

**TRUST BOARD MEETING
MINUTES
Open Session
26th June 2014**

PRESENT:	Valerie Bartlett	Deputy Chief Executive
	Philip Beesley	Non-Executive Director
	Sue Ells	Non-Executive Director
	David Fluck	Medical 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
SECRETARY:	George Roe	Head of Corporate Affairs
APOLOGIES:	Jim Gollan	Non-Executive Director
IN ATTENDANCE:	Mick Imrie	Chief of Patient Safety / Deputy Medical Director

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

There were no declarations of interests in the proceedings.

O-73/2014 MINUTES

The minutes of the meeting held on 29th May were AGREED as a correct record once the action in minute O-66/2014 had been revised from Sue Ells to Valerie Bartlett.

MATTERS ARISING

None

REPORTS**O-74/2014 Chairman's Report**

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

- The recent appointment of Suzanne Rankin as Chief Executive;
- The on-going work progressing towards the merger with Royal Surrey County Hospital (RSCH);
- The 65 days without a pressure ulcer which was a great achievement for the Trust; and
- The 10th anniversary of the Minerva Centre which was held

the previous day.

The Board RECEIVED the report.

O-75/2014 Chief Executive's Report

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

- The public meetings being held in June to engage with the public over the proposed merger with RSCH. More than 70 members of the public had attended the first of these meetings at St. Peter's Hospital with a further 60 booked to attend that evening at Ashford Hospital;
- The recent Consultant conference which has been well received;
- The last Sounding Board before Suzanne Rankin takes over as CEO;
- The US Study Tour with a workshop of clinicians and GPs being held on the 30th June to feedback learnings from the trip; and
- The upcoming public meeting to discuss blue badge car park charging concessions.

The Board RECEIVED the report.

QUALITY AND SAFETY

O-76/2014 Integrated Governance and Assurance Committee Minutes

Philip Beesley presented the minutes of the meeting held on 21st May 2014 which were RECEIVED by the Board.

The Chairman asked about the recent patient safety indicators which had been published on NHS Choices that week. The Chief Nurse highlighted that 20% of Trusts had been described as 'not demonstrating an open culture' but the Trust was not one of these. One red flag had been raised in connection with a NPSA alert related to medical devices. This was well known to the Trust with the risk being mitigated as far as it could.

O-77/2014 Quality Report

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

- The in-hospital deaths figure which had risen and was now above trajectory. Assurance was provided to the board that the SHMI and HSME figures were within expected levels;
- The C-Difficile figure which was also above trajectory following two cases in the month. One of these may have been community acquired and would not be allocated against the Trust if this was the case;
- The number of pressure ulcers which was falling;
- The re-admissions rate which was on trajectory. The rate would be reviewed as this may not be a challenging enough target;
- The use of the WHO checklist which was showing progress;
- The improving stroke metric on entering a dedicated unit within four hours. The Medical Director agreed that this was

the best stroke indicator to be measured but assured the Board that were patients did not enter a unit within four hours a good quality of care was still being provided; and

- Friends and Family scores which were not consistent month on month.

Sue Ells, Non-executive Director, commended, on behalf of the Board, the recent success in reducing the number of pressure ulcers and falls.

The Board NOTED and obtained ASURANCE from the report.

O-78/2014 Complaints procedure

The Chief Nurse introduced the report which provided the Board with a summary of the current national context to which complaints were being made within, the recent Trust activity around complaints, developments in the complaints service and the quality restructure which had been implemented at the Trust to devolve the complaints procedure. The Chief Nurse noted that whilst assurance could not yet be provided that adequate procedures were in place this was fully recognised and understood with actions underway.

Sue Ells questioned whether a wider training needs analysis had been conducted to ascertain what was needed to improve standards. The Chief Nurse noted that a formal analysis had not been conducted but this could be useful. Letter writing skills was one of the most important aspects of the complaints procedure with the 'follow-up ratio' metric on the dashboard to analyse this. Only one case had been upheld by the ombudsmen in the last three years which provided the team with assurance that responses were robust.

The Trust provided an external service to patients through both an advocacy service and the patients association.

The Board NOTED and obtained ASURANCE from the report.

O-79/2014 Safer Staffing Levels

The Chief Nurse presented the safer staffing levels report which had been published that week as part of the new safety indicators included on NHS Choices. As part of this the Trust were required to risk assess their staffing levels by ward and develop an exception report which is presented to board on a monthly basis. This first report highlighted staffing levels of 97% at St Peter's and 105% at Ashford Hospital. The Chief Nurse assured the Board that the Trust's St Peter's levels were not an outlier nationally and that this reflected the levels of staffing variability between wards. The Trust had approved a significant increase in establishment levels at the Board in March and current levels were being assessed against this newly increased establishment. Some of these posts remained vacant whilst recruitment continued.

Of the eight wards which had been highlighted in the exception report Joan Brooker and the Labour ward had been included incorrectly.

The Chairman sought assurance from the Chief Nurse that the leadership in each of the wards highlighted was sufficient. The Chief Nurse noted that Cedar was a difficult ward to work in. Its establishment was sufficient but there was current inability to fill this with substantive staff due to the nature of the work involved.

The Board NOTED and obtained ASSURANCE from the report.

PERFORMANCE

O-80/2014 Performance Report

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

The Deputy Chief Executive provided the Board with detailed information in relation to the continuing challenges to meet the waiting time target with an extremely difficult quarter one. In the last week of May the Trust had received the most ever number of attendees ever in a single week. Elective demand was also considerably higher than usual which was exacerbating the operational pressure within the Trust. These pressures were providing concern due to the impact on staff morale and patient outcomes and experience. In early May the Trust had closed Swift ward to create the space for an escalation ward and being mindful of the financial pressures on the Trust.

With five days of the quarter to go the Trust quarterly performance was currently 95.3% which was testament to the effort of the staff involved. There was now confidence that the quarter one target would be met although the pressures experienced highlighted significant concerns for quarter three and four 2014/15. These concerns had been raised with the CCG and an upcoming workshop would consider these in more detail.

The national context was a similar one to that experienced by the Trust with data from April and May identifying the trend of increasing attendances and admissions between 2013 and 2014. Some neighbouring Trusts were performing better following investment in additional capacity. St Peter's had grown capacity slightly but had focussed investment on early senior clinical decision making.

Philip Beesley noted the increase in delayed transfers of care and the Deputy Chief Executive confirmed that this increase had impacted waiting time performance.

Clive Goodwin questioned whether the waiting time performance figures were disaggregated to a level which enabled support and resources to be targeted to the correct areas. The Deputy Chief Executive confirmed that a root cause analysis was undertaken for each breach to ascertain reasons and future actions.

The Director of Finance and Information highlighted that the Trust undertook a high level of forensic analysis at the front end but less as you went through the hospital. Improvements were being made with early warning systems indicating where blockages might occur.

The Deputy Chief Executive indicated good progress with the non-admitted, incomplete and diagnostic referral to treatment time (RTT) targets with these no longer at risk of being breached. The admitted target was not yet being achieved and this would take longer to rectify. The Trust was off trajectory for admitted performance and this was due, predominantly, to increases in the waiting list above those forecast and to the number of cases being outsourced being less than planned. Presently the Trust was receiving 15-20 general surgery referrals a week. Many of these cases were complex and lengthy and hence could not be

on-referred to the private sector.

In terms of admitted performance general surgery was tracking well against the Trust's revised trajectory. Trauma and Orthopaedics was not performing so well. Additional funding which had been announced recently by the government would help this situation and the Trust were liaising with the CCG as to how this would be allocated. The Trust were aiming to be compliant with the admitted target by the end September. The challenge for the operational teams was to see and treat as many patients as possible in July and August. One potential barrier to this was the need to replace the ventilation systems in theatres. This work would be completed in September.

The Deputy Chief Executive advised the Board that the outcome of the Joint Service Investigation into the current issues in RTT conducted by the CCG would be brought to the next meeting. **VB**

The Board NOTED and obtained ASSURANCE from the report.

O-81/2014 Balanced Scorecard

The four quadrants of the Balance Scorecard were considered.

Best Outcomes and Excellent Experience: These quadrants were addressed in the Quality report.

Skilled, motivated workforce: The Director of Workforce Transformation highlighted the key aspects from the scorecard including:

- The operational pressures experienced within the hospital in May which was reflected in the agency usage, especially in nursing;
- The new bank rates which had been agreed and the writing to all substantive nursing staff to try and attract more onto the bank. Bank staff were now paid weekly which was expected to help;
- Turnover and stability indicators which were improving;
- The reduction in staff leaving highlighted by comparison of May 2013, with 54 staff leaving, and May 2014 with 39 leaving;
- Continued efforts to recruit more nursing staff with a nursing open day held recently. The development of a two year rotation programme with a fast track to band 6 was planned to attract additional nurses to work for the Trust; and
- The continuing fall in appraisal rates which were now under 80%. This was being followed up at monthly performance review meetings. The Workforce and Organisational Committee was also focusing on the new appraisal process.

Finance and Efficiency: The Director of Finance and Information highlighted rises in activity and income in May with resultant increases in costs. Cost Improvement Programmes were not delivering as planned, being £0.4m lower than plan, which led to off plan EBITDA and surplus.

Of the efficiency metrics 'Outpatient First to Follow ups' was off target and one to watch. There had been some improvement in theatre utilisation and this now needed to be built on. With Urology moving back to St. Peter's the elective inpatient target may no longer be appropriate.

The Board NOTED and obtained ASSURANCE from the Scorecard.

STRATEGY AND PLANNING

O-82/2014 Treasury Management Policy

The Director of Finance and Information introduced the annual review of the Treasury Management Policy. The full policy had been reviewed by the Finance Committee with only proposed changes presented to the Board.

The policy was APPROVED by the Board.

REGULATORY

O-83/2014 Monitor self-certification

The Head of Corporate Affairs presented the paper which set out the self-certifications required to be sent to Monitor by 30th June 2014. The paper detailed the recommended certifications against the Corporate Governance Statement, the Academic Health Science Centre and the requirement to train all Governors and the evidence which demonstrated why such certifications could be made.

The recommended certifications were APPROVED by the Board.

O-84/2014 Finance Committee: Terms of Reference

The Director of Finance and Information presented the Finance Committee terms of reference which were APPROVED by the Board.

ANY OTHER BUSINESS

O-85/2014 Patient Panel: Sue Ells reported to the Board on the recent Patient Panel meeting. The Panel discussed the ‘living our values’ work and questioned why only the nursing staff had been through this. The Chief Executive confirmed that all staff had been part of this work when it was conducted two to three years ago. The Director of Workforce Transformation had attended the last meeting to discuss staff retention. Philip Beesley was also due to attend an upcoming meeting to discuss the workings on IGAC.

QUESTIONS FROM THE PUBLIC

In response to a question from a member of the public the Chief Executive set out some of the key reasons for the planned merger with Royal Surrey County Hospital noting that there had been a public meeting at St. Peter’s, which had been very well attended, on the 18th June and there was a further meeting planned for that evening at Ashford Hospital which was also expected to be well attended.

DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 31st July 2014 at St. Peter’s Hospital.

Signed:
Chairman

Date: 31st July 2014

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
29/11/12	O-152/2012	Medical Revalidation	Report to Board on the results of the first year re-validation.	DF	Apr '14	On agenda.	✓
1/05/14	O-45/2014	Trust Risk Register	Further in-depth review of the TRR at IGAC.	MI	Jul '14	Completed at IGAC meeting of 22 July.	✓
29/05/14	O-63/2014	Research activity	Quarterly report to be presented to Board on a quarterly basis.	DF	Jul '14	Research strategy on Board agenda.	✓
26/06/14	O-80/2014	Performance Report	JSI report to be reported to Board.	VB	Jul '14	Report not yet completed. To be deferred to September Board.	
Action due at a future meeting							
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
30/01/14	O-17/2014	Board Sub-Committee Membership	Review of Sub-Committee membership	AMcL	Jan '15	Not due	ND
29/05/14	O-63/2014	Research strategy	Strategy to be developed and presented to Board.	DF	Sept '14	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