



**TRUST BOARD MEETING  
MINUTES  
Open Session  
26 September 2019**

<b>PRESENT</b>	Mike Baxter	Non-Executive Director
	Andy Field	Chairman
	David Fluck	Medical Director
	Neil Hayward	Non-Executive Director
	Chris Ketley	Non-Executive Director
	Keith Malcouronne	Non-Executive Director
	Simon Marshall	Director of Finance & Information
	Louise McKenzie	Director of Workforce Transformation & OD
	Suzanne Rankin	Chief Executive
	Tom Smerdon	Director of Strategy & Sustainability
	James A Thomas	Chief Operating Officer
	Sue Tranka	Chief Nurse
	Meyrick Vevers	Non-Executive Director
	Marcine Waterman	Deputy Chairman
<b>SECRETARIAT</b>	Liz Davies	Company Secretary
<b>IN ATTENDANCE</b>	Helen Collins	Head of Patient Experience & Involvement
	Sal Maughan	Associate Director of Corporate Affairs and Governance
	Yvonne Obuaya	Associate Non-Executive Director

Minute		Action
O-127/2019	<b>Patient Story</b>	
	<p>This story had been selected for Board to hear feedback from Wendy who had experienced a premature discharge from St Peter’s Hospital, a readmission, and excellent care from Chaucer Ward. The story highlighted in particular Wendy’s delayed discharge and the importance of working with different agencies in a coordinated way to achieve speed and quality of discharge.</p> <p>The Head of Patient Experience &amp; involvement introduced Wendy to the Board; she had emailed the Chief Nurse and shared her positive experience about her stay on Chaucer Ward at Ashford Hospital.</p> <p>Wendy began with her experience at SPH that had not been so positive. It had been a busy environment and Wendy talked about the rough handling of her leg and described an incident when her diary had been ‘snatched’ by a member of staff, albeit for a brief moment or two; and she inferred that this had occurred as staff thought she might have been making notes on her care.</p> <p>Wendy related that her premature discharge home had caused some distress and had required a readmission to St Peter’s and a subsequent transfer to Chaucer Ward at Ashford Hospital.</p> <p>Wendy reflected that Ashford Hospital had a totally different atmosphere and described the staff on Chaucer ward ‘as lovely’. It was noted that a timely discharge had been hindered due to a delayed care package in place however Wendy recounted many aspects that had contributed to her positive stay on Chaucer Ward.</p> <p>The areas identified for improvement included:</p> <ul style="list-style-type: none"> <li>• Premature discharge from St Peter’s Hospital after the first fall</li> <li>• A lack of awareness of what the care package involved when discharged from St Peter’s Hospital (so an inability to plan).</li> <li>• A delayed care package.</li> <li>• A 5 a.m. start to the day on Chaucer Ward for a first blood pressure check.</li> </ul> <p>Board members took part in a question and answer session with Wendy and the following points were made:</p> <ul style="list-style-type: none"> <li>• No physiotherapy during 7 weeks</li> <li>• Timeliness of Occupational Therapy input</li> <li>• Ensure message to staff on safeguarding patients’ privacy</li> <li>• Food was good and smaller portions had been served following food being left on plate.</li> </ul> <p>The Chairman thanked Wendy on behalf of the Board for her balanced and kind account and said that we would be addressing the issues that hadn’t worked well; and provided assurance that there was absolutely no problem with patients making notes. It was noted that we would be working on closing</p>	

	<p>the gap between hospital and home and provide a better patient experience.</p> <p>The Chief Nurse reflected on the individual care provided on Chaucer Ward and said it was a model of excellence. It was confirmed that we are no longer waking patients at 5 am or taking observations every 4 hours if not required. The story had been helpful in highlighting these issues.</p> <p>It was noted that the 'snatching' of the diary had not been shared initially and Mike Baxter, Non-Executive Director considered that staff had misunderstood the issue of patient confidentiality.</p> <p>The Chief Executive reflected on the paternalism and institutional elements of Wendy's story and noted that social interaction had been questionable in some instances and speaks to the Trust's culture; not in a positive way. It was noted that we would be using the Making Every Day Count Programme to address these issues, and consider showing exercise videos to patients as appropriate.</p> <p>The Chairman concluded that the story had reinforced the decision to hear stories in Open Board and brings the Board closer to experiences on the frontline.</p>	
<b>O-128/2019</b>	<b>Declarations of Interest</b>	
	There were no additional declarations of interests.	
<b>O-129/2019</b>	<b>MINUTES</b>	
	<p>The Chairman officially welcomed Yvonne Obuaya, Associate Non-Executive Director, who had joined the Trust as part of NHS Improvement NExT Director Scheme for up to twelve months.</p> <p>The minutes of the meeting held on 27 June were AGREED as a correct record with the following exception: <b>Minute O-125/19</b>, amend "Divisional Chief Nurse for Workforce" to read "Deputy Chief Nurse for Workforce".</p>	
<b>O-130/2019</b>	<b>MATTERS ARISING and ACTION LOG</b>	
	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.	
	<b>REPORTS</b>	
<b>O-131/2019</b>	<b>Chairman's Report</b>	
	<p>The report was taken as read and the Chairman drew attention to the following items:</p> <ul style="list-style-type: none"> <li>• A busy two month period with one to one meetings with Governors which are nearly all completed. It was noted a thematic report would be submitted to the Council of Governors in due course.</li> </ul>	

	<ul style="list-style-type: none"> <li>• A mixture of external events, notably the Surrey Heartlands Chairs' Assurance Group held its first formal meeting as part of the Governance structure of Surrey Heartlands and evidenced good collaboration across the System.</li> </ul> <p>The new High Sheriff of Surrey visited the hospital for the first time and visited the Neonatal Intensive Care Unit (NICU), and the Stroke Rehabilitation Unit; both areas are involved with the restorative justice programme where young people make memory boxes aimed at improving dexterity in Stroke patients.</p> <ul style="list-style-type: none"> <li>• The quarterly NHS Providers Chairs and Chief Executives Forum attended by Deputy Chairman Marcine Waterman. A number of points had been noted for consideration by the Board and/or Board Sub-Committees and papers would be placed in the Board Reading Room.</li> <li>• In July, 500 days free from pressure ulcers had been recorded for Maple Ward, an acute medical ward - a huge achievement for patients - staff had been delighted to receive their certificate.</li> <li>• The police liaison visit to Woking had been varied and interesting and provided good insight of the challenges faced by one of our key partners. The Chairman recorded a sincere thank you to Detective Inspector Greaves and team for the time put into the visit.</li> </ul> <p>The Chairman's Report was RECEIVED by Board.</p>	
<b>O-132/2019</b>	<b>Chief Executive's Report</b>	
	<p>The Chief Executive took the report as read and highlighted the following matters:</p> <ul style="list-style-type: none"> <li>• The SSNAP ((Sentinel Stroke National Audit Programme) 'A' rating confirmed that the Trust was on trajectory for improvement and showed evidence of quality of care.</li> <li>• It was noted the Chief Executive had spent 22 years in the Navy and was delighted that the Trust had received a Silver Award in the Employer Recognition Scheme in acknowledgement of the Trust's ongoing commitment to armed forces veterans and their families.</li> <li>• Reference was made to the Chief Executive's Weekly Message about the importance of organising a good welcome for junior doctors and had outlined the access to support and the mutual benefits of learning and improving as a team and as an organisation.</li> <li>• The Trust's support to embed flexible working; the Digital Services team this month had focused on supporting our new Enabling Remote Working guide; it was anticipated this initiative would help ease staff car parking during the new build phase.</li> <li>• The Therapies Team had undertaken great work to change and improve the way the Trust provided outpatient physiotherapy sessions. Patients now had access to modern state-of-the-art</li> </ul>	

	<p>facilities and equipment in their new location at the River Bourne Club in Chertsey; the Therapies Team had showed good positivity and flexibility in planning and delivering these changes at pace.</p> <p>Marcine Waterman, Non-Executive Director asked about the car park updates on social media and it was noted we had a Communications Plan.</p> <p>Keith Malcouronne, Non-Executive Director referenced the significant improvement in ambulance handover times; the Trust was now one of the best performing Trusts for this measure in the SECAMB region. The Chief Executive observed that we are considered a beacon of good practice and had been contacted by other partners to share our practice and improvement.</p> <p>With reference to the Stroke Pathway it was noted that the Trust's relationship with SECAMB had improved and we are meeting our minimum patient requirement. It was stated that other Hyper-acute Stroke Units were available and crews take patients to the nearest location as it was crucial that patient were quickly assessed and treatment started.</p> <p>Mike Baxter, Non-Executive Director said it was a good report and that it might be helpful to measure if the Chief Executive's weekly message welcoming junior doctors had the desired effect. It was noted that the recent Guardian of Safe Working Report submitted to the People Committee had reported no evidence of harm to patients and it had been a positive report overall.</p> <p>The Board heard that the contract for the new retail facilities and the main contract for the new buildings had both been signed.</p> <p>The Board RECEIVED the Chief Executive's Report.</p>	
	<b>QUALITY AND SAFETY</b>	
<b>O-133/2019</b>	<b>Quality Report</b>	
	<p>Chair of the Quality of Care Committee (QCC), Mike Baxter, referenced the following issues as discussed in Committee:</p> <ul style="list-style-type: none"> <li>• The Serious Incidents Requiring Investigation (SIRI) thematic analysis had showed a high level of falls. It was noted that SI investigations required sixty working days to complete and that the falls from the spike in June and July are due to report in September and October. Four SI investigations had been completed and indicated some gaps in care around, medication review, lying and standing blood pressure and vision checks.</li> <li>• There had been an improvement in A&amp;E adult admissions due to process improvements; the Trust had recorded a compliant performance against the 92% RTT standard and the Chief Operating Officer confirmed that of the 27,227 patients waiting for elective treatment; 2,082 patients had waited longer than the constitutional maximum waiting time.</li> <li>• As already recorded the Stroke Service had achieved an 'A' rating in the most recent quarter's SSNAP results. There were still some</li> </ul>	

challenges for the service to work through and improve, namely admitting patients to a stroke bed within four hours and protecting ring fenced HASU beds and plans were in place to address these issues.

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

#### *Safety*

- Following a spike in falls reported as Serious Incidents, a review of the data had been undertaken to check if the number of falls in the Trust had increased. A deep dive report had been submitted to QCC and as noted above some gaps in care had been identified; a Quality Improvement approach would be adopted in addressing these areas for improvement and progressed by the newly appointed Falls Lead Nurse and the relevant MDTs Trust wide. Assurance was provided that overall the total number of falls had not significantly increased since 2015.
- Note was made that any Stage 2 Structured Judgement Review confirming 'poor care' would be fed into the Serious Incident Framework for a more formal investigation along with a duty of candour'; and outcomes of all SI investigations would be reported through usual governance processes and to the Quality of Care Committee.
- Further achievement with Improving Medication Safety - there had been no reported medication incidents with moderate or severe harm in July and August 2019 and a drug-chart handover on the Acute Medical Unit (AMU) was having a positive impact upon minimising undocumented/omitted doses of medication.
- The Surgical Site Infection (SSI) team had presented their vision for the reduction of incidents of SSIs at the Trust to the Trust Executive Committee which had outlined the importance of having the right resource in place and a standardised approach in tackling SSI rates.
- The Trust had maintained the improvement in Complaints performance; sound systems and processes were in place and we had continued with 100% acknowledgement of complaints within a three day period, response rates to formal complaints had reached 91% at the end of August, and local resolution by the Complaints Corporate Team and Clinical Staff on the wards had improved patient experience.

Keith Malcouronne, Non-Executive Director referenced further steps forward in medication safety and the Chief Nurse responded that plans are being progressed to pilot a new role and approach to administering medicines on the wards using Pharmacy Technicians. It was noted that good clinical leadership and ownership had changed the way we work and the Medical Director added that medication harms represent the biggest health related harm and that technology and the Chief Pharmacist's leadership had been paramount in the Trust's improvement in medication safety.

With reference to the newly published NHS England and NHS Improvement Patient Safety Strategy (NPSS) it was noted that a local patient safety

strategy was currently under consideration to support and monitor the implementation of the NPSS and would be brought back to Board in due course.

The 'Healing Arts in Hospital' work continued with a focus on Music, Visual Arts, Theatre and Architecture; music therapy had taken place in the Trust on the Intensive Care Unit, Neonatal Intensive Care Unit (NICU) and on the Senior Adult Medical wards and it was noted that we would be assessing and researching the impact of this new initiative. The Deputy Chairman added that she was pleased to be part of the Trust's 'Arts' programme and drew attention to the Chelsea and Westminster pioneering arts and design programme, integrating the arts into the day-to-day life of the hospital, which had changed its patients' experience of care.

The Chief Nurse reflected on her visit to a local hospital to observe pet therapy in action; it was noted that the Trust was actively considering implementing this initiative; animal facilitated therapy had shown to promote a healing environment, aid patient recovery and improve staff experience.

For assurance the Medical Director noted that the design principles of the site and new build approach would undergo Board discussion at the Strategic Change Committee. The Deputy Chairman noted that constructive design input was essential and referenced the Bromley by Bow Centre as an exemplar. The Chairman added that he had observed the impact of the music therapy on NICU and that it had been well received.

#### *Infection Prevention and Control*

One of the priorities for improving infection prevention and control this year was the reduction in surgical site infections (SSI). The Medical Director also referenced the comprehensive presentation given to the Trust Executive Committee in September on the wider vision for improvement which was being led by the Divisional Director for TASC and supported by the Infection Control team. It was noted that the new build design would help in meeting this objective.

Attention was also drawn to the Trust's focus on reducing the number of cases of C Difficile and E coli bacteraemia and the reduction in avoidable cases of both MRSA and MSSA bacteraemia. The Medical Director provided assurance that actions were in place and root cause analysis outcomes and learning was regularly fed back to clinical teams to aid improvement.

#### *Never Events*

The Chief Nurse reported that three Never Events during July/August had related to minor operation procedures outside the theatre setting; gaps in safety checking processes had been identified in all three cases. It was confirmed that a working group was currently reviewing safety checks in outpatients' procedures Trust wide.

The Chairman observed that on a recent visit to theatres he had been most impressed with the checklist process. The Chief Nurse stated that all patients having a procedure were subject to a checklist and that it had been recognised in discussion at the Quality of Care Committee that procedures carried out in outpatient areas may present more of a risk, and the Trust would be giving thought to empowering patients to challenge in the event of incorrect information.

	<p>Neil Hayward, Non-Executive Director asked about how we shared the learning from HSIB enquiries and in particular ones from our organisation. The Chief Nurse explained that the Trust's HSIB reports were not ready yet and on receipt we would share the findings with the Quality of Care Committee. It was noted that general HSIB learning reports, (e.g. diabetes/insulin report), would be placed in the Board Reading Room.</p> <p>The Chief Executive referenced the review of intrapartum issues as part of the HSIB maternity investigation programme. It was noted that the HSIB's maternity safety recommendations are made to professional bodies and regulators to implement systemic change at national level.</p> <p>The Board NOTED and obtained ASSURANCE from the Report.</p>	
<b>O-134/2019</b>	<b>Quality of Care Committee Minutes for July 2019</b>	
	<p>It was noted that the Deep Dive Report on Readmissions to the September committee had been deferred for discussion at the meeting in November.</p> <p>The Board RECEIVED the Minutes.</p>	
<b>O-135/2019</b>	<b>Learning from Mortality Reviews</b>	
	<p>The report provided details on the screening and Structured Judgement Review (SJR) of in-hospital deaths for Q1 and the learning and plans for sharing of the learning throughout the organisation.</p> <p>The Medical Director stated that it was a complete report with the perinatal data now included and noted that the Medical Examiner recruitment would be commenced by the end of October to meet the Department of Health's statutory requirement to have this role in place by April 2020. The Chairman said it was a comprehensive report and was encouraged by the closing of the circle between the Structured Judgement Review and Serious Incident Reporting. The Chief Executive said that the Medical Examiner role would help in the quality assurance on the Structured Judgement Review process.</p> <p>The Board RECEIVED and obtained ASSURANCE from the Report.</p>	
	<b>PERFORMANCE</b>	
<b>O-136/2019</b>	<b>Performance Report</b>	
	<p>The report was taken as read and had been considered at both the Modern Healthcare and Quality of Care Committees.</p> <p>The Chief Operating Officer reported the positive news that SPH A&amp;E performance was up for a fourth month in a row and stood at 81.1% a 2.4% improvement on last month</p> <p>It was noted that ED and inpatient beds remained under pressure through the hospital. The report provided an update on the themes of the organisation's combined Making Every Day Count (MEDC) and Urgent Care Recovery Programme which was focused on the dimensions of ED and urgent care</p>	

front door, inpatient flow and discharge. The initial findings were reported in Appendix A and included four key workstreams:

- Improved Emergency Department Flow
- Improved Front-end Model of Care
- Improved Site Operations & Escalation, and
- Optimised Discharge and Length of Stay

The Deputy Chairman questioned the effectiveness of the MEDC programme support as the Urgent Treatment Centre (UTC) performance had deteriorated and agency staffing had not decreased.

The Chief Operating Officer provided assurance that the UTC was involved in our recovery programme and attended relevant meetings and staffing issues reflected the busyness of the hospital.

Neil Hayward, Non-Executive Director reflected on future months' challenges and the sustainability and robustness of plans in relation to staff and bed stock. The Chief Operating Officer responded that opening of additional beds was planned for end of December and the Director of Workforce Transformation added that the Medicine Emergency Division was progressing budget sign off for recruitment to substantive posts.

The Chief Executive reflected that there was a risk associated with the gap now and additional bed stock being opened and stated that the last ten to fourteen days in September had been very busy; the Chief Operating Officer added that during the challenging days in September we had increased the number of beds, noting that September had run below the August position.

Meyrick Vevers, Non-Executive Director asked about moving staff to areas under pressure, the Chief Executive said that redeployment was not straightforward; surgical wards for example would require specialty skills and the Trust was unable to move Paediatric staff to adult nursing wards.

The Trust had recorded a compliant performance against the 92% RTT Incomplete Pathways' standard with August's performance at 92.4%. It was noted that 2,082 patients had waited longer than the constitutional maximum waiting time of 18-weeks for elective treatment and we continued to develop ways to maintain and enhance both clinic and elective capacity. The Trust had been RTT compliant over the previous five months and this was a significant achievement in light of the (declining) national average of 85.8% reported for July.

The Trust was compliant on all Cancer standards in August.

The Diagnostic standard stood at 90.6% against a target of 99% and it was observed that the Trust had received a significant increase in priority TWR (cancer pathway) endoscopy demand which had impacted routine endoscopies. The Chief Operating Officer provided assurance that an action plan was in progress to provide additional endoscopy capacity and reduce the backlog.

The Chairman stated that the RTT and Cancer improved performance was encouraging and recorded congratulations to the teams.

	The Board NOTED and obtained ASSURANCE from the report.	
<b>O-137/2019</b>	<b>Modern Healthcare Committee Minutes</b>	
	<p>The Minutes had been reviewed and approved at the Modern Healthcare Committee held on 19 September 2019.</p> <p>Meyrick Vevers, Non-Executive Director and Chair of the Committee noted the Trust's continued financial pressure with high volumes of activity and higher pay costs however we had met our Quarter1NHSI control total and the Committee had approved a further reduction in forecast capital expenditure following a request from NHSI.</p> <p>Board RECEIVED the Minutes of the meeting held on 18 July 2019.</p>	
<b>O-138/2019</b>	<b>Balanced Scorecard</b>	
	<p>The Director of Finance &amp; Information noted that operationally the Trust was £1.7m behind plan YTD; the Finance Score Rating score YTD was a 3 against a plan of 2 due to the Trust score for agency usage this month.</p> <p>The Chairman summarised that the Trust was financially challenged due to capacity and workforce issues and we were working with the Regulator on the best way forward.</p> <p>The Director of Workforce Transformation reported that the detailed workforce report had been discussed at the People Committee and we had seen an improved position with a vacancy factor of 11.1% in August compared to 14.4% the same time last year. The total Trust turnover had reduced to 14.5% and stability had correspondingly improved to 87.3%.</p> <p>Attention was drawn to the additional running costs for overseas nurses and it was noted that financial modelling and trajectories were being completed to establish the net run rate effect for the rest of the year and beyond and would be reported to the Modern Healthcare Committee.</p> <p>The Deputy Chairman observed that the level of detail in the Nursing &amp; Midwifery Recruitment Plan was excellent and provided assurance.</p> <p>The Chief Executive reflected that the digital agenda and modernisation in general was discussed at ICP level and the Chairman added that the significance of joined up care with community providers had been illustrated by the patient story. The Director of Strategy &amp; Sustainability suggested we might consider a shared patient experience metric with community providers.</p> <p>The Board NOTED and obtained ASSURANCE from the Report.</p>	
<b>O-139/2019</b>	<b>People Committee Annual Report</b>	
	<p>As a formal sub-committee of the Trust Board, the People Committee was required to present its Annual Report and sought Board assurance on the scrutiny provided by the Committee on workforce matters and associated risks.</p> <p>It was recorded that Marcine Waterman had replaced Mike Baxter as Chair of</p>	

	<p>the People Committee; Mike remained on the committee and was now the new Chair of the Quality of Care Committee; it was noted that with Neil Hayward the committee had good Non-Executive Director representation.</p> <p>The report summarised the key areas of activity over the last year in discharging its duties under its approved Terms of Reference.</p> <p>Neil Hayward, Non-Executive Director observed that the report could have told a different story; namely the committee had established a strategy, had a well-defined plan, and had devised a new scorecard. Chris Ketley, Non-Executive Director added that innovative workforce initiatives had not been documented, and the Chief Executive referenced building workforce capability in the community.</p> <p>The Director of Workforce Transformation responded that the report had followed an annual reporting template and thought would be given to producing a different style report next time.</p> <p>The Chairman reflected on the recent Festival of Volunteering event he had attended at the Royal Holloway University and noted that in securing younger people's interest, it might be more constructive to focus on the impact they could make in helping patients get better.</p> <p>The Board RECEIVED and obtained ASSURANCE from the Report.</p>	
<b>O-140/2019</b>	<b>Annual Equality Report</b>	
	<p>The Report had been discussed in detail at the People Committee. It was our vision to build leadership for inclusion inside the organisation and in the communities and networks we serve and foster a healthy, inclusive, compassionate and respectful culture.</p> <p>It was noted that it was a statutory requirement for the Trust to publish workforce diversity data annually as an enabler to meeting its Public Sector Equality Duty. The collection and review of diversity data allowed the Trust to examine how its policies, processes and decisions might impact staff and identify areas for improvement and action.</p> <p>The annual submission and publication of the Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) was a requirement of all NHS Trusts as part of the NHS Contract and required Board approval.</p> <p>A summary of key findings against the 2018/19 data was included in the report and compared the current findings against the previous year. It was noted that the annual Equality Report had been presented to the People Committee on 24 July 2019 and a summary, using new infographics would be circulated to Board members.</p> <p>The Director of Workforce Transformation referenced the Improving our People Practices paper which had been to People Committee and Trust Executive Committee which had detailed seven key recommendations aimed at driving cultural change and had been developed by a multi-disciplinary team.</p>	

	<p>Neil Hayward, Non-Executive Director welcomed the support with recruitment and retention and the Chairman appreciated the format of the report.</p> <p>The Board APPROVED the WRES and WDES Schemes and obtained ASSURANCE from the Report.</p>	
<b>O-141/2019</b>	<b>Integrated Digital Committee Minutes</b>	
	<p>The draft Minutes of the Integrated Digital Committee Meeting Part 1 held on 18 July 2019 were submitted for noting.</p> <p>Chris Ketley, Chair of the Committee highlighted the following:</p> <ul style="list-style-type: none"> <li>• Welcomed the appointment of Dr Andy Sharpe to the role of Clinical Chief Information Officer for Surrey Heartlands;</li> <li>• Local Health Care Record (LHCR) aligned with our programme</li> <li>• Reviewed the options for replacement of our existing Picture Archiving Communication System (PACS) and would be looking to remain within a collaborative solution</li> </ul> <p>The Minutes were RECEIVED by Board.</p>	
<b>O-142/2019</b>	<b>Trust Seal</b>	
	<p>Under the Standing Orders, the Board received a regular update on the use of the Seal. The seal was last used in May 2019.</p> <ul style="list-style-type: none"> <li>• Seal Number 092 dated 06 September 2019 – Postgraduate Education Centre dining extension at St Peter’s Hospital</li> <li>• Seal Number 093 dated 06 September 2019 – Courtyard 2 Infill at St Peter’s Hospital</li> <li>• Seal Number 094 date 06 September 2019 – Ashford Hospital Relocations Project No 17596</li> </ul> <p>The Board NOTED use of the Trust Seal.</p>	
<b>O-143/2019</b>	<b>ANY OTHER BUSINESS</b>	
	None	
<b>O-144/2019</b>	<b>QUESTIONS FROM THE PUBLIC</b>	
	<p>The Chairman invited questions from the public.</p> <p>In response to a question about the recent Healthcare plays at the Trust and communication between our Trust and Surrey &amp; Borders Partnership NHS Foundation Trust (SABP) the following answers were provided.</p> <p><i>Healthcare Plays</i></p> <p>The Chief Executive responded that we had arranged for the series of four plays to be performed at the Trust with the aim of using art therapy to address challenges and provide professional development and powerful insight for healthcare staff.</p> <p>It was noted that the Chief Executive and Chief Nurse had already seen the</p>	

“Hello my name is...” play at a local hospice and had been the original inspiration to host the plays at the Trust. The play in September had been scheduled at a time to suit Chris Pointon; see link for further information: <http://www.ashfordstpeters.nhs.uk/aspire-newsletter/85-aspire-newsletter/2280-spring-2019-healthcare-plays-come-to-asph>

*Communication with SABP*

The Chairman responded that plans for the Abraham Cowley Unit (ACU) did not fall under our organisation’s remit. The Chief Executive added that contact takes place daily at Executive level and that we had sought to engage SABP colleagues in relation to our forthcoming new build.

The Chairman concluded that this matter had been raised on more than one occasion at our board meetings and that any concerns in relation to the ACU must be taken up with SABP directly in future.

*Pets in hospital and Infection Control*

The Chief Nurse confirmed that research had shown that pets in hospital did not lead to increased infection rates and that strict protocols would be put in place. This initiative was currently being scoped with a view to implementation and that guidance on the social and psychological interactions on ‘pets as therapy’ would be shared with members of the Trust’s Patient Panel.

*Never Events outside the Operating Theatres setting*

The Medical Director confirmed that the WHO Surgical Safety Checklist was used in theatres and a safety checklist for minor procedures was employed in outpatient areas and a consent form was required to be signed. As already noted above the Trust would be giving thought to empowering patients to challenge in the event of incorrect information and call ‘Stop’.

*Antipsychotic safeguarding and prescribing*

The Chief Nurse stated that administration of antipsychotic medication was practiced less for dementia patients and prescribing protocols were in place. Education was taking place on Adult wards together with support for junior doctors; and an audit of practice would be submitted to the Safeguarding Committee.

*Readmissions YTD*

The Director of Finance and Information confirmed that during 18/19 there had been 5,200 readmissions, representing 6.3% of all admissions. It was 7% the previous year and the national average is considerably higher at 8.5%. Hence the Trust is doing considerably better than average. For 19/20 the figure had risen slightly due to care pathway changes between A&E and the assessment units. The Medical Director added that a ‘deep dive’ into readmissions was due for discussion at the Quality of Care Committee in November.

*Ambulance Handover Delays*

The Trust continued to sustain the lower number of Ambulance handover delays similar to previous months, and had maintained the substantial improvement with only eight recorded throughout June 2019 despite the significant patient flow difficulties detailed above.

Clarification was sought on the timings of ambulance handover. National

	<p>Guidance stated that patients arriving at an emergency department by ambulance must be handed over to the care of A&amp;E staff within 15 minutes; a handover delay was recorded when staff were not available to complete the handover. Data on ambulance handover delays of over 30 minutes was collected as part of the daily situation report (sitrep); the 30 minutes included the 15 minutes allowed under sitrep guidance if an ambulance had been unable to unload a patient immediately on arrival at A&amp;E. The start time of the handover was defined as the ambulance's time of arrival at the A&amp;E department. The end time of the handover was defined as the time of handover of the patient to the care of A&amp;E staff.</p> <p>A Hospital Handover Report produced by SECamb NHS Foundation Trust showed that during August the Trust was third best in the SECamb region permitting handovers within 15mins (54.7%), second best permitting handovers within 30mins (41.9%, aggregate = 96.7%), with only 3.3% over 30mins representing second best in the SECamb region.</p> <p>The Chairman added that the Chair of SECamb had thanked our Chief Executive who chairs the Ambulance Handover Delays Task and Finish Steering Group on the significant and sustained improvement in handover delays.</p>	
<b>O-145/2019</b>	<b>REFLECTION</b>	
	<p>Yvonne Obuaya, Associate Non-Executive Director reflected on her time so far at the Trust and said how impressed she had been with the video of the Trust's Community Day and its potential impact on the recruitment and retention of staff.</p>	
	<b>DATE OF NEXT MEETING</b>	
	<p>The next meeting of the Trust Board will take place on 31 October at Ashford Hospital.</p>	

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

**Date:** 26 September 2019