS</b>	
	None.	
<b>O-156/2016</b>	<b>QUESTIONS FROM THE PUBLIC</b>	
	<p>A question was posed about a third party (patient) that had been prescribed a drug on discharge that their GP would not supply. We responded that we could look at the issue of Formulary but that the GP would need to offer further advice on why they would not issue the drug on prescription. However, it was noted that no details of this third party were available and as such no review from us was required.</p> <p>We advised the member of the public that if required anyone was able to contact the Trust and seek a rationale for a particular prescription. The need for the patients to discuss with the GP in terms of non-prescribing from practices was also taken away by the member of the public.</p> <p>A question was put about the cost of using agency vs bank staff. The Chief Executive responded that we use our own bank staff which is planned and agency staff are booked as last minute fill.</p> <p>The trust requires flexibility as our vacancy rate stands at 12.5%. Payments to agency staff are capped under approved frameworks, and we are also collaborating with local organisations on bringing the costs down.</p> <p>It was noted that we are working on a multifactorial approach as there are not enough professionals in the system.</p>	
	<b>DATE OF NEXT MEETING</b>	
	The next meeting of the Trust Board will take place on 24 November at Ashford Hospital.	

**Signed:** .....

Chairman

**Date:** 27 October 2016