

**TRUST BOARD MEETING  
MINUTES  
Open Session  
27<sup>th</sup> March 2014**

<b>PRESENT:</b>	Valerie Bartlett	Deputy Chief Executive
	Philip Beesley	Non-Executive Director
	Sue Ells	Non-Executive Director
	David Fluck	Medical Director
	Jim Gollan	Non-Executive Director
	Clive Goodwin	Non-Executive Director
	Andrew Liles	Chief Executive
	Simon Marshall	Director of Finance & Information
	Louise McKenzie	Director of Workforce Transformation
	Terry Price	Non-Executive Director
	Aileen McLeish	Chairman
	Suzanne Rankin	Chief Nurse
	Carolyn Simons	Non-Executive Director
<b>SECRETARY:</b>	George Roe	Head of Corporate Affairs

**Minute****Action****Declaration of Interests**

There were no declarations of interests in the proceedings.

**O-21/2014 MINUTES**

The Minutes of the meeting held on 30<sup>th</sup> January were AGREED as a correct record.

**MATTERS ARISING**

None.

**REPORTS****O-22/2014 Chairman's Report**

The Chairman highlighted a number of matters from her report including:

- The recent Spring to Green week;
- Performance against the waiting time standard;
- The recent re-appointment by the Council of Governors of Jim Gollan and Clive Goodwin for a second term as Non-Executive Directors; and
- Recent recognition by Trust staff at the Lean Healthcare Awards and the Surrey/Sussex Proud to Care awards.

The Board RECEIVED the report.

**O-23/2014 Chief Executive's Report**

The Chief Executive presented his report highlighting a number of matters, including:

- The recent routine visit by the Care Quality Commission with no concerns having been raised and the publication of the intelligence report with the Trust being banded a level '6' which was the lowest level of risk;
- The Spring to Green reset week. The Deputy Chief Executive provided the Board with more detail as to what this week had entailed with the hospital being effectively on major incident status for the week. A number of improvements had been noted in particular the four hour waiting time performance, flow through the hospital and the number of discharges being achieved before lunchtime. As this was the first time this type of week had been conducted at the Trust there were a significant number of leanings which would be assessed over the coming weeks;
- The floods in the local area and the impact on our staff. The Director of Workforce Transformation noted that staff who continued to be impacted were being identified with the Deputy Chief Executive highlighting that business continuity had been activated at the time with a short review now being conducted over the next few weeks to ascertain learnings.

The Board RECEIVED the report.

**QUALITY AND SAFETY****O-24/2014 Integrated Governance and Assurance Committee Minutes**

Philip Beesley, Non-Executive Director and Chair of the Integrated Governance and Assurance Committee (IGAC) presented the minutes of the meeting held on 18th February 2014 noting discussion around pressure ulcers at the last meeting of the Committee. Whilst the number of ulcers identified had increased the Trust still performed well in comparison to the South East region. The Child Safeguarding audit was progressing and this would continue to be monitored by the Committee.

The Board RECEIVED the minutes.

**O-25/2014 Quality Report**

The Medical Director and Chief Nurse introduced the Quality Report. This presented the quality dashboard with associated commentary on exceptions and the best care dashboard. The following points in the report were highlighted:

- Pressure ulcers and falls which were higher than planned;
- Mortality which continued to be good;
- MRSA with a further case in February taking the number of cases to two for the year. The Chief Nurse confirmed that there was some practice learning from this latest case;
- C-Difficile with an additional case in February and two further cases in March with the year to date number of cases now nine;
- VTE which had increased in the month although this was in part due to improved systems for capturing these cases. Despite an expectation that the number of cases would continue to rise the

Trust were focused on improving this position as quickly as possible;

- In-hospital deaths which remained marginally below the year to date target. This target was 10% lower than the figure achieved in the prior year which highlighted the improvements being made; and
- The audit of carers of people with dementia which had been conducted. The Trust would be appointing an Admiral Nurse in 2014/15 to support teams with patients with dementia.

Philip Beesley questioned the Friends and Family response rate within the emergency department which was not as high as hoped. The Chief Nurse confirmed that a full SMS service was to be implemented in 2014/15 which it was hoped would help this rate. The maternity collection was a complicated one with the measure being collected at four points along the pathway. Three of these the Trust did not have control of. The response rate targets for 2014/15 were 20% for A&E and 30% for in-patients.

The Chairman questioned the number of 'moves at night' with the Chief Nurse assuring the Board that no patient was moved in the night unless they agreed. Sue Ells noted that Patient Panel had also raised this as a potential issue with agreement that the Associate Director of Quality would attend a Panel meeting to discuss this matter further.

SR

The Board NOTED the report.

#### **O-26/2014 Safer Staffing Framework**

The Chief Nurse introduced the report which updated the Trust Board on the implementation of the Trust's Safer Staffing Framework and the output of that work in the form of proposed nursing establishments for the in-patient ward areas for 2014/15. The new establishments required approval of £639,000 investment from the Trust Board with C£200,000 relating to NICU. In the last eighteen months the Trust had invested c£2m into nursing posts.

The Chief Nurse set out the main risks associated with the implementation of the establishments. Notably:

- The current costing is based on some bed reductions, to be achieved through high quality care, reductions in hospital acquired harm and efficiency improvements. If these gains are not achieved reductions in bed capacity cannot be achieved without consequent risk to the maintenance and safety of the emergency care pathway;
- Further assessment and monitoring of the acuity and dependency of our patients necessitates further adjustments to the proposed establishments; and
- The establishments cannot be recruited to and/or vacancy is above the Trust limit resulting in insufficient nursing presence on a shift to shift basis.

The recruitment challenge was noticeable across the system with the Trust due to undertake a further recruitment drive in 6-8 weeks in Portugal. This followed 70 nurses being recruited from Portugal three months ago. These nurses had proved to be committed, technical proficient with low attrition rates to date.

The Board APPROVED the Framework.

**O-27/2014 Board Assurance Framework**

The Head of Corporate Affairs presented the Framework noting that this had been discussed and approved at the March meeting of IGAC. The Board agreed that risk 1.6 would be revised to remove the reference to “reductions in WTE” as reductions were not planned and APPROVED the Framework.

**GR**

**PERFORMANCE**

**O-28/2014 Performance Report**

The Deputy Chief Executive introduced the report which focused on the A&E waiting time target and the referral to treatment time target (RTT).

The Trust had not achieved the A&E waiting time target in February which was disappointing and would lead to failure for the quarter. However it was likely that performance would be c94.5% which was a c2% improvement on performance in quarter four in the previous year. A number of issues were still not where the Trust wanted them to be with complex discharges increasing with an average of 45-50 pre-Christmas but c.80 in January and February. The recent Spring-to-Green week had seen an improvement in the target of c.0.5% and that this had been sustained in the following week. Actions undertaken by the Trust in advance of quarter four had made an impact in particular the temporary expansion of Paediatric A&E and the increase in Paediatric A&E Consultants.

The priority for 2014/15 was for twice daily ward rounds to become routine which would have a big impact on flow and capacity. The 2013/14 winter pressures funding had been allocated in December 2013 and it was hoped that this would be sooner in 2014.

The Trust continued to work through the RTT action plan to get back into compliance with all aspects of this target. In February the incomplete and non-admitted aspects had been achieved as planned and this provided assurance to the Board that the backlog was under control. In March two specialities, gynae and ophthalmology, were forecast to achieve the admitted speciality. The Intensive Support Team were now signing the Trust off as appropriate progress had been made which highlighted the significant level of work achieved by teams across the Trust notably the booking teams and service managers.

In answer to the Chairman the Deputy Chief Executive confirmed that it was forecast that the incomplete and non-admitted target would be achieved for quarter four and that the trajectory for achievement of the admitted specialities would be met with Gynae and Ophthalmology having been met for March, General Surgery, ENT and Oral Surgery being met within quarter one and Trauma and Orthopaedics being met in July 2014.

The Deputy Chief Executive alerted the Board to a forward risk of failure to achieve the 62 day cancer target. The Trust had been close to the target for a number of months due to an issue within Urology. Part of the pathway was at Royal Surrey and at present this was not working well with some delays experienced. Although these issues were being

managed there was a risk of failure in quarter one which was being flagged to the Board in advance.

The Board NOTED and obtained ASSURANCE from the report.

#### **O-29/2014      **Balanced Scorecard****

The four quadrants of the Balance Scorecard were considered.

*Patient Safety and Quality:* This quadrant was addressed in the Quality report.

*Workforce:* The Director of Workforce Transformation highlighted the key aspects from the scorecard including the:

- Agency spend which continued to be too high. A newly established Temporary Staffing Programme Board was reviewing and monitoring the key priorities and actions to reduce this spend. Recent actions included international recruitment with first stage interviews being conducted via Skype, moving of agency staff to the bank or substantive positions and the renegotiation of agency rates for doctors.
- Mandatory training rates which remained static although still benchmarked well; and
- Appraisal rates which although not at target were good when compared to other Trusts.

*Clinical Strategy:* The Medical Director highlighted the following indicators from the scorecard:

- Stroke with some of the indicators not performing as planned; and
- Vascular market share which was lower than planned although a shift to capture the screening programme would enable a greater catchment which was within the control of the Trust.

*Finance and Efficiency:* The Director of Finance and Information confirmed that the month of February, as a short month, had recorded a loss of £0.7m as planned which left a £0.3m year to date surplus. The cash balance would improve by the year end with the CCG paying for over-performance whilst the length of stay indicator remained positive. Theatre utilisation had not improved and more was required in 2014/15 to see this improve.

The Board NOTED and obtained ASSURANCE from the Scorecard.

#### **O-30/2014      **Finance Committee Minutes****

Jim Gollan, Non-Executive Director and Chair of the Finance Committee presented the minutes of the meetings held on 22nd January 2014 and 26th February 2014. The meeting in March had discussed the 2014/15 budget, the Trust's borrowing facilities and the emergency care pathway.

The minutes were RECEIVED by the Board.

#### **O-31/2014      **Workforce and Organisational Development Committee****

Sue Ells, Non-Executive Director and Chair of the Workforce and Organisational Development Committee, presented the minutes of the meetings held on 6<sup>th</sup> February 2014 and 5<sup>th</sup> November 2013 which had

discussed exit interviews, temporary staffing, the staff survey and learning and development.

The minutes were RECEIVED by the Board.

#### **O-32/2014 2013 Staff Survey**

The Director of Workforce Transformation introduced the paper which presented the staff survey results following their publication in February 2014. Improvements were noted with the staff engagement score, staff being satisfied at work, working within a secure environment and being in control at work. Matters were improvements had not been made triangulated with other feedback obtained throughout the year including dis-satisfaction with learning and development opportunities, relationships with line managers and career progression. Differences between the pulse survey and staff survey in relation to team working also required more investigation. The work programme in the appendix to the paper was in draft form at this stage but provided a sense of the activity to be undertaken.

The Board discussed the hot-spot areas with many from the 2012 survey remaining poor in 2013 despite the amount of time which had been invested into understanding and fixing the issues identified within these areas. An idea which would be further investigated was for Executive and Non-Executive sponsorship of all or some hot-spot areas to provide a different approach and analysis to some of the issues within these areas. The Board AGREED in principle to the concept of Board members sponsoring hot-spot areas subject to this consideration being further worked up and NOTED the final 2013 staff survey results.

### **STRATEGY AND PLANNING**

#### **O-33/2014 2014/15 - 2015/16 Business Plan**

The Director of Finance and Information introduced the business plan which formed the basis of the two year Operational Plan to be submitted to Monitor at the start of April. A further Strategic Plan would be submitted at the end of June which covered years three to five. The plan was an ambitious one although it was clear that the Better Care Fund was starting to significantly impact the Trust from year two.

The Board noted that the plan had received extensive discussion and review at many levels within the organisation and APPROVED the Business Plan.

#### **O-34/2014 Monitor Operating Plan submission**

The Deputy Chief Executive presented the paper which detailed elements of the Monitor Operating Plan submission for approval by the Board. The self-certification of risk against targets and indicators had been discussed and approved at IGAC at the March meeting with the Board asked to approve certifications of risk against the admitted and non-admitted RTT target, the waiting time target and the 62 day cancer target. Whilst the 2014/15 C-Difficile target was extremely stretching, due to the continuing trend downwards in terms of the number of cases and the current year to date number of cases it was agreed that no risk would be declared.

Following discussion in the performance report section of the meeting the Board APPROVED the certification of risk against the RTT (admitted and non-admitted), A&E and 62 day cancer targets.

#### **O-35/2014 Revenue and Capital Budgets 2014/15 and 2015/16**

The Director of Finance and Information presented the paper which set out the proposed revenue and capital budgets for 2014/15 and 2015/16 for approval. Key features of the budget included:

- A substantial CIP requirement of 6% in 2014/15 and 5.6% in 2015/16;
- An improvement in EBITDA from £15.1m to £16.9m;
- An increase in surplus in year one to £2m offset by an expected £0.5m impairment write down against the 'midwifery led unit' and 'admissions lounge';
- A fall in the year two surplus to £0.2m; and
- A forecast Monitor risk rating of '3' over the period.

The Heads of Terms were expected to be signed the following week with early indications already provided to North West Surrey of c.£2.8m of over-performance against the contract c.£3m of over-performance was expected against the Specialist Commissioner contract although this was predominantly repatriated work.

The budget highlighted an increase in pay costs in year one which subsequently fell in year two which was linked with projected activity. Whilst this fall in activity might not occur the Trust was aligned with the CCG on their ambition for this to be achieved.

The Board APPROVED the revenue and capital budgets for 2014/15 and 2015/16 and for their inclusion within the Monitor Operating Plan.

### **REGULATORY**

#### **O-36/2014 Audit Committee Minutes**

Terry Price, Non-Executive Director and Audit Committee Chair, presented the minutes of the meeting held on 22nd January 2014 highlighting:

- The Annual Report and Accounts timetable which had been reported to Board in January;
- Internal audit with six completed reports being presented to the January meeting and a further six in March;
- The Fraud and Corruption Policy which had been approved;
- A fraud briefing which had been arranged for April; and
- The approval of the plan for the 2013/14 external audit.

The minutes were RECEIVED by the Board.

#### **O-37/2014 Information Governance Toolkit**

The Director of Finance and Information presented the Toolkit for 2013/14 for approval by the Board prior to submission. The Trust had self-assessed compliance as 'satisfactory' following review by Internal Audit in January. The Trust had achieved five level three standards and 40 level two standards and aimed to increase the number of level three standards in 2014/15.

The Board APPROVED the Toolkit.

**ANY OTHER BUSINESS**

**O-38/2014**

**Patient Panel:** Sue Ells notified the Board of the decision of the Panel to mirror the Board in terms of the number of meetings held each year. Two members had recently stepped down from the Panel and they were thanked for their contribution. A matter in relation to the heating on SAU had been raised and this would be looked into. The Panel had noted continued delay in receipt of patient letters.

**VB**

**QUESTIONS FROM THE PUBLIC**

In response to questions from members of the public the following points were made:

- The Chief Nurse noted that three patient moves had been identified as a reasonable number based on a pathway through A&E, MAU, Theatres and a ward. A detailed audit conducted in 2013 had highlighted that the vast majority of moved were clinically related. The night report was viewed each morning by the Chief Nurse and Deputy Chief Executive and these usually identified between one and two night moves each night;
- The Deputy Chief Executive advised that in the future the aim was for the St. Peter's site to have a walk in centre to reduce the number of unnecessary attendances at A&E.
- The Chairman noted that, as opposed to other countries, it was not Government policy to charge patients in relation to clinical issues brought on by smoking and obesity. The Trust seek to obtain payment from private and overseas patients where appropriate and recent restrictions on the availability of bariatric services had been introduced.

**DATE OF NEXT MEETING**

The next open meeting of the Trust Board would take place on 1<sup>st</sup> May 2014 at Ashford Hospital.

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

**Date:** 1<sup>st</sup> May 2014

**SUMMARY ACTION POINTS**

<b>Board Date</b>	<b>Minute Ref</b>	<b>Topic</b>	<b>Action</b>	<b>Lead</b>	<b>Due Date</b>	<b>Comment</b>	<b>Status</b>
29/11/12	<b>O-152/2012</b>	<b>Medical Revalidation</b>	Report to Board on the results of the first year re-validation.	DF	Apr '14	Deferred to 29 <sup>th</sup> May meeting.	
27/03/14	<b>O-27/2014</b>	<b>Board Assurance Framework</b>	Revision to risk 1.6 re 'reductions in WTE'.	GR	Apr '14	Completed	✓
27/03/14	<b>O-38/2014</b>	<b>Heating on SAU</b>	Matter raised by Patient Panel to be looked into.	VB	Apr '14	Completed – matter looked into and resolved.	✓
<b>Action due at a future meeting</b>							
30/05/13	<b>O-84/2013</b>	<b>Scheme of Delegation</b>	Review the streamlining and content of the Scheme of Delegation requiring approval by the Board.	SM	May '14	Not due	<b>ND</b>
30/01/14	<b>O-14/2014</b>	<b>Charitable Funds Committee</b>	Item on how funds can be spent and how they can be accessed on the agenda at next meeting.	AMcL	TBC	Not due	<b>ND</b>
30/01/14	<b>O-17/2014</b>	<b>Board Sub-Committee Membership</b>	Review of Sub-Committee membership	AMcL	Jan '15	Not due	<b>ND</b>
27/03/14	<b>O-25/2014</b>	<b>Patient moves at night</b>	Associate Director of Quality to attend a Patient Panel meeting to discuss this matter.	HC	May '14	Not due	<b>ND</b>