

**TRUST BOARD MEETING
MINUTES
Open Session
25th April 2013**

PRESENT:	Ms Valerie Bartlett	Deputy Chief Executive
	Mr Philip Beesley	Non-Executive Director
	Dr David Fluck	Medical Director
	Mr Jim Gollan	Non-Executive Director
	Mr Clive Goodwin	Non-Executive Director
	Mr Andrew Liles	Chief Executive
	Mr Simon Marshall	Director of Finance & Information
	Ms Aileen McLeish	Chairman
	Mr Terry Price	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Peter Taylor	Non-Executive Director
SECRETARY:	Mr George Roe	Board Secretary/Head of Corporate Affairs
APOLOGIES:	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Ms Sue Ells	Non-Executive Director
IN ATTENDANCE:	Ms Nikki Hill	Interim Deputy Director of Workforce and Organisational Development
	Ms Clare McGurk	Organisational Development advisor

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

There were no declarations of interests in the proceedings.

O-43/2013 MINUTES

The Minutes of the Meeting held on 28th March were AGREED as a correct record.

O-44/2013 MATTERS ARISING

The Trust Board reviewed all of the actions from the previous meeting and the action log which provided a commentary on progress. The nominated leads confirmed that all respective actions had been completed, appeared as agenda items for the meeting or were on track within the agreed timescales.

Dashboards reconciling (refers minute O-133/2012) The Chief Nurse confirmed that the dashboards were now reconciling.

REPORTS**O-45/2013 Chairman's Report**

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

- The impending appointment of a new Paediatric Consultant;
- The recent meeting between the Governors and the Non-Executive Directors which had been successful; and
- The recent visit of Kevin Hurley, the Police and Crime Commissioner for Surrey, who was very complimentary about the Trust.

The Board NOTED the report.

O-46/2013 Chief Executive's Report

The Chief Executive presented his report highlighting the current position with the commissioner contract and the recent in-patient survey. The Chief Nurse provided further detail on the survey which had been published on 16th April and highlighted the continued steady improvement that this survey identified. In the prior year one under-performing category had related to 'access to a bed' whereas in the current year this was 'departure from a bed'. The Chief Nurse confirmed that this was the best ever performance the Trust had achieved in this survey.

The Board NOTED the report.

QUALITY AND SAFETY

O-47/2013 Responding to Francis

The Chief Nurse presented the report which provided a summary of the Francis Report, the Government's initial response on 26th March 2013 and the ASPH approach to these findings and recommendations.

The Chief Nurse drew the Board's attention to Appendix C in the report which highlighted a high level gap analysis with work already underway to mitigate these gaps. Additional listening events throughout the Trust were also planned.

Phillip Beesley, Non-Executive Director and Chair of the Integrated Governance and Assurance Committee (IGAC) alerted the Board that May's meeting of the Committee was due to focus on the Francis report and the Committee would report back to the Board via the minutes with the assurance gained.

A session with the Governors had been arranged for the 21st May.

The Board NOTED the report.

O-48/2013 IGAC Minutes and Terms of Reference

Phillip Beesley, Non-Executive Director and Chair of IGAC, presented the IGAC minutes and Terms of Reference for approval highlighting a number of recent changes to the Committee including a move to monthly meetings to enable increased focus on quality governance and the Trust's quality agenda. The Committee sought to monitor and challenge themes within serious incidents and quality across a large range of indicators and the new Quality, Experience, Workforce and Safety predictor dashboard would help with this.

The Committee had discussed child safeguarding at its recent meetings and were assured that the processes and systems in place to identify concerns were robust. Additional resources had also been added to this area by the Trust.

The Board NOTED the minutes and APPROVED the Terms of Reference.

O-49/2013 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:

- The SHMI and RAMI target should be 73 which represented the proportion of in-hospital deaths. The RAMI had gone up to 83 in the month but on further investigation this was due to 30 patients who had not been coded appropriately;
- Crude mortality for the month was 2.06% with a year to date figure of 1.66%. The increase towards the end of the year was a common seasonal peak with the year to date figure slightly above the planned 1.6%;
- Infection rates remained good;
- The Quality Account objectives were presented for approval with the Chief Nurse confirming that the quality targets for 2013/14 would be linked to the CQUINs and as these had not yet been agreed there may be some variation of the final 2013/14 targets set. The Board approved the Account in principle with the draft Quality Account to be circulated to all Board members.
- The Chairman questioned the position of the Trust in relation to new harms. The Chief Nurse confirmed that the term 'new harm' related to harm acquired in-hospital with the Trust performing slightly below the national average in the mid-range of its peers against this indicator. This was a priority for 2013/14. Chart one in the Quality report would be re-titled as this was not correct at present.

SR

SR

The Board NOTED the report and APPROVED in principle the Quality Account.

O-50/2013 Annual PALS and Complaints report

The Chief Nurse presented the Annual PALS and Complaints report Which sought to assure the Board that formal complaints made to the Trust during the period April 2012 to March 2013 were being considered

in accordance with the NHS and Social Care Complaints Handling Regulations (England) 2009. The Chief Nurse highlighted that the number of complaints had reduced by 4% in the year and that whilst this was a small figure the improvement needed to be sustained. A reduction in contact with PALS was also present although capacity issues in the office in the year may have led to this reduction being due to accessibility rather than reduced need.

The Chief Executive confirmed that the Equality And Diversity Steering group reviewed all diversity related complaints on a quarterly basis and the majority related to age.

The Medical Director noted that the report highlighted the correlation between PALS contact and complaints received specifically alluding to PALS contact from Trauma & Orthopaedics and Diagnostics & Therapies having increased in the year whereas complaints had reduced, Medicine & Emergency Services where PALS contact had reduced whereas complaints increased whilst Women's Health & Paediatrics where PALS had reduced substantially and complaints had fallen marginally.

Peter Taylor, Non-Executive Director, requested confirmation as to the lessons learnt and the actions that the Trust will take from these. The Chief Nurse advised the Board that a report on lessons learnt would be discussed at IGAC before being presented to Board.

SR

O-51/2013 Board Assurance Framework

The Head of Corporate Affairs presented the Board Assurance Framework which had been revised following the finalisation of the 2013/14 Trust business plan. As such approval was sought from the Board for the closure of nine risks and the opening of five new risks to encapsulate the priorities and key risks moving forwards.

As in January 2013 the framework had five extreme risks which related to the emergency care pathway, staff experience and the financial pressures through CIPs and CQUINs.

The Board APPROVED the Board Assurance Framework.

O-52/2013 Corporate Risk Register

The Chief Nurse presented the Corporate Risk Register.

The Deputy Chief Executive would review risk 1267, 'Safeguarding Children' to ensure this had been appropriately captured.

VB

The Director of Finance and Information noted that the risk relating to CIPs should be increased to reflect that presented within the BAF.

SR

The Chairman requested assurance over the allocation of patients referred to in risk 1262. The Deputy Chief Executive confirmed to the Board that the Trust had clear policies in place to ensure that day surgery and in-patients did not mix and that the Trust had not used the admissions lounge at all this winter.

The Chief Nurse confirmed that the process of identifying and mitigating risk and the presentation of the register was under review with a paper due at IGAC in June. Any changes discussed and approved would be reflected in the next iteration of the Register to Board in July.

The Board NOTED the Register.

O-53/2013 Health and Safety Quarterly Report

The Deputy Chief Executive presented the Health and Safety Quarterly Report which provided assurance to the Board that the Trust is managing its health and safety risks and thereby complying with its statutory duties.

The Deputy Chief Executive highlighted that there had been a rise in reportable incidents in the quarter, which were considered to be as a consequence of the change to electronic reporting and raised awareness of the requirement to report such incidents. A particular focus in the last quarter has been on manual handling.

The Board agreed that this report should in future be presented on a six monthly basis rather than quarterly due to the low level of incidents which have been evidenced in the year.

The Board NOTED the report.

PERFORMANCE

O-54/2013 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 Interim Deputy Director of Workforce and OD highlighted that agency staff remained higher than planned but that this would be improved in 2013/14 following the decision to bring bank and agency staffing in-house from the 1st August. Sickness absence levels had increased but no specific reason had been identified as to the reason for this.

Clinical Strategy: The Medical Director highlighted a number of indicators from the scorecard, noting that:

- The SHMI and RAMI had increased;
- Crude mortality had increased in March but the year to date figure showed improvements;
- Little headway was being made with patient moves;
- The A&E waiting time target for the year had been met;
- Admissions from nursing homes had improved versus last year;
- Discharge at weekends had improved from 12% in the prior year to c17% in the current year;
- Emergency activity had increased by 10% since the prior year.

Finance and Efficiency: The Director of Finance and Information confirmed that the Trust had delivered the planned surplus of £3.3m for the year. Capital expenditure which had slippage in 2012/13 would be rolled over into 2013/14. Indicators which continued to struggle including length of stay, theatre utilisation and day case rate would be focussed on in 2013/14.

The Board NOTED the report.

O-55/2013 Enhancing Staff Experience

The Chief Executive introduced the paper which presented the 'Enhancing Staff Experience – Creating a Positive and Respectful Culture' forward plan noting the plan had been produced in the light of both the Staff Survey results of 2012 as well as the recommendations of the Francis Report 2013.

The Chief Executive highlighted to the Board the process which the Trust had gone through since the publication of the staff survey results which had involved a number of listening events, particularly with those areas of the Trust who performed poorly in the survey, to engage with staff on improving engagement and experience. A common theme from those areas which had performed poorly was that of recent organisational change and the process undertaken to implement this change in the future was being reviewed by the Deputy Chief Executive and the incoming Director of Workforce Transformation.

The Chief Executive confirmed a refreshed perception of staff experience enshrined within an 'employee promise'. Health and well-being support was something which staff did not feel was sufficient within the Trust and this would need to be improved along with the quality of appraisals and support for staff raising concerns.

The work to date had highlighted the importance of leadership skills within first line managers to ensure they were confident to liaise effectively with staff. A programme of leadership skills was to be put in place with the support of an external company, Hay, from June 2013.

The continuance of team coaching through Team ASPH was required with to date 21 of the 26 specialities having met with external facilitators under the Team ASPH programme.

The Staff survey had identified specific areas which needed particular focus and progress against action plans would be reviewed periodically by the Chief Executive. Staff would also be surveyed quarterly to assess the impact of plans implemented.

Terry Price, Non-Executive Director praised the concept of citizenship with a staff commitment to the organisation and to the team. However this commitment should also be emphasised to the patient.

AL

Jim Gollan, Non-Executive Director, emphasised the need for the plan to drive improvement and queried whether the plan as presented was detailed enough for this to be the case with success measures not being incorporated. Clare McCurk assured the Board that at this point the plan was essentially an approach framework with the detail to be developed and implemented by the new Director of Workforce Transformation. Progress against measurable outcomes would be reported to the Board in two to three months.

LMcK

The Chief Executive agreed that following the discussion on Francis earlier in the agenda that the listening events being planned needed to be encompassed within the staff experience plan.

LMcK**O-56/2013 Performance Report**

The Deputy Chief Executive introduced the report which focussed on the

planned care pathway and emergency care.

Planned care was performing well with the aggregate target met for the month of March and quarter four as a whole. There were concerns over backlogs and subsequent waiting lists in three specialties: Ophthalmology, Urology and Oral Surgery with a plan in place to reduce the waiting list to 30 weeks by the end of quarter one. The Deputy Chief Executive confirmed that all planned waiting lists had been reviewed with the identification of one area, Pain Management, where patients were not appropriately placed on the correct waiting list which had led to this specialty not meeting the referral to treatment time target in March. This was being resolved in April.

The Deputy Chief Executive confirmed that the Trust did not meet the four hour waiting time target in quarter four. The Deputy Chief Executive expressed disappointment at this performance after the improvement noted in the previous three quarters of the year and highlighted to the Board the national context with severe pressures in meeting the A&E target at present. Locally the change in the Patient Transport System provider and the challenges faced following the introduction of the telephone 111 service had exacerbated this situation.

Improvement had been evidenced during the Easter period with credit due to Medicine and Specialist Medicine for maintaining normal working patterns on Good Friday and Easter Monday.

The Deputy Chief Executive assured the Board that the emergency department was a much improved working environment than in previous years with some strong appointments having been made to substantive positions with a new Associate Director of Nursing, Associate Director of Operations and Speciality Lead now in place and that these posts were starting to deliver real change.

A priority for 2013/14 was the improvement of ambulance hand-over times with slow turnaround times leading to financial penalties in 2013/14. If 2012/13 performance was replicated in 2013/14 this would lead to fines of c£780k. However, current performance was positive with the Trust in the top two or three in the South East at present.

The Chairman sought assurance on the current position and the likelihood of achievement of the target. The Deputy Chief Executive confirmed that issues with the Patient Transport System and the new telephone 111 service had meant that achievement of the target in April was challenging however the complex discharges were reducing each day and were now down to 50-55. A meeting of the Chief Executives of Royal Surrey and Frimley Park earlier in the week had identified areas which the Trust could work together on.

The Board NOTED the report.

O-57/2013 Finance Committee Minutes

Jim Gollan, Non-Executive Director and Chair of the Finance Committee presented the minutes of the Finance Committee meeting held on 20th March.

Jim Gollan provided an update on the Committee in April which had conducted the annual review of the workings of the Committee. This review had agreed that the 2013/14 budget would be articulated as a

packed of risks to be managed, that the Committee would build on the work of redefining capital approval and monitoring and the establishment of a Director of Finance 'think tank' which would enable finance issues to be brought to the Committee seeking solution and momentum from members.

The Board NOTED the minutes.

STRATEGY AND PLANNING

O-58/2013 Corporate Objectives Q4

The Director of Finance and Information presented the Corporate Objectives for quarter four with the majority of these having been delivered and some being rolled forward into 2013/14.

The Chairman praised the work of the teams in ensuring the delivery of the majority of the corporate objectives with the Director of Finance and Information confirming that without implementing the actions that underpin these objectives the Trust would not have achieved their financial plans and the achievement of the majority of Monitor targets and indicators. The objectives for 2013/14 had been refined to ensure those that it was believed would have the biggest impact were focussed on.

The Board NOTED the report.

O-59/2013 Innovation Fund Annual Report

The Chief Executive introduced the paper which provided an annual review of the projects funded through the Innovation Fund and the achievements to date.

Board members believed the Fund was a good idea and was a good way of fostering innovation and staff engagement.

The Board NOTED the report.

O-60/2013 Sustainable Management Plan update

The Deputy Chief Executive presented the report which provided an update on the Trust's Carbon Footprint status and Sustainable Management action plan progress against the NHS national target of 10% reduction by 2015 and a Commitment to Sustainable Development which was a Board statement of the Trust's determination to minimise its impact on the environment while meeting its pledge to put patients first.

The Director of Finance and Information believed some caution was needed when assessing the carbon reductions which could be obtained from procurement as suitable evidence of these possible reductions had not yet been viewed.

The Board NOTED the report and APPROVED the Commitment.

O-61/2013 Equality Delivery System

The Interim Deputy Director of Workforce and Organisational Development introduced the report which sought to inform the Board of the Equality Delivery System (EDS) that has been developed for Ashford and St Peter's Hospitals NHS Foundation Trust and to seek approval of

the goals, which are linked to Trust Strategic Objectives, and the next steps identified.

The Board APPROVED the Equality Delivery System.

REGULATORY

O-62/2013 Register of Interests

The Register of Interests presented to the Board was NOTED.

O-63/2013 Use of Trust Seal

No recordings.

FOR INFORMATION

O-64/2013 Divisional Management arrangements

The Deputy Chief Executive updated the Board on changes to the current Divisional management arrangements in the Trust with four Divisions now in place providing a stronger sense of devolution with greater ownership and speciality level leadership.

The Board NOTED the report.

ANY OTHER BUSINESS

None.

O-65/2013 QUESTIONS FROM THE PUBLIC

In response to questions from the public the following responses were provided:

- The concerns around child safeguarding were due to a failure to comply with procedures rather than inadequate procedures in place
- Mortality figures provided by an external provider, CHKS, were reviewed at speciality level rather than merely in aggregate. This provided assurance that low aggregate figures were not masking higher rates elsewhere. SHMI data was provided three months in arrears with no current outliers.
- The Trust was doing a significant amount of work to improve discharges and there was more to be done in 2013/14. The implementation of Eprescribing would help to improve this. Whilst there was a 10% falls in complaints related to discharge there had been recent in-month increases which were due to seasonal variations and winter pressures.
- The failures to achieve the A&E target was not solely due to a lack of funding but many factors with the acuity of patients in quarter four being higher resulting in longer stays in hospital.
- There was an in-depth action plan in place to reduce the levels of falls in the hospital and this work would continue in 2013/14.

DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 30th May 2013 at Ashford Hospital.

Signed:
Chairman

Date: 30th May 2013

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment at 23 rd May '13	Status
29/11/12	O-158/2012	Workforce Committee Terms of Reference	Number of members on the Committee to be considered with revised Terms of Reference circulated if appropriate.	RB	Feb '13	Terms of Reference reviewed by incoming Director of Workforce Transformation and Chair of Committee. To be approved by Trust Board.	
31/01/13	O-7/2013	Outpatient appointment letters	Presentation of report on the programme of work to Board.	VB	Apr '13	On May agenda.	✓
28/03/13	O-27/2013	Surrey Pathology Services financial information	Presentation to Finance Committee on the SPS financial information.	SM	May '13	To be presented at June 2013 Finance Committee.	
28/03/13	O-30/2013	Patient Panel Report	Presentation to the Patient Panel on telephone response times.	VB	May '13	To be presented at the meeting on 28 th May.	✓
25/04/13	O-49/2013	Quality Report	Draft Quality Account to be circulated to Board members.	SR	May '13	Circulated and approved at Special Board Meeting on 28 th May.	✓
25/04/13	O-49/2013	Quality Report	Chart one in the Quality report to be re-titled as this was not correct at present.	SR	May '13	Corrected.	✓
25/04/13	O-52/2013	Corporate Risk Register	Review of risk 1267, 'Safeguarding Children' to ensure this had been appropriately captured.	VB	May '13	Completed	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment at 23 rd May '13	Status
25/04/13	O-52/2013	Corporate Risk Register	Risk relating to CIPs should be increased to reflect that presented within the BAF.	SR	May '13	Completed	✓
25/04/13	O-55/2013	Enhancing Staff Experience	Citizenship to also include commitment to the patient.	AL	May '13	Included.	✓
Action due at a future meeting							
28/06/12	O-69/2012	Quality, Safety and Risk Management Strategy	Review progress in one year	SR	Jul 2013	Not due	ND
29/11/12	O-152/2012	Medical Revalidation	Report to Board on the results of the first year re-validation.	DF	Apr '14	Not due	ND
28/03/13	O-27/2013	Surrey Pathology Services review	Post implementation review to be presented to Closed trust Board.	SM	Jun '13	Not due	ND
28/03/13	O-39/2013	Electronic document management options	Report to Board on options available.	SM	Jun '13	Not due	ND
25/04/13	O-50/2013	Annual PALS and Complaints	Lessons learnt paper to be presented to IGAC and Board.	SR	June'13	Not due	ND

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment at 23 rd May '13	Status
		report					
25/04/13	O-55/2013	Enhancing Staff Experience	Progress against measurable outcomes within the staff experience plan to be reported to the Board.	LMcK	July '13	Not due	ND
25/04/13	O-55/2013	Enhancing Staff Experience	Listening events being planned post Francis needed to be encompassed within the 'Enhancing Staff Experience' plan.	LMcK	July '13	Not due	ND

Key

---	On Track according to timetable	ND	Not due yet
✓	Completed according to timetable		