

**TRUST BOARD MEETING
MINUTES**

**Open Session
30th October 2014**

PRESENT:	Nadeem Aziz Valerie Bartlett Heather Caudle Sue Ells David Fluck Simon Marshall Louise McKenzie Aileen McLeish Suzanne Rankin Peter Taylor	Non-Executive Director Deputy Chief Executive Chief Nurse Non-Executive Director Medical Director Director of Finance & Information Director of Workforce Transformation Chairman Chief Executive Non-Executive Director
SECRETARY:	George Roe	Head of Corporate Affairs
APOLOGIES:	Philip Beesley Clive Goodwin Terry Price Carolyn Simons	Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director
IN ATTENDANCE:	Mick Imrie Anu Sehdev	Chief of Patient Safety / Deputy Medical Director Membership Manager

Minute

Action

Declaration of Interests

None

O-130/2014 MINUTES

The minutes of the meeting held on 25th September were AGREED as a correct record.

MATTERS ARISING

The action log identified that all items were up to date in accordance with agreed time scales and complete with several items to be covered later on in the meeting.

REPORTS

O-131/2014 Chairman's Report

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

- Attending the recent inaugural annual conference of the Trust's HCAs and MCAs and how those attending had conveyed a great sense of pride in their work.

- Attending a party to thank retiring gardeners Bob and Geoff who had won many awards during their time working on the three courtyards at Ashford Hospital. Arrangements were now underway to recruit new gardeners to continue their work.

The Board RECEIVED the report.

O-132/2014 Chief Executive's Report

The Chief Executive presented her report noting that work was continuing to embed the new initiatives to develop the right culture for the Trust. Already the Staff Friends and Family Test results had improved and it was considered this was due to an accumulation of a better response rate. Further assistance with providing staff access to computers and explaining the importance of completing the survey was underway. Results indicated that front-line staff were more content than their back office colleagues and this was indicative of the proposed merger with the Royal Surrey and potential job losses or change in working.

With the Quarter 3 Staff Survey underway, the Chief Executive had met with the Employee Partnership Forum chair who had indicated that many staff chose the staff survey as an opportunity to vent frustration at the leadership but did not fully understand that in doing so their own environment deteriorated.

It was advised that the Chief Executive's "Chat Room" continued to be utilised and conversation often continued via email and/or Twitter. It was highlighted that not all messages were positive but it was important that this initiative continued.

The Chief Executive advised that the Chief Nurse, Medical Director and Chief of Patient Safety/Deputy Medical Director were preparing the Trust for the imminent CQC inspection. Part of the work was to ensure that policies and procedures were up to date. The Chief Executive and Deputy Chief Executive had met with operational teams to ensure the organisational story was communicated. The Chief Nurse added that preparations for the CQC visit were going well although there was some degree of nervousness amongst staff.

The Chief Executive was pleased to advise that the Quarter 2 target for A&E had been achieved as well as the 18 week referral to treatment time target for September.

The opening of the new Abbey Birth Centre by celebrity Abbey Clancey had been well reported with the centre being described as "the place in Surrey to have your baby".

The Chief Executive advised that Dr Radcliffe Lisk had reached the finals of the NHS Kent, Surrey and Sussex Leadership Collaborative Recognition Awards for 2014 with the formal awards ceremony taking place in November.

The Chief Executive advised that the Trust was well prepared for the unlikely event of a case of Ebola presenting at the Trust. The Trust was fully compliant with all Public Health England advice and guidelines; had issued wards with personal protection equipment with full instructions; communication had been stepped up and the Trust had taken part in Surrey wide table top exercise.

In light of the pressures on staff, especially during the winter, Peter Taylor queried what was being done to improve staff morale and highlight what good work staff were doing. The Chief Executive advised that there were the staff WOW! Awards and that the Trust had been nominated for a national WOW! Award with the awards ceremony due to take place in November. The Head of Communications advised that stories were printed in Aspire but these were being received less frequently than in the past. The Chief Nurse advised that the Trust's use of social media was considered highly effective.

The Chief Executive advised that she had recently visited St George's Hospital and had noticed flat screens relaying positive messages from patients as well as providing useful information. The Trust would be acquiring a number of flat screens to be displayed prominently in main reception, outpatients and A&E areas to display similar items.

Finally, a new Social Committee was about to be set up and would be completely staff driven, the choir was now up and running and the Christmas Party was being finalised to take place in January.

The Board RECEIVED the report.

QUALITY AND SAFETY

O-133/2014 Integrated Governance and Assurance Committee (IGAC) Minutes

In Philip Beesley's absence, the Chief Nurse presented the minutes of the IGAC meeting which took place on 23rd September 2014 noting that on the QEWS triangulated dashboard, Aspen Ward had now attained level 1 and that the Trust was continuing to move forward with mortality reviews.

The minutes were RECEIVED by the Board.

O-134/2014 Quality Report

The Chief of Patient Safety/Deputy Medical Director advised there had been three new cases of c-difficile in September, bringing the year to date number of cases to 10, one in excess of the target set. The percentage of falls with harm stood at 0.99%, higher than the monthly target of 0.50%. There were no new level 4 pressure ulcers to report, although level 2's and 3's had risen. A number of actions for reducing pressures ulcers were listed in the report.

There had been a slight increase in emergency readmissions within 30 days from the previous month at 13.6% which was above the monthly target of 12.5%. The year to date figure stood at 12.8%. A four week pilot within Cardiology was due to start in October whereby every patient discharged would receive a call from a junior doctor the following day.

It was further highlighted that the opening of the new stroke ward had not resulted in any great improvement in the target of admitting stroke patients to a specialist unit within four hours. The Deputy Chief Executive advised it was important to go back and analyse working practices. It was clarified that North West Surrey CCG would also need an explanation as to why improvements had not been achieved. The Medical Director advised that there were still a number of times a patient was moved, ie for diagnostic tests, before the patient was transferred to the stroke ward.

The Chief of Patient Safety/Deputy Medical Director advised that the

Friends and Family Test (FFT) inpatient net promoter score had dropped in September to 70.6, below the target of 73 and as this highlighted a drop in satisfaction within one division an investigation was underway to ascertain the reasons for the drop and for the appropriate action to be taken. The FFT score in the Emergency Department had risen again to 52, which was still below the target of 55 but was showing an upward trend. The Maternity FFT score had risen to 80 and was above the target of 73.

The Chief Nurse advised that responding to complaints within agreed timescales had reduced and this was mainly due to ensuring responses sent were of a high standard which had also led to fewer follow-ups being received. The Chief Nurse agreed that timely responses as well as high quality responses required equal focus. It was highlighted that after some issues with staffing in the Patient Experience Team, it was now fully staffed and well established and complainants were continually kept up to date on potential delays. The Chief Executive advised that 63 complaints had been received in July and many of these would have been due for response in September. It had proved a challenge to respond to so many complaints whilst ensuring the quality of responses was good.

The Chief Nurse advised the Best Care Audit, which was an ongoing accreditation scheme used to assess wards against 14 quality and safety indicators, had shown all Ashford and St Peter's wards to be at level one or above.

The Chief Nurse highlighted the National Cancer Patient Experience Survey published in September 2014 which included all patients admitted with a primary diagnosis of cancer that had been discharged during 1st September to 30th November 2013. 215 patients had responded from Ashford and St Peter's, which was a response rate of 58%, below the national average of 64% and this ranked the Trust in the bottom 10 trusts. The Lead Palliative Care Nurse and Head of Patient Experience and Involvement had met with all cancer nurse specialists to analyse the results and an action plan was in the process of being developed.

Finally, the Chief Nurse advised there had been a few issues on Ash Ward as a result of not having a ward sister. This post had now been filled and refurbishment of the ward was to take place from the 30th October for a period of two weeks.

The Board NOTED and obtained ASSURANCE from the report.

O-135/2014 Safer Staffing Levels

The Chief Nurse presented the safer staffing levels report which would be tabled at the Workforce and Organisational Development Committee in November.

It was advised that during September, 16 wards had had two or more staffing risk factors compared to August which had had 10 wards with two or more. Medicine wards were either staying the same or going down in their QEWS rating whilst Surgery was improving. It was apparent that temporary staff reduced the quality of care. It had been considered that the Neonatal Intensive Care Unit (NICU) focus for October was to better define the staffing baseline to ensure accurate representation of the workforce. The Chief Nurse was reassured by the number of babies being cared for by the unit and that the skill mix adequately met service needs.

A risk summit had been held on 10th October 2014 as there were concerns raised by the Associate Directors of Nursing relating to the nurse vacancy numbers and a number of actions had resulted.

The Chief Nurse advised that there was an ongoing recruitment campaign in place including Saturday recruitment fairs as well as travelling to Portugal in the first week in December and then later to the Philippines. It had been noted that the second cohort of nurses from Portugal had not integrated as well as the first and this was possibly due to the Portuguese nurses socialising amongst themselves rather than with the other nurses. It was proposed to develop a buddying system.

The Board agreed that recruiting as well as retaining staff was important. The Chief Executive advised that closing wards due to staffing levels was not a resolution as a recent CQC inspection at another trust had criticised this action. The Trust was putting measures in place to ensure safe staffing levels and although escalation wards were pulling staff from other wards, the patient flow was improving.

It was agreed that further assurance would be sought by having the Workforce and Organisational Development Committee review at the report.

The Board NOTED and obtained ASSURANCE from the actions resulting from the report.

O-136-2014 Trust Risk Register

The Chief of Patient Safety/Deputy Medical Director advised a new risk had been added to the register:

- Multiple competing demands on staff as a result of merger activities, CQC visit and operational measures.

It was agreed that the Chief Executive would own this risk. Plans would be developed to mitigate this risk in each division with future reporting to IGAC.

The Board NOTED and obtained ASSURANCE from the Register.

O-137-2014 Board Assurance Framework (BAF)

The Head of Corporate Affairs advised that the BAF had been discussed at the recent IGAC meeting and highlighted there were seven extreme risks, with one of the risks relating to the “divergent and multiple” priorities at present with the onset of winter, the impending CQC visit and proposed merger with the Royal Surrey.

A new risk had been added following discussion at the Finance Committee in relation to the likelihood of increased financial pressures due to emergency income on over-performance.

The Board NOTED and obtained ASSURANCE from the BAF.

O-138-2014 Health and Safety Report

The Deputy Chief Executive presented the Health and Safety Report highlighting there had been a slight reduction in RIDDOR reportable incidents from seven to five. All incidents had been investigated and

changes implemented where necessary.

It was advised that the storage of medical records had greatly improved as a result of the following actions:

- Destruction of records that had reached their retention period,
- Offsite archiving of two years of historic records from the main archives allowing the transfer of records from the live stores.

The Deputy Chief Executive highlighted the incident of a fallen tree in one of the staff car parks which happened during the early hours of the morning and fortunately resulted in no injury or damage.

Incidents as a result of inoculation injuries and manual handling had fallen, but incidents due to physical assaults on staff and staff falls had risen. Supporting staff and reminding staff to undertake mandatory training had been reinforced.

The Chairman suggested that Kew Gardens be contacted for advice on what they were doing to lessen the incident of fallen trees. The Deputy Chief Executive clarified that monthly visual checks were made of trees adjacent to roads, walkways, car parks or buildings but agreed that seeking a third party independent review would be suggested to the Estates Team.

VB

The Board agreed that the Trust's response to a major internal incident in April was exemplary with those injured being attended to within minutes of the accident.

The Board NOTED the Health and Safety Report.

PERFORMANCE

O-139/2014 Performance Report

The Deputy Chief Executive introduced the report which detailed performance within the Trust for the month of September.

The Trust had returned to the aggregated 18 week RTT 90% Admitted Pathways standard one month ahead of schedule and was compliant in both the aggregated non-admitted and incomplete pathways standards.

Cancer Services had seen a 47% year to date increase in Two Week Referrals (TWR) with key specialties being Respiratory, Gastroenterology and Colorectal Surgery. Increased pressures from A&E and increased referrals from GPs had resulted in the increase in demand for cancer services with only 10% resulting in a positive diagnosis. The Deputy Chief Executive responded to a query about potentially streamlining the pathway by advising that diagnostic tests took place early on in the pathway. The Medical Director also advised that occurrences of skin cancer cases had risen and public awareness campaigns had led to a further increase in demand.

The Board discussed the importance of training staff rapidly and making better utilisation of staff to provide the care needed. The Medical Director responded to the query about looking further afield for resolutions and advised that doctors around the world were more readily available to cover demand, whereas in the UK recruiting new doctors was very challenging. The Director of Finance and Information queried how the 90% who did not

have cancer could be filtered and the Board agreed that pathways needed to be in place and a discussion with the CCG needed to take place.

The Deputy Chief Executive clarified that every patient's care was discussed individually and improvements with the Cancer Team had been made including the recruitment of a new Cancer Manager.

The Deputy Chief Executive advised that as pressures in A&E continued the Trust would face even more challenges during the winter period. It had been advised that Virgin Care would be closing Walton Community Hospital as the CQC had found it to be inhabitable and many residential packages were also not meeting the needs of patients resulting in patients having to remain in the Trust.

The Trust had opened additional escalation areas and was now at capacity. The Trust had decided not to cancel elective work to ensure the continuation of patients' pathways. Teams always had an input into the decision making process to ensure the correct decision was made.

The Board discussed working differently by, for example, increasing the utilisation of Ashford Hospital, by moving Orthopaedic work there although Trauma would need to remain at St Peter's due to the direct link with the A&E Department.

The Deputy Chief Executive advised that the Ward Liaison Officer role had been reactivated and support at the weekend had increased. Consideration was given as to whether it was possible to continually ask staff to do more.

Nadeem Aziz highlighted that actions outside of the Trust needed to be made and Sue Ells considered that staff would become immune to being thanked for working harder. Nadeem considered it important that the Trust did not fall into a victim mentality.

The Chief Executive confirmed that the Trust continued to work closely with Virgin Care to help strengthen the provision of health in the community and it was understood a locality hub would be opening in Woking in December. The Trust was already supporting MediHome and may need to look at supporting other care homes to further improve the patient flow. The Chairman agreed that finding a way of supporting patients in the community would need to be looked at.

The Board agreed that more consultants were needed as currently there were not enough to do two ward rounds per day, but some areas were a challenge to recruit to. Options of recruiting from overseas were discussed. The Deputy Chief Executive clarified that an extra 13 consultants were needed and this would help with junior doctor workloads, provide them with increased supervision and help provide a hot phone service. A business case would need to be developed and it was agreed that consultants would need to be involved.

The Board NOTED and obtained ASSURANCE from the report.

O-140/2014 Balanced Scorecard

The Director of Workforce Transformation advised that there had been an improvement in staff meeting their statutory and mandatory training requirements. Personal letters had been sent with the October payslips advising each employee of their outstanding/overdue training needs and

additional training sessions had been arranged. The CQC would be concentrating on eight core mandatory training modules. It was apparent that there was a dip in training when there was an increase in operational pressures.

The Director of Workforce Transformation further advised that the new appraisal policy had been launched and training for appraisers and appraisees was being provided. The new system challenged staff on their performance as pay was directly linked to staff achieving their objectives. The Board would also be provided with mandatory training sessions as a group.

The Director of Finance and Information advised that the Trust reported a deficit of £0.3 million in September, bringing the year to date deficit to £1.7 million. Expenditure had been higher than expected although CIPs were up to the required level. A&E activity increased by 2% in September and elective activity was up 8%, but 4% below plan. The forecast of achieving a Monitor Continuity of Services Risk Rating of 3 for the year remained attainable.

The Board NOTED and obtained ASSURANCE from the scorecard.

O-141/2014 Finance Committee Minutes

Nadeem Aziz, Chair of the Finance Committee, presented the Committee minutes of the meeting held on 18th September which were RECEIVED by the Board.

SE/NA

Sue Ells suggested a telephone conversation with Nadeem to share information where there were areas of overlap.

STRATEGY AND PLANNING

O-142/2014 Winter Plan

The Deputy Chief Executive presented the paper on the current position on the allocation of winter pressures funding for 2014/15 together with NW Surrey CCG's Operational Resilience and Capacity Plan 2014/15.

In line with the requirements of the plan, Ashford and St Peter's had submitted a bid for £400,000. A further bid for additional funding was submitted to Monitor totalling £2million for the six month period October 2014 – March 2015. It had recently been advised that Monitor had agreed to an amount of £1.45million. However, in light of the amount likely to be awarded being somewhat less than the bid, how the Trust delivered on work during the six month period may have to be reconsidered.

Until final confirmation of funding was provided, the Trust would be closely monitoring any spend on additional resources required to support winter pressures.

The Board NOTED the plan.

REGULATORY

O-143/2014 Monitor: Q2 14/15 Submission

The Head of Corporate Affairs presented the Trust's Quarter 2 submission

which was due to be submitted to Monitor by 31st October 2014.

It was advised that failure of the Trust to meet the Admitted Referral to Treatment Time (RTT) target and the 62 day first treatment target for Cancer would be declared as a risk as well as the A&E waiting time target due to continuing pressures. It was recommended the breach in the c-difficile target would not be declared as a risk. Of the 10 cases to date, one was due to a lapse in care, six cases were under review and three were not due to a lapse in care. The Board did not perceive a risk to the Monitor de-minimus level of 12 cases of c-difficile due to a lapse in care at this stage.

The submission was APPROVED by the Board.

O-144/2014 Register of Interests

The Board RECEIVED and NOTED the updated Register of Interests.

O-145/2014 Trust Seal

The Head of Corporate Affairs advised there had been no utilisation of the Trust Seal. The Director of Finance and Information advised that he recalled two incidences of the Trust Seal being used and the Head of Corporate Affairs agreed this would be looked into.

GR

ANY OTHER BUSINESS

O-146/2014 Patient Panel: Sue Ells reported to the Board on the recent Patient Panel meeting which had discussed a number of clinical and administrative matters throughout the Trust including short notice cancellations and meetings not taking place; transport being booked for patients and not turning up and appointment and cancellation letters not being received. It was agreed that all these concerns would be included in the remit of the new Outpatient Experience Group in order to be examined more closely. The Head of Corporate Affairs would speak with the Head of Patient Experience Involvement to obtain the names of the Patient Panel members who had raised these concerns and they would be invited to attend the Outpatient Experience Workshop, once the Programme Office Manager had been advised.

GR

QUESTIONS FROM THE PUBLIC

O-147/2014 In response to questions from the public posed to the Board:

The Chief Nurse advised that mortality reviews were improving with a number of mortality review champions recruited. Some areas continued to be a challenge, but notes were now kept on the ward until a review had been undertaken.

The Medical Director advised that patients with prostate cancer required many different kinds of treatment, with some just needing to be monitored, some requiring surgery and others needing hormone therapy. These treatments were provided at St Peter's and as the Royal Surrey only facilitated the removal of the prostate, a prostate cancer facility would not be developed there.

The Medical Director clarified that discharged patients were now being assessed and if deemed high risk were contacted once they returned home. The results of this audit would be available in about 6 – 8 weeks'

time.

The Medical Director advised that more staff were required to provide care in the new areas being opened up around the Trust. It was clarified that the Trust would prefer to staff these areas with permanent staff; however this was not always possible and bank and agency staff were often required to fill any gaps in the service; hence the increase in bank and agency staff usage of 12%.

The Chief Nurse advised that End of Life Care provision to carers was being provided in line with national guidelines and a policy had been developed to incorporate these guidelines. Furthermore, the Trust had a Palliative Care Team which provided a strong skill mix to ensure guidelines were adhered to. Patients often expressed their preferred place to die and final wishes were delivered upon when possible.

DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 27th November 2014 at Ashford Hospital.

Signed:
Chairman

Date: 27th November 2014

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
31/07/14	O-86/2014	Blue badge charges	Access provisions review to be conducted.	VB	Oct '14	On November agenda.	✓
31/07/14	O-103/2014	Nursing & Midwifery Strategy	The implementation plan for this strategy would be reviewed and monitored at the WOD.	SR/ DH	Sept '14	Nursing & Midwifery Strategy meeting in November was cancelled due to operational pressures. Re-scheduled for 28 th November. Will be reviewed at WOD post this meeting.	
31/07/14	O-102/2014	Progress with Strategic Objectives: Q1	The reflection of outcomes, alongside progress, would be considered for the Q2 report.	SM	Oct '14	Q2 report delayed. To be circulated outside of the meeting.	
30/10/14	O-145/2014	Trust Seal	Check usage of Seal.	GR	Nov '14	On November agenda	✓
30/10/14	O-146/2014	AOB – Patient Panel	Seek PP member names and invite them to the Outpatient Experience Group meeting.	GR	Nov'14	Head of Patient Experience and Involvement provided PP names and they have been invited.	✓
Actions due at a future meeting							
30/10/14	O-138/2014	Health and Safety Report	Seek an independent review on process to check trees.	VB	Dec '14	Not due	ND

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
30/10/14	O-141/2014	Finance Committee Minutes	Conversation to share information on areas of overlap.	SE/NA	Dec '14	Not due	ND
30/01/14	O-14/2014	Charitable Funds Committee	Item on how funds can be spent and how they can be accessed on the agenda at next meeting.	AMcL	TBC	Not due	ND
29/05/14	O-66/2014	Blue badge holder car parking	Review of policy to be presented to Board.	VB	May '15	Not due	ND