## TRUST BOARD MEETING
### MINUTES
### Open Session
### 25 July 2019

<table>
<thead>
<tr>
<th>PRESENT</th>
<th>Chairman</th>
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<tbody>
<tr>
<td>Andy Field</td>
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<tr>
<td>Neil Hayward</td>
<td>Non-Executive Director</td>
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<td>Chris Ketley</td>
<td>Non-Executive Director</td>
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<tr>
<td>Simon Marshall</td>
<td>Director of Finance &amp; Information</td>
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<td>Hilary McCallion</td>
<td>Non-Executive Director</td>
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<td>Louise McKenzie</td>
<td>Director of Workforce Transformation &amp; OD</td>
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<td>Suzanne Rankin</td>
<td>Chief Executive</td>
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<td>Tom Smerdon</td>
<td>Director of Strategy &amp; Sustainability</td>
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<td>James A Thomas</td>
<td>Chief Operating Officer</td>
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<td>Meyrick Vevers</td>
<td>Non-Executive Director</td>
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<td>Marline Waterman</td>
<td>Deputy Chairman</td>
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<th>APOLOGIES</th>
<th>Non-Executive Director</th>
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<td>Mike Baxter</td>
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<td>David Fluck</td>
<td>Medical Director</td>
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<td>Keith Malcouronne</td>
<td>Non-Executive Director</td>
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<td>Sue Tranka</td>
<td>Chief Nurse</td>
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<th>SECRETARIAT</th>
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<td>Liz Davies</td>
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<th>IN ATTENDANCE</th>
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<tr>
<td>Andrea Lewis</td>
<td>Deputy Chief Nurse – Corporate Services</td>
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<td>Sal Maughan</td>
<td>Associate Director of Corporate Affairs and Governance</td>
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<td>Paul Murray</td>
<td>Deputy Medical Director/Chief of Patient Safety</td>
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<td>Minute</td>
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<td>O-108/2019</td>
<td>Staff Story</td>
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The Director of Workforce Transformation introduced Matthew, a Core Medical Trainee 1 currently working in the Acute Medical Unit at the Trust.

Matthew told Board that he was a dedicated and enthusiastic proponent of meaningful, evidence-based change and had a history of getting involved in change for the better which had started when he was chair of the Graduate Medics Society, and had continued into his foundation years as representative for colleagues nationally and locally and in his current core training post.

This year Matthew was appointed to the Lead Medical Trainee role which had involved representation of all medical trainees in various management meetings and forums to improve their working lives. The role involved responding to feedback from the GMC survey which highlighted areas of concern amongst trainees. It was noted that the post was led and funded by the postgraduate centre for education (PGEC). Next year Matthew would be in the position of associate college tutor allowing him to continue to pursue improvements in doctors’ education and working lives.

Matthew talked about various projects he had been involved; including a quality improvement project on the redesign of rotas which had resulted in a £50,000 locum saving. Acting as a liaison between management and frontline staff and had implemented a care flow system – i.e. an electronic handover system.

Matthew drew attention to the next improvement project which was the Ambulatory Care Unit; it was noted that junior doctors had been surveyed and it had been concluded that the service was not senior led making it difficult in regard to patient decision making and had created an issue with the training of junior doctors. However, Matthew reflected that in general the Trust’s attitude towards junior doctor teaching was good and the rota distribution had helped in protecting teaching time.

The Chief Operating Officer referenced the implementation of the Trust’s ‘Making Every Day Count’ programme in conjunction with our urgent care recovery programme to improve our current challenges and ensure that we are in a robust position for the coming winter. It was noted that the Trust was in the second week of the programme and the Chief Operating Officer would meet with Matthew offline to help understand the issues currently being experienced.

The Chief Executive asked if a conversation had been had with the Divisional Directors in regard to the difficulties experienced on the Ambulatory Care Unit and this was confirmed.

The Director of Workforce Transformation reflected that this had been a good story and drew attention to the Trust’s plans for a Staff Centre and for junior doctors to get involved.

The Chairman commended Matthew for the work he was doing which was
having a positive impact and thanked him for taking the time to talk to Board.

Board Reflection
The Chief of Patient Safety noted that consultant time was being reorganised ensuring good utilisation of resource; the Director of Strategy and Sustainability added that the Trust was rota compliant and that we should repeat the communication around these issues. The Chief Operating Officer said that we would invest the time to look at this piece of work.

The Deputy Chairman concluded that Matthew’s frank account was testament to the Trust’s open and transparent culture.

O-109/2019 Declarations of Interest
There were no additional declarations of interests.

O-110/2019 MINUTES
The minutes of the meeting held on 27 June were AGREED as a correct record.

O-111/2019 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 agreed timescales.

REPORTS
O-112/2019 Chairman’s Report
The report was taken as read and the Chairman highlighted the following items:

- The Trust’s Community Open Day was excellent from start to finish; the enthusiasm shown by both the public and staff had been significant and the visitors’ remarks left on the ‘Sparkle Board’ had been very complimentary, making it a day to remember. It was noted that the theatre tour had been an absolute winner and the signing of the Military Covenant was a positive milestone in our relationships with the Armed Forces. We were also supported throughout the day by our Partners from the Police, the South East Coast Ambulance Service and the St John’s Ambulance.

- At the VIP reception, we had been delighted to welcome the Lord-Lieutenant of Surrey, Mr Michael More-Molyneux, paying his first visit to the Trust, Lord Andrew Mawson from Well North Enterprises and Colonel Ashleigh Boreham representing the Armed Forces.

- We were joined by the Trust’s local mayors at the NHS Big Tea Party; the event had provided the opportunity to thank some of our major fundraisers, donors, supporters and volunteers.
The NHS Providers Chairs and Chief Executives Forum held at the beginning of July had seen an excellent turnout and it was noted that the informative presentations had been placed in the Admin Control Board Reading Room.

The Chairman’s Report was RECEIVED by Board.

O-113/2019 Chief Executive’s Report

The Chief Executive took the report as read and drew attention to the following matters:

- The Community Day had been absolutely brilliant and the Chief Executive urged everyone to watch the video which displayed energy, passion and enthusiasm. [https://www.youtube.com/watch?v=HahbQsGXraw](https://www.youtube.com/watch?v=HahbQsGXraw)

- In June the Care Quality Commission had published the results of the Adult Inpatient Survey for 2018; last summer inpatients at the Trust had been asked to complete a survey on various aspects of the care they had received and included the quality of care, treatment, communication with staff, hospital environment, and delivery of information. The majority of patients had reported a very positive experience which was good news.

- The Trust’s second Team Talk at Ashford Hospital held at the end of June had been a really positive session with a good turnout and high quality conversation. It was noted that the executive team would be developing their ideas on how the feedback given at Team Talk could be translated into something meaningful and to reassure colleagues that their comments had been listened to and acted upon.

- The Trust was currently working on a proposal to significantly change and improve the education programme led by Professor Pankaj Sharma, Director of Clinical Education. It was noted that colleagues had been given the opportunity to feedback and share their thoughts on this really positive development and would enable us to create a fit-for-purpose education offer for all.

- Last week colleagues from the Trust, North West Surrey GP Federation, Surrey and Borders Partnership and Runnymede Borough Council visited the Bromley-by-Bow Centre.

    Lord Mawson, Chairman of Well North Enterprises had described the journey of building the Centre thirty-five years ago and the vision to create a place which supported individual and community health. It had been recognised that health was primarily driven by social factors and not medical ones, and the concept of social prescribing had been launched at the Centre. The visit had provided the Trust ‘food for thought’ on how we might approach designing our new Integrated Assessment Unit facility at St Peter’s.

    The Chief Executive proposed a visit by the Non-Executive Directors.
**Action**

The Director of Strategy & Sustainability to facilitate the visit to the Bromley by Bow Centre.

The Chief Executive reflected on the desire to develop and design an environment that builds in quality and connections between people and promotes health and wellbeing.

On 16th July we hosted another very successful Annual Members’ Meeting at Ashford Hospital and a thank you was recorded for Anu Sehdev, Membership and Engagement Manager and team for their good organisation of the event.

Marcine Waterman, Deputy Chairman observed that during the Community Day staff had showed such pride in their work and hoped that this would help stimulate recruitment and retention.

The Director of Workforce drew attention to the Trust’s Annual Staff Achievement Awards which was now open for nominations of colleagues and teams in recognition of the work they had carried out over the last year.

The Chief of Patient Safety reflected on the recent Health Service Journal Patient Safety Awards where Team ASPH had received ‘Highly Commended’ in two of the categories:

- Quality Improvement Initiative of the Year for Improving Medication Safety - The ‘30/30’ Aim and
- Best HealthTech Solution for Patient Safety - Outpatient local anaesthetic Trans-urethral Laser Ablation of Non Muscle Invasive Bladder Tumours (TULA).

The Board RECEIVED the Chief Executive’s Report.

### QUALITY AND SAFETY

**O-114/2019 Quality Report**

The Report was taken as read and the following matters were highlighted from the report.

**Medication Safety**

The Chief of Patient Safety reported that the Trust had done well and were on target for the reporting period. It was recorded that the Chief Pharmacist was leading on the medical safety improvement programme with a focus on enhancing the Trust’s safety culture with additional work-streams to deliver improvements in the use of opioids and anticoagulation medicines. It was noted that outputs from these work-streams would be shared in future updates.

**Surgical Site Infections (SSI’s)**

One of the priorities for improving infection prevention and control this year was the reduction in surgical site infections and this was an important area of focus for the national GIRFT programme. As noted last time, in order to achieve on-going surveillance of SSIs, one dedicated nurse post had been recruited to in June 2019 and a Registrar-level clinical lead for reducing SSIs would dedicate one day a week to the improvement work. Clinical leads had
also been identified in each of the surgical specialties.

**Mortality**
The Chief of Patient Safety drew attention to the Structured Judgement Review (SJR) question that had been raised around resource and time; and noted that for Divisions to deal with SJR’s as part of business as usual was a positive position and for the SJR validated outcome to be used as part of the Serious Investigation process worked well.

**Patient Experience**
The Deputy Chief Nurse reported on the stabilisation in complaints performance and noted that the new Head of Patient Experience and Involvement’s drive and enthusiasm and proactive approach had been significant in achieving this improvement.

The Trust aimed to improve routine patient feedback mechanisms and had three trials in progress:

- ‘R Outcomes’ had continued to be trialled in Maternity with improving response noted;
- ‘Viewpoint’ trial had just started in the Emergency Department; and.
- ‘I Want Great Care’ was already contracted by the Trust, and currently processed the ‘Friends and Family Test’ data and their patient feedback mechanisms trial was planned for the Medical Admissions Unit.

It was noted that following the agreed time-period for the above trials, the successful provider would be selected and an implementation plan developed for full roll-out across the Trust; it was anticipated that this would take place in quarter three.

The Deputy Chief Nurse drew attention to the results of the Adult Inpatient Survey 2018 and noted in particular the high level of performance in the Emergency Department which was commendable given the considerable pressure that had been experienced.

Marcine Waterman, Deputy Chairman referenced the number of complaints that had been reopened and the Deputy Chief Nurse responded that these cases were generally more serious and complex and therefore resolution more challenging.

Assurance was provided to Board that this issue had been addressed; concerns were now discussed in person between complainant and senior members of staff and had been found to be highly effective. The Trust had employed a complaint writer with a journalistic background to improve the quality of response, and the quality of complaint responses had also been a focused area for discussion at the recent Experience Based Co-Design Workshop. Further assurance was provided that the Divisions’ individual reports would be submitted to the Patient Experience Monitoring Group to review actions.

The Deputy Chairman reflected on the healing arts in healthcare and using the community and building arts into every aspect of the hospital. She recommended the recently published book on the ‘The Healing Arts’ The Arts Project at Chelsea and Westminster Hospital in celebration of their pioneering
arts in health programme that had been running for over 25 years.  

The Chairman reflected on the singing heard recently at the Royal Marsden Hospital which had lifted spirits and the Director of Strategy & Sustainability added that the benefit of creating a community art space in hospital was not to be underestimated.

Chris Ketley, Non-Executive Director drew attention to the Patient Experience feedback and said the Deputy Chief Nurse was to be commended on the improving performance and the monitoring and testing of approaches on this issue.

Hilary McCallion, Non-Executive Director and Chair of the Quality of Care Committee stated that she had recommended the Trust’s Quality Report to another hospital as an exemplar. The Deputy Chairman reflected that it would be beneficial if the report was seen by staff and the Chief of Patient Safety suggested it could be put through Medical Grand Round. The Chairman concluded that having the leads included in the report was a good step forward and provided assurance on the ownership of issues.

The Board NOTED and obtained ASSURANCE from the Report.

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O-115/2019  Quality of Care Committee Minutes for May 2019

Hilary McCallion, Non-Executive Director and Chair of the Committee drew attention to the following matters:

- Divisional reports and ensuring the time frame was adhered to for sign-off of Quality Impact Assessments before planned clinical changes take place;
- Workforce was a consistent theme and had also been discussed at the People Committee.

The Board RECEIVED and obtained ASSURANCE from the Report.

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O-116/2019  CNST Maternity Incentive Scheme

It was noted that NHS Resolution (NHSR) was operating a second year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care.

The Deputy Chief Nurse stated that the paper had been considered at the Quality of Care Committee on 18 July and provided assurance to Board that there were clear plans in place to ensure compliance with all ten CNST standards by the due date of 15 August 2019.

Board was asked to approve the paper and the signing of the final NHSR declaration/submission by the Chief Executive [or the Chief Nurse on behalf of the Chief Executive] under Board delegated authority.

The Board APPROVED the paper and signing under Board delegated authority.
The Deputy Chief Nurse presented the report and noted that all NHS Trusts were required to complete a bi-annual establishment review to comply with requirements set out by NHS England/Improvement (NHSE/I), the National Quality Board (NQB), and the Care Quality Commission (CQC).

The paper referred to acute adult wards at the Trust including the Bradley Unit at Woking Hospital, excluding critical care and maternity and provided assurance to Board that NHSE/I guidelines had been followed.

It was noted that the general recommendations detailed in the report such as increasing the skill mix and including the Registered Nursing Associate in all areas and the re-profiling of some of the posts had received scrutiny at the People Committee.

In response to a question from the Deputy Chairman on the Trust’s liaison with local schools, it was noted that school engagement had taken place and the Chief Executive added that Health Education England had a strategic framework for long-term sustainable engagement between healthcare organisations, schools and communities and that the Well North work also supported personal relationships with schools.

The Chair of the Quality of Care Committee proposed an action in relation to the Trust’s future workforce model and advocated a conversation around the care coordinator position; an important role involved in the care of an individual patient bringing together the different specialists whose help the patient may need and holding responsibility for monitoring and evaluating the care delivered. It was acknowledged that as part of the workforce transformation strategy planning for the next five years the Trust would be considering the trajectory of posts and future workforce models.

The Board RECEIVED and obtained ASSURANCE from the Report.

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It was noted that the Report had been considered at the Quality of Care Committee and was submitted to Board for assurance.

The Chief of Patient Safety drew attention to the following achievements and progress on objectives for 2018/2019.

- The MRSA trajectory of zero cases was achieved;
- The Clostridium difficile trajectory was achieved with 14 cases against a limit target of 16 cases
- The target to achieve a 10% reduction in E.coli bacteraemias was not achieved
- Achieved the target to vaccinate 75% of front line staff against Influenza which represented an increase in uptake; it was noted that Divisional Directors had taken personal ownership for their teams.
- Outbreaks of infection/incidents had been contained

It was noted that there had been significant changes to the Antimicrobial
Stewardship (AMS) Team this year with a newly appointed Consultant Microbiologist for Antimicrobials and an Antimicrobial Pharmacist recruited after a period of vacancy.

The AMS programme had focused on safety and quality with around fourteen guidelines and policies under revision, and achievement of improving quality through CQUIN (Commissioning for Quality and Innovation) had been partial but as predicted. The Trust had been successful in making a significant reduction in total antimicrobial use and was now more aligned with other district general hospitals.

It was recorded that the Quality of Care Committee had thanked Ann Birler for all her good work; Ann had recently retired from the role of Nurse Consultant/Deputy Director of Infection Prevention and Control.

The Chairman referred to the constraints faced by the team during the year and it was noted that the surgical site surveillance quality improvement work had been widened to other surgical specialities and recruitment of both a Surgical Site Surveillance Nurse and IV Specialist Nurse was being progressed.

The Board RECEIVED and obtained ASSURANCE from the Board.

O-119/2019 Safeguarding Committee Annual Report

The Deputy Chief Nurse presented the Annual Report providing assurance that key issues and activity in relation to Safeguarding of Children and Adults at the Trust were in place and effective.

It was noted that the Chief Executive sat on the Surrey Safeguarding Children’s Board (SSCB) and the Chief Nurse or Professional Head of Safeguarding represented the Trust at the Surrey Safeguarding Adults Board (SSAB). Other work-streams, such as criminal exploitation, child death, domestic abuse and mental health liaison are undertaken by the most appropriate members of the child, adult and midwifery teams and the Trust Safeguarding Teams work with partners across Health, Social Care, Police and Ambulance services.

The Deputy Chief Nurse drew attention to the following from the Report:

- Training compliance for both children and adults safeguarding was below the Trust’s performance targets of 95% and currently sits at 90%. A training strategy was in place to address this issue.
- The Trust’s Professional Head of Safeguarding had good links with Greenbrook Healthcare (Urgent Treatment Centre provider),
- Safeguarding concerns were generally focused around discharge; patients TTO’s, and care packages not being in place; it was noted that the ‘Making Every Day Count’ programme of work would help address these issues.

In response to Meyrick Vever’s question around staff training and granularity of reporting concerns, the Deputy Chief Nurse responded that training was good and that there was a clear process to be followed.
The Chief Executive added that we had expert support and that training had grown over time and referenced the following:

- The Prevent programme which forms part of the Government’s counter terrorism strategy and was concerned with preventing children and vulnerable adults becoming radicalised into terrorism or extremist activities;
- The Trust’s Policy on Female Genital Mutilation; all patients identified as at risk were reviewed by the safeguarding midwives.

The Chairman posed a question around the clinical outcomes for women in HMP Bronzefield and the Chief Executive responded that there was collaborative working between the prison, midwifery and children’s services and that we endeavoured to provide equality of access and quality of care in line with the Trust’s Equality & Diversity agenda and that we worked in partnership on training and continued to support the mother and baby unit at Bronzefield.

**Action**

It was AGREED to provide data and a high level narrative for the Board Report in September.

The Board RECEIVED and obtained ASSURANCE from the Report.

### PERFORMANCE

**O-120/2019 Performance Report**

The report was taken as read and had been considered at both the Modern Healthcare and Quality of Care Committees.

The Chief Operating Officer referred to the ‘Making Every Day Count’ programme with support from Prism (external partner) which had started the previous week and focused on flow through the hospital. The following activity was highlighted:

- Socialising the programme throughout the organisation
- Mapping patient event from A&E and Urgent Treatment Centre
- Daily analysis of patients through A&E
- Combined piece of work with Operation teams on patients that had been in hospital more than 14 days; to include every ward
- Weekly challenge at Executive level
- At Week 4, Social Services and Community Provider staff to join
- Executive oversight of Length of Stay

Marcine Waterman, Deputy Chairman asked about staff engagement, and it was confirmed that the Chief Executive and Chief Operating Officer had initially met with the Divisional Directors and they had been supportive of the programme. The Deputy Chief Nurse added that Prism had joined the Discharge and Flow Group and this had been positive.

The Deputy Chairman questioned if the focus on moving patients out of hospital more quickly had affected readmission rates; the Chief Operating Officer responded that the objective was to remove delays out of the system.
and provide effective discharge for patients, including those who need ongoing significant input from other agencies on leaving hospital.

The Chairman reflected that key was the calibre of the external people in the team and the Chief Operating Officer provided assurance that feedback on the core team had been good and at team meetings this would be kept under review.

The Trust recorded a compliant 92.5% performance for RTT Incomplete Pathways which was 0.6% above our agreed trajectory. The Chief Operating Officer reflected on the fragility of meeting the standards; non-compliance driven primarily by the surgical specialties due to a significant reduction in elective capacity over the prolonged winter period and the need to release surgical beds for medical patients. It was noted that the Trust continued to explore opportunities to facilitate a return to a consistent compliant position.

The Director of Strategy and Sustainability drew attention to the Trust’s non-compliant performance for diagnostic tests and the Chief Operating Officer stated that we were meeting the TWR demand for cancer patients however this had impacted on the Trust’s overall capacity and affected some routine patients. For assurance it was noted that the Trust was urgently sourcing additional capacity to reduce the endoscopy backlog and reduce routine waits to less than a maximum of three weeks.

The Director of Finance & Information drew attention to the recent Pensions and Tax event and the implications for consultants and senior managers. It was noted that there had been a good turnout at the event and it was an issue of real concern. The Chairman added that at the Chair/CE Forum it had been the number one issue under discussion.

The Chief Executive stated that a Risk Assessment had been submitted to the People committee on this issue, and the Director of Finance & Information added that the operational impact on health services was likely to escalate in the coming months.

The Board NOTED and obtained ASSURANCE from the report.

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<th>O-121/2019</th>
<th>Modern Healthcare Committee Minutes</th>
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<td>The Board RECEIVED the Minutes of the meeting held on 20 June 2019.</td>
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<th>O-122/2019</th>
<th>Modern Healthcare Committee Annual Report</th>
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<td>As a formal sub-Committee of the Trust Board, the Modern Healthcare Committee was required to prepare an annual report on its work and performance in the preceding year for consideration by the Trust Board and summarised the activity for the year to 30 June 2019.</td>
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Chris Ketley, Non-Executive Director asked about the urgent care services provided by Greenbrook Healthcare. The Chief Executive reflected that there had been a national requirement for an Urgent Treatment Service (UTC) and that Greenbrook Healthcare had been the best provider to meet our need at the time. The Director of Strategy & Sustainability added that broadly the service had been delivered and the Deputy Chief Nurse added that the UTC was utilising our staff and achieving good results.
It was noted that a paper was planned for submission at the Trust Executive Committee in August and at the Modern Healthcare Committee in September. The Board RECEIVED the Annual Report.

**O-123/2019 People Committee May Minutes**

The Director of Workforce Transformation drew attention to the key items under discussion:

- Using the BAF in a dynamic way to inform the debate
- Guardian of Safe working reports for Q3 and Q4
- An update on the Urgent & Emergency Workforce Transformation Project
- Workforce Report

It was noted that the scheduling and alignment of sub board committees was under review. Neil Hayward, Non-Executive Director asked about the use of technology solutions; the Chairman said that we would be looking at piloting the virtualisation of committee meetings as soon as practicable in respect of the Trust’s transformation programme and the consequent reduction in car parking spaces.

**Action**
The Director of Finance & Information to investigate the facilitation of technology solutions for committee meetings.

The Board RECEIVED the Minutes.

**O-124/2019 ANY OTHER BUSINESS**

It was recorded formally that Hilary McCallion had resigned having reached the end of her three year term as Non-Executive Director and that this was her last Board meeting.

It was noted that Hilary had held the following roles during her tenure; Chair of the Quality of Care Committee and more recently Senior Independent Director.

The Chairman took the opportunity to record sincere thanks to Hilary for her board level work and on leading the significant improvements to the quality agenda.

It was noted that Dr Mike Baxter, the current Chair of the People Committee would move to Chair the Quality of Care Committee and that Marcine Waterman would become Chair of the People Committee. Appointment to the Senior Independent Director role would be considered jointly with the Council of Governors.

**O-125/2019 QUESTIONS FROM THE PUBLIC**

The Lead Governor took the opportunity to thank Hilary McCallion on behalf of the Council of Governors and also made reference to the excellent service recently experienced in the Trust’s Accident & Emergency Department.

In reference to Report 15.1, clarification was sought in respect of the Risk
Adjusted Mortality Index (RAMI) graph which showed that between October 16 and April 19 the Trust had recorded a higher number of deaths than our acute peers on twenty-two occasions. The Chief of Patient Safety responded that as part of the Trust’s Quality Improvement Programme we use Statistical Process Control (SPC) charts; an analytical technique that plots data over time and helps us to understand variation. It was noted that the RAMI remained within common cause variation and that the Trust was not an outlier. To aid understanding an offer was made for the member of public to attend a Trust Quality Improvement event.

A query was posed in regard to Report 15.5 around Holly Ward’s hand hygiene score of 100% versus the ward’s infection and prevention control audit score of 88%. The Deputy Chief Nurse explained that the hand hygiene score was focused only on the hand hygiene practice of staff and the infection prevention and control audit covered many different elements; including the decontamination of equipment, the safe handling of sharps, the cleanliness of environment, and the wearing of personal protective equipment, which explains the lower score.

In response to a question about the communication channels between the Trust and Surrey & Borders Partnership NHS Foundation Trust (SABP) on the prospective site development, the Chairman confirmed that from our perspective we are liaising comprehensively with SABP on the re-development of the Urgent Care Services.

A question was raised on the transport provided between hospital sites and the number of seats on the bus. The Director of Finance & Information responded that seats on the ‘hopper bus’ were restricted in number due to licence requirements. It was noted that the Trust had been in discussion with Surrey County Council to provide free transport for staff on the 446 bus service between Woking – Chertsey – Ashford – Staines and to increase the service frequency to run at 30 minute intervals. It was noted this was planned for approval by Surrey County Council during September.

The Chief Executive assured the member of public that transport and sustainability issues were on the Trust agenda and under review. It was noted that the Divisional Chief Nurse for Workforce had done some detailed work with nursing staff and we were monitoring the utilisation of the buses and looking to align the bus times with shift patterns.

O-126/2019  REFLECTION

The Deputy Chief Nurse observed that attendance at the Board had proven to be a good and valuable experience.

DATE OF NEXT MEETING

The next meeting of the Trust Board will take place on 26 September at Ashford Hospital.

Signed: ……………………………………………………………………………
Chairman