

**TRUST BOARD MEETING
MINUTES
Open Session
29 November 2018**

PRESENT	Andy Field	Chairman
	David Fluck	Medical 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 A Thomas	Director of Operations – planned care
	Sue Tranka	Chief Nurse
	Meyrick Vevers	Non-Executive Director
	Marcine Waterman	Deputy Chairman
APOLOGIES	Valerie Bartlett	Deputy Chief Executive/Director of Strategy & Transformation
	Mike Baxter	Non-Executive Director
	Neil Hayward	Non-Executive Director
SECRETARY	Liz Davies	Acting Company Secretary
IN ATTENDANCE	Sal Maughan	Associate Director of Corporate Affairs and Governance

Minute		Action
O-156/2018	Declaration of Interests	
	There was no additional declaration of interests.	
O-157/2018	MINUTES	
	<p>Apologies were recorded from Mike Baxter and Neil Hayward, Non-Executive Directors and Valerie Bartlett, Director of Strategy and Transformation.</p> <p>The minutes of the meeting held on 25 October were AGREED as a correct record with the following exception:</p> <p>The Chief Executive drew attention to Minute 143/18 <i>Safer Staffing Nursing Establishment Framework – 6-month review</i>. It was noted that the Chief Nurse would provide new wording for the second bullet point. Change the following:</p> <p><i>“It had been agreed at People Committee not to seek the indicated increase in establishment of 8.83 WTE following a comprehensive review of the model of staffing and new models of care. The data showed that we sit within the Royal College of Nursing recommended ratio of one registered nurse to eight patients.”</i> To read:</p> <p><i>“The People committee received the Safer Staffing report and noted that there was a variance of 8.83wte in current establishment. The recommendation from the Chief Nurse was that no investment was currently being sought following the establishment review. The next steps would focus on reviewing the clinical pathways and new models of care delivery to include Band 4 nursing associates and phasing these roles into ward and nursing establishments where the clinical care pathways allow. The data showed that we sit within the Royal College of Nursing recommended ratio of one registered nurse to eight patients.”</i></p>	
O-158/2018	MATTERS ARISING and ACTION LOG	
	<p>The Trust Board reviewed all of the actions contained within the minutes of the previous meeting. Nominated leads confirmed that all the respective actions had been completed, appeared as agenda items for the meeting or were on track within agreed timescales.</p> <p>With reference to the staff story last month, it was noted that out of date blood bottles were being managed and the project was ongoing.</p>	
	REPORTS	
O-159/2018	Chairman’s Report	
	The Chairman highlighted the following items from the report:	

- A visit to NICU with the Chief Executive to congratulate Dr Reynolds on his Sun Award for the best Neonatal specialist. This was a tremendous accolade and an example of great care by the team. Time was also spent on a walkabout, meeting the staff and some of the parents whose babies were undergoing treatment.
- The Trust's annual photography competition was well subscribed with over 200 entries. Twelve photos were selected for the 2019 calendar from fifty photographs with the most staff votes. The overall winner was chosen by an independent photographer who is a member of the Royal Photographic Society. The winners of the competition were to be announced shortly.
- The Health Service Journal Awards in November was an opportunity to celebrate our shortlisted projects: iMSK and the pregnancy advice line which is a joint project with colleagues in Surrey Heartlands.
- The Trust had now issued the ITT for the new electronic patient records system which was a joint procurement with Royal Surrey County Hospital. The use of the same system would be a big step forward and was aligned with the Secretary of State's systems integration priority. The Board wished to record a thank you to Laura Ellis-Philip, Associate Director of Informatics and the team for all their hard work on this procurement.
- On 1 November, the Surrey wide "Safe Drive, Stay Alive" event in Dorking showcased a hard-hitting presentation of the dangers on the roads to sixteen/seventeen year olds who are about to learn to drive. This was a great collaboration between the emergency services and the local authority and it would be a good event for us to support next year.
- An external highlight included the NHS Providers Dinner with the then Health Minister now Brexit Secretary Stephen Barclay MP. The conversation was under Chatham House Rules but the interactions were authentic and robust.
- Joined our Chief Executive and Chief Nurse on a visit to Elmbridge Borough Council in Esher to present and discuss the new strategy and operational performance, including the major challenges. The presentation was followed by a good Q and A session which focused mainly around the opportunities afforded by the Surrey Heartlands ICS devolution. It was noted there had been good discussions on the ICS and ICP opportunities exploring the 'art of the possible'.

It was noted that the Trust have similar events arranged with Woking, Spelthorne and Runnymede Borough Councils in the New Year.

Marcine Waterman, Non-Executive Director noted that ICS engagement at Surrey County Council level would be different as they

	<p>have different legal responsibilities to Borough Councils, i.e. Districts are responsible for housing and currently have no responsibility for healthcare.</p> <p>The Board RECEIVED the report.</p>	
O-160/2018	Chief Executive's Report	
	<p>The Chief Executive took the report as read and drew attention to the following issues from the report:</p> <ul style="list-style-type: none"> • The Trust had started an exciting long term transformation plan to modernise the hospital sites. Much of the Trust's infrastructure was very old and creating modern, purpose built facilities would provide a much better environment for patients and colleagues. The Trust was investing in a new Team ASPH Wellbeing Centre; an important protected and modern space for the team. This would be a vital part of the recruitment strategy intended to make the Trust an attractive place to work. • At the beginning of November, the urgent care facilities at St Peter's Hospital transitioned from an Urgent Care Centre (UCC) to an Urgent Treatment Centre. The UTC model had been introduced nationally and St Peter's Hospital was in the first wave of this rollout. This was an innovative approach to help the Trust manage demand on emergency services more effectively. • Attended a special play; entitled #hellomynameis with Sue Tranka, Chief Nurse about the life of Kate Grainger and her husband who launched the campaign for more compassionate care. Kate was a doctor who died in 2016 from cancer and during a hospital stay made the observation that many of the staff looking after her did not introduce themselves before delivering care. <p>The 'arts in healthcare' is important; and the Board was keen to explore how we could use new and creative mediums to share important messages.</p> <ul style="list-style-type: none"> • The campaign to encourage all members of staff to receive the flu vaccination was ongoing. The Chief Executive had run two flu clinics and vaccinated a good number of colleagues. The current vaccination rate was at 57% and there would be another big push on this before Christmas to encourage further uptake. • The Surrey Partners Event brought together partners from health and social care organisations across Surrey. One of the key messages that came out of this was partnership working being essential to unlocking shared ambitions for Surrey both with Surrey Heartlands and at a more local level with the North West Surrey Health and Care Partnership. As a system, we have begun a piece of work to align these various strategies to ensure we are all moving in the same 	

	<p>direction.</p> <p>Chris Ketley, Non-Executive Director queried why all staff don't have vaccinations? The Chief Executive responded that the reasons staff decline are recorded and in her experience as a Peer Vaccinator, a light hearted approach, can often persuade staff to have the vaccination.</p> <p>Keith Malcouronne, Non-Executive Director drew attention to the Remembrance Service which had taken place at St Peter's Hospital Multi-Faith Centre on 7 November; organised by Lead Chaplain, Laurence Gamlen and noted that the Chaplain had initiated some good work at the Trust, such as the annual Memory Tree meeting with families.</p> <p>Marcine Waterman, Non-Executive Director referenced the recent NHS Providers Roundtable discussion she had attended on the outcome of the parliamentary inquiry on the arts, well-being and health. This event had provided the opportunity for senior NHS leaders and stakeholders to share experience of using the arts to improve health and to consider how trusts and local systems can put arts health and wellbeing approaches into action.</p> <p>The range of examples discussed had included:</p> <ul style="list-style-type: none"> • Introduction of a local orchestra to a dementia ward; evaluation had shown falls, pain medication, requests for attention, and length of stay had significantly reduced. • Playing music, in particular Mozart, on a NICU which had shown to have a direct impact on the growth of the babies. • Staff and patient choirs, and a resident singer; • Theatre production teams studying wards and patient communications and then using that to train staff through live plays; • Specialised art and building art into the design of wards, units, buildings, and signage. <p>Action The Chief Nurse and Director of Operations for Planned Care to consider taking forward "arts in hospital" for inpatients.</p> <p>The Board RECEIVED the Report.</p>	<p>ST/JAT</p>
	<p>QUALITY AND SAFETY</p>	
<p>O-161/2018</p>	<p>Quality Report</p>	
	<p>The Quality Report included both quality assurance (QA) and quality improvement (QI) which reflects the on-going alignment of QA and QI within the Trust.</p> <p>The Chief Nurse highlighted the following issues from the report:</p> <p><i>Medication safety:</i> The Trust's quality priority for 2018/2019 was to become a learning organisation in order to eliminate avoidable harm to our patients, and the</p>	

focus of the work for this year was improving medication safety.

In the last six months the Trust had seen special cause variation in the number of medication errors with 'no harm' reported and a 31% increase in this period. The number of medication incidents which had resulted in moderate or severe harm continued to be below the median average for October.

The Trust had continued to raise the profile of medication safety improvement with the safety huddle and initiated role redesign and utilisation of pharmacy technicians on drug rounds. A multidisciplinary project group had been formed to support clinical teams with their own improvement efforts.

Effectiveness

In October 2018 there were 103 inpatient deaths which represented a continued decrease compared to the previous two quarters and remained within common cause variation.

It was recorded that the Structured Judgement Review (SJR) process included assessment of different phases of care and assigned scores from 'very poor care' to 'excellent care'. It was observed that from October 2017 to March 2018 three cases were found to have received 'poor care' and following a second stage review, two of these cases had been confirmed as having some degree of avoidability. Assurance was provided that both these cases had been subject to further investigation via the Serious Incident process.

The Chief Nurse drew attention to the work under way in the organisation to share the learning from the SJR mortality reviews, and included the most recent Trust-wide learning event which had around fifty attendees across multiple specialties and disciplines. The teams, alongside Governors and patient advocates, had taken part in engaging and challenging conversations.

The Medical Director drew attention to the concern raised at the Quality of Care Committee on the increasing RAMI (Risk Adjusted Mortality Index). For assurance it was noted that the mortality ratio is reported a month in arrears and represented a stable trend and remains within common cause variation.

It was noted that there were fifteen new serious incidents (SIs) reported for investigation in October 2018. Assurance was provided to Board that the details of these incidents along with initial actions taken and the learning would be detailed in the 'Serious Incidents Requiring Investigation Report' presented to the Quality of Care Committee.

Infection Control

There had been no instances of MRSA bacteraemia and two cases of hospital acquired C. difficile reported in October 2018. There had been ten reported cases of C. difficile in the year to date, against an annual target of 16.

The Chief Nurse drew attention to the Trust's priority in the year ahead to align our quality improvement and assurance work and take a strategic

	<p>approach to the reduction of instances and harm caused by infections.</p> <p>This approach would focus on improving outcomes for patients and reducing the incidence and impact of infection in the organisation, including the reduction of surgical site infections and improving identification and response on the wards to sepsis and deteriorating patients.</p> <p><i>Experience</i> There were 38 new complaints received in October 2018, all of which received an acknowledgement within three days. The Complaints performance for October was 76% against timescale agreed with the complainant, and 67% against the Trust's internal 25 day target response time. It was noted that performance was significantly better than for prior months and that the themes remained the same. Board was given assurance that the organisation was focused on communicating with patients in a timely way to establish if the matter raised is to be handled formally as a complaint or informally as a concern.</p> <p>In response to a query from the Director of Operations for unplanned care, the Chief Nurse responded that we do not wish to deter issues from being raised and that matters regarding communication and appointments are the top two complaint issues received.</p> <p>Chris Ketley, Non-Executive Director reflected on the event held earlier in the day on "The Role of Secondary Care in the Emerging Integrated Care System"; and it was noted that to ensure a great patient experience, the Trust was considering different ways of managing Outpatients.</p> <p>The Chief Nurse added that the Trust is working on feedback mechanisms for patients; the Medical Director stated that it would be helpful to keep the questions simple and of course to ask the right questions. It was noted that the average reading age of surveys is generally fixed at a lower reading age.</p> <p>The Chairman observed that a consistent theme in the management of complaints/PALs had related to staff shortages. The Chief Nurse responded that staff had been recruited, however had left within the year; and stated that the Trust is looking at managing the service differently, noting that a key requirement would be good writing skills.</p> <p>Keith Malcouronne, Non-Executive Director made the observation that employing staff that can handle a complaint well would be a worthwhile investment.</p> <p>The Board NOTED and obtained ASSURANCE from the Report.</p>	
<p>O-162/2018</p>	<p>Quality of Care Committee Minutes</p>	
	<p>Chris Ketley, Non-Executive Director had chaired the Committee in September and drew attention to the following:</p> <ul style="list-style-type: none"> • Approval of the short term arrangement with Greenbrook Healthcare Ltd, to provide a significant part of the Urgent Treatment Service, 	

	<p>seeing and discharging 42% of all attendances to A&E, including children.</p> <ul style="list-style-type: none"> • A good presentation on performance from the Director for Operations for unplanned care and the Associate Director of Performance • Presentation on the National Cardiac Arrest Audit. <p>Hilary McCallion, Non-Executive Director and Chair of the Committee highlighted the following from the November meeting:</p> <ul style="list-style-type: none"> • The paper providing a Review of Violence and Aggression towards Staff • Clinical leads' Service Review presentations <p>It was AGREED to add the presentations to the Board Reading Room for reference.</p> <p>Keith Malcouronne, Non-Executive Director suggested that draft minutes of committee meetings should be reported to the next scheduled Board in future and this was AGREED.</p> <p>Chris Ketley, NED raised the issue of identifying the strategic risk appetite, risks, mitigations and KPIs for sub-board committees and it was AGREED to raise the matter under Any Other Business.</p> <p>The Minutes were NOTED by Board.</p>	<p style="text-align: center;">LD</p> <p style="text-align: center;">Committee Chairs</p>
O-163/2018	CQC Action Plan update	
	<p>The Chief Nurse reported that the paper provided assurance to Board on the monitoring and governance of the CQC Action Plan and would be achieved by:</p> <ol style="list-style-type: none"> 1. Monitoring at each Oversight Committee/Group 2. Reporting of the whole plan to Quality of Care Committee at each meeting 3. Exception reporting to Board quarterly. 4. Meeting with the CQC quarterly. <p>The Chairman referenced the Ashford Hospital site and the required strengthening of the Well Led domain. The Chief Executive responded that this would form part of a major improvement programme and would address the individual findings of the CQC.</p> <p>The Chief Executive resolved that beyond the CQC Action Plan; the Board needed to consider the wider opportunities and extend the learning.</p> <p>It was AGREED to consider this matter for a Masterclass.</p> <p>The Board RECEIVED and obtained ASSURANCE from the update.</p>	<p style="text-align: center;">AF/ST</p>
	PERFORMANCE	
O-164/2018	Performance Report	

	<p>The Director of Operations for unplanned care took the Performance Report as read and drew attention to the following:</p> <p><i>A&E</i></p> <p>The Trust recorded NHSI performance (including Woking WiC activity) at 88.1% a 0.1% decline on last month at 88.2%.</p> <p>It was noted that the ongoing high occupancy of the hospital, a busy ED and reduced staff availability due to vacancies had created delays in A&E as well as slow flow to the wards.</p> <p>Attention was drawn to the ED Activity Trends showing a high number of ambulance handovers delays and it was noted that a root cause analysis had been initiated. The Director of Operations stated that undertaking simple tasks on the ward and in A&E had improved performance and the Trust had managed to reduce the ambulance delays of over an hour.</p> <p>Hilary McCallion, Non-Executive Director asked about handover delays and the level of predictability. The Director of Operations responded that it was relatively easy to predict and was due to a number of factors, e.g. seasonal, days of the week, how many discharges have been made early in the day to improve flow.</p> <p>The Chief Executive, as Chairman of the Ambulance Handover Task & Finish Steering Group, talked about a live feed into A&E that reported on operational data from the local ambulance service and noted that this level of information would be a useful tool.</p> <p>The Director of Operations for unplanned care provided assurance that the Trust would focus on a holistic approach to improve communication and coordination within and between wards, departments, clinical teams, and services outside the hospital and aim to embed this approach as 'business as usual' and consequently improve patient flow.</p> <p>Marcine Waterman, Non-Executive Director drew attention to the report this week in the media on mental health care in Emergency Departments. Board participated in a brief discussion on this issue and assurance was provided that the Trust had a good relationship with the Surrey & Borders Partnership team and that 90 per cent of adult patients attending ED are seen within the hour.</p> <p>It was recorded that Surrey & Borders Partnership (SABP) provide the Psychiatric Liaison service delivering psychiatric assessment and treatment to patients attending St. Peter's Hospital for physical or mental health problems. The team deals with the interface between physical and psychological health; with the focus on improving the health outcomes of patients within the hospital with mental health needs.</p> <p>It was noted that patients can experience long waits for a Mental Health bed and this issue was being discussed with SABP. The Chief Nurse provided assurance on the quality of care for patients on overnight waits and confirmed</p>	
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that patients pending sectioning are escalated. The Chief Executive reflected that if mental health could provide an improved bed capacity this would support patient flow.

The Chairman asked about Paediatric support and the Director of Operations for unplanned care said that liaison was in hand and that a Report would be scheduled to Board on Child and Adolescent Mental Health Services (CAMHS) in due course. The Chief Executive provided assurance that there was a recovery plan for CAMHS delivery and that the Trust had a professional duty of candour for these patients.

It was noted that there was an Executive to Executive and Chairs meeting scheduled with SABP on 4 December where strategy, new models of care and estate would be on the agenda for discussion.

The Director of Operations for planned care reported on the following:

RTT Incomplete Pathways Performance

The Trust recorded a non-compliant performance against the 92% RTT standard with October's performance recorded at 91.5%. Three Specialties; General Surgery, Ophthalmology, and Oral & Maxillo Facial were all non-compliant at specialty level.

In relation to RTT Recovery, the Trust was 0.2% ahead of the agreed recovery trajectory (91.3%) for October. It was noted there was a requirement to recover RTT aggregate compliance to minimum 92%, and the Trust had remained significantly above the 86.7% national average reported for September 2018; and was reporting 91.72% compliance currently.

To recover RTT compliance it was recorded that the Trust had plans in place from the beginning of November; however these remained vulnerable to winter pressures and the planned reduction in elective capacity during December to February 2019. The Trust had increased capacity to meet demand within the financial envelope agreed with the Trust and Commissioners; and was introducing ways to improve productivity, and clinic and theatre utilisation.

It was noted that the Trust had recorded one 52 week breach during October 2018 and that root cause analysis and clinical review was underway.

Diagnostic Tests

The Trust recorded a non-compliant performance for the diagnostic standard in October with performance recorded at 96.1%; the majority of breaches occurred in Endoscopy and Neurophysiology due to capacity exceeding demand. It was noted that recovery plans creating additional capacity have been enhanced and implemented.

Cancer

The Trust had a good performance this month and was expected to report compliance for 7 of 8 Cancer standards for October; and TWR performance for October was recorded compliant at 94.2%.

It was noted that NHS Improvement had commissioned Deloitte to focus on

	<p>Outpatient streams and GIRFT opportunities. It was confirmed that management of capacity and demand of adult inpatient beds does not affect Paediatrics and an enhanced plan to sustain elective capacity was in hand.</p> <p>The Director of Operations for unplanned care reported that patient volumes had increased during November and that the Urgent Treatment Centre operated by Greenbrook Healthcare had treated 46.5% of all patients presented and that patient flow overall had improved.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
O-165/2018	Balanced Scorecard	
	<p><i>Top Productivity</i></p> <p>The Director of Finance and Information reported on the Modern Healthcare objective which reflects the Trust's operational challenges. It was noted that the Trust was financially on track and ahead of plan by £0.5m YTD; the main variance was due to the loss of the Q2 A&E Performance Sustainability Fund income in not meeting the agreed trajectory.</p> <p>The Director drew attention to the letter transmission rates which were lower than we would like, however the Trust continued to work closely with local primary care to improve the speed and quality of documents.</p> <p>The Director of Workforce Transformation referred to the People quadrant and agency staff expenditure standing above budget. Attention was drawn to the successful use of Locum's nest that connects doctors to locum work in healthcare organisations; and the Medical Director added that using agency staff is clearly an expensive way to deliver care.</p> <p>It was noted that the continued nursing vacancies were a major contributory factor to nursing agency spend; and that targeted recruitment campaigns for both nurses and midwives was ongoing; however the Trust had seen a recent improvement in the vacancy rate from 24% to 20%.</p> <p>The Chairman observed that there had been a low take up in completion of the Trust Staff Survey; the Director of Workforce Transformation responded that it was consistent with other trusts' performance and provided a useful barometer and was important intelligence for the Trust.</p> <p>The Director of Operations for unplanned care drew attention to the RAMI's calibration of rating and noted that we must ensure consistency of reporting as it would appear we are describing two measures in the report.</p> <p>The Board NOTED and obtained ASSURANCE from the Scorecard.</p>	
O-166/2018	Modern Healthcare Committee Minutes	
	<p>Meyrick Vevers, Non-Executive Director and Committee Chair noted that the Director of Workforce Transformation had provided a substantive account of recruitment and retention in the Workforce Report and had provided good</p>	

	<p>assurance on this issue.</p> <p>The Board RECEIVED the Minutes.</p>	
O-167/2018	Q2 Business Plan Objectives Progress Report	
	<p>The paper provided a high level overview of the progress against the Trust Objective Plan 2018-19 in Quarter 2.</p> <p>The Director of Finance and Information noted that the report included the key challenges and progress against the Trust's capital development.</p> <p>Progress was on track for the majority of strategic objectives although some timescales had been adjusted. It was noted that the Trust had made good progress in the development of key partnerships and relationships within the health economy and wider tertiary providers; and was also working with the local GP federation and STP to develop pathways and services.</p> <p>The Report was RECEIVED by the Board.</p>	
O-168/2018	Integrated Digital Committee Draft Minutes	
	<p>Chris Ketley, Non-Executive Director and Chair of the Committee noted the following from the minutes:</p> <ul style="list-style-type: none"> • The terms of reference had now been ratified; • Senior level attendance at the Committee had been agreed; • An Extraordinary meeting would be convened for December to clarify the ePR requirements; • External partner activities and relationships were aligned; • Chief Clinical Information Officer (CCIO) recruitment had been discussed <p>The Director of Finance & Information observed that the CCIO role was a blend of someone with sound clinical knowledge and an understanding of technology.</p> <p>The Board RECEIVED the Minutes.</p>	
	REGULATORY	
O-169/2018	Use of the Trust Seal	
	<p>Under the Standing Orders the Board receives a regular update on the use of the Seal. The seal was last used in October 2018.</p> <p>Seal Number 070 dated 13 November 2018 – Deed of Surrender – Parts of the Estate Yard of St Peter's Hospital Lease.</p> <p>Board NOTED use of the Trust Seal.</p>	
O-170/2018	Amendment to Standing Financial Instructions	

	<p>The paper made a proposal to revise Standing Financial Instructions to give the Director of Finance and Information and Chief Executive defined limits.</p> <p>It was proposed to align the authority limits above £50,000 with those currently in the Scheme of Delegation for revenue expenditure, which were £50k-£250k Director of Finance and Information, £250k-£1m Chief Executive and £1m + Trust Board.</p> <p>It was recorded that the Modern Healthcare Committee had recommended approval of the defined limits.</p> <p>The Board APPROVED the amendment to the Standing Financial Instructions.</p>	
C-171/2018	ANY OTHER BUSINESS	
	<p>In response to a query raised by Chris Ketley, Non-Executive Director on defining the risk appetite for each sub-board committee and completion of the Board Assurance Framework. The Chief Executive referred to the papers which had been signed off at September Board on the requirement; adding that the Trust works in an environment which is heavily regulated. It was noted that we may have a higher risk appetite in the areas of innovation and challenge and that it might constitute high risk to challenge regulatory guidance.</p> <p>Action It was AGREED to recirculate the papers and templates for reference.</p>	LD
O-172/2018	QUESTIONS FROM THE PUBLIC	
	<p>In response to a question about the Trust's transformation building work; the Chief Executive noted the joint working with Surrey and Borders to enhance joined up care and service provision for patients, and to maximise the utilisation of the new build.</p> <p>It was recorded that the two Trusts had an Executive to Executive and Chairs meeting scheduled for the following week; the two Chief Executives also talk to each other on a regular basis about the new build, and we have a good operational relationship with SABP.</p> <p>A question was raised on the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. The Medical Director stated that this form is not a replacement for the DNACPR (Do not attempt cardiopulmonary resuscitation). The ReSPECT process aimed to increase communication between doctors and patients by encouraging conversations about the patient's priorities for care alongside agreed clinical recommendations.</p> <p>A query was raised on Paper 14.1 (Quality Report) in relation to the Trust's reported 13% increase in mortality rates. The member of public stated that the National Association of Funeral Directors had reported a flat mortality rate during a specified period in 2018. The Medical Director responded that the RAMI was just one indicator and there is a requirement to triangulate data</p>	



	across a number of indicators in order to understand if there is any cause for concern. It was confirmed that the Trust would be carrying out an in depth analysis of mortality data on the last six months.	
	DATE OF NEXT MEETING	
	The next meeting of the Trust Board will take place on 31 January at Ashford Hospital.	

Signed:
Chairman

Date: 29 November 2018