Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD MEETING
MINUTES
Open Session
25th November 2010

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr John Headley	Director of Finance & Information
	Dr Mike Baxter	Medical Director
	Mr Nadeem Aziz	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Prof Philip Beesley	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Ms Sue Ells	Non-Executive Director
	Ms Susan Osborne	Interim Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Valerie Howell	Deputy Chief Executive
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs
IN ATTENDANCE:	Dr Angela Shaw	Director of Infection Prevention Control
	Suzanne Rankin	Chief Nurse Designate

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The Board welcomed Suzanne Rankin as the new Chief Nurse. Suzanne would be taking up position on 20 December 2010.

O-218/10 MINUTES

The minutes of the meeting held on 28 October 2010 were agreed as a correct record subject to amending minute O-201/10 Board Assurance Framework to read:

"The report identified a number of changes in respect of assurances and controls which the Board approved.

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 time scales.

O-219/10 **Public Question – Operating on a Broken Leg (Minute O-196/10 Refers)**

The priority list for clinical assessment of orthopaedic trauma patients had been attached with the papers. The time scale for operating on patients with a broken leg would vary, depending on the clinical indicators. Emergency cases were always dealt with immediately but sometimes there

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	were clinical indicators which meant it was not appropriate to operate immediately.	
O-220/10	**Length of Stay (Minute O–196/2010 refers)**	
	The Deputy Chief Executive outlined the scope of the Length of Stay Project and progress being made.	
	The project had predominantly focussed to date on very detailed data analysis around length of stay. This had created for the Trust a detailed set of metrics that enabled good understanding of current benchmarked performance. In addition, the detailed analysis also enabled appropriate targeting of future work on length of stay.	
	By drilling down through the top level information, the Trust was able to identify outlying specialties and variation between consultant practice. The report also identified potential bed day savings through implementation of the Directory of Ambulatory Emergency Care for Adults.	
	The project would support achievement of the 2011/12 CIP plan. The data analysis undertaken would ensure that the Trust could focus improvements in specific areas.	
	The Board was assured that in undertaking the length of stay project, the Trust was continuing to maintain the single-sex accommodation standards. In view of the work undertaken, a review of the corporate risk on single-sex accommodation would be undertaken.	**VH**
	The Board NOTED the report.	
	REPORTS	
O-221/10	**Chairman's Report**	
	The Chairman highlighted the successful elections for Governors which had been completed. There had been a strong turnout amongst the public members demonstrating good engagement. The first formal meeting of the Council of Governors would take place on 1 December 2010.	
	The Trust was experiencing a high level of emergency admissions. Staff were thanked for their efforts in dealing with the pressures within the hospital. Referring to recent publicity in the national and local press about apparent poor care the Board supported the approach of encouraging patients and carers who felt they have not received the best care possible to raise their concerns early so that improvements could be made.	
	The Board NOTED the report.	

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O-222/10 Chief Executive's Report

The Chief Executive highlighted that managing the high level of activity was being addressed through a whole systems approach, including discharge. Increasing the focus on pre-planning during peaks in capacity was essential

The Board was pleased to note the excellent performance on the Cancer two-week wait targets and also that the whole Pathology Service had retained their fully accredited status (CPA). This was a significant achievement, and the Trust was the only Pathology provider within the Surrey and Sussex area to be fully accredited in all services.

The Nursing and Midwifery Establishment Review and Consultation was progressing. This was seeking to achieve a number of outcomes:

- The right numbers of nurses with the right experience, skill mix and leadership. Overall, the proposals would result in a net increase in nursing staff and final proposals on costs and implementation would be presented to a future TEC meeting.

- A review of the nursing leadership arrangements was included in the consultation, reflecting that the Trust now operated seven divisions. This would result in the creation of a number of Heads of Nursing posts and the re-alignment of some matrons.

- A review of the specialist nurses was also included; this would result in improved definition of their role including undertaking limited clinical duties where appropriate.

It was confirmed that the Trust was working closely with matrons and formal representatives in order to ensure the process was managed fairly and effectively.

Improving the patient experience was one of the Trust's four strategic objectives, and nursing staff were instrumental in delivering a high quality patient experience.

The Board NOTED the report.

QUALITY AND SAFETY

O-223/10 Quality Report

The Medical Director and Interim Chief Nurse introduced the Quality Report. This drew together the dashboard with associated commentary on exceptions and the ward metrics.

The following points from the report were highlighted:

- The Trust's SMR had shown a small increase in August. This was derived from the Dr Foster National Report, which was produced two months in arrears. However, the Trust's CMR was locally produced and immediate and showed a low rate of 1.4%.

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- The report identified a number of deaths in Paediatrics (acute emergency surgery). This was being reviewed and a report would be presented back to the next Trust Board. **MB**

- The CQC Quality and Risk Profile (QRP) report considered at the October Board meeting had highlighted 19 deaths classified under the ENT coding. A review had been undertaken of these cases and had identified a coding issue as the deaths related to patients who had undergone a tracheotomy procedure in an intensive care setting. In each case, the underlying condition had been the cause of death.

It was extremely pleasing to note the Trust's continued strong performance on Infection Control. There had been no cases of either MRSA or C-difficile during October.

The Trust's VTE performance continued to improve and had now reached 91%. Consideration was now being given as to how to measure the outcome of the risk assessment and whether the correct indicated prescription had been given.

The Board noted the continued actions in respect of the colorectal surgical site infection audit, and that the Colorectal Surgeons and Theatre Staff were actively involved in identifying improvements.

The report included an early version of a clinical strategy dashboard. The sections on safety and clinical outcomes were relatively well populated but there was further work to do on identifying indicators in respect of patient experience. It was agreed that more appropriate indicators such as DNAs or GP opinions should be sought and replace PALS contacts. **MB**

The Trust benchmarked well in respect of its re-admission rate, but the actual numbers of patients re-admitted was high, although the trust had one of the best performances in the South East Coast region. As well as the potential financial risk associated with 30-day re-admissions from 2011, there were also issues regarding managing end of life care.

The wards were continuing to implement the "your feedback" process with a specific focus on patient's response to the question "would you recommend this Trust to friends and family." The report included the net promoter score (NPS) which confirmed that there was still substantial work to do to achieve a shift in patient and public perception of the hospitals. It was agreed that further iterations of the table should also include the added dimension of the similar question being asked from staff. **SO**

The QRP was being updated monthly by the CQC. Two indicators had moved from green to amber but it was confirmed that stronger ownership was now being achieved via the General Managers.

The Trust continued to reduce the incidence of serious falls, but further work was required in this area.

The results from the 2010 National Maternity Survey showed that the Trust had performed better in response to 38 questions as compared with 2007, and that of the 12 areas where the response was poorer, all related to **SO**

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community settings. The Trust was developing an action plan, and it was agreed to clarify when the results would be published nationally.

It was agreed to include the definition of both VTE and NPS into the definitions for future reference purposes. **SO/MB**

The Trust Board NOTED the report.

O-224/10 Half-Yearly Infection Control Update

Dr Angela Shaw, Director of Infection Prevention and Control, was welcomed to the meeting and highlighted various aspects of her six-monthly report.

The Trust had a demanding target of a maximum of five hospital cases of MRSA. All cases of MRSA were subject to root cause analysis and the Trust had implemented a range of actions, including improvements in blood culture taking techniques, testing the competency of clinical staff in aseptic techniques and introducing a trial of phlebotomy staff taking blood cultures, supported by CSNPs outside a 12-hour period.

All elective admissions were now being screened for MRSA, and since July 2010 emergency admissions were also being screened. The Trust had achieved 100% compliance in October on elective screening.

There had been a significant increase in compliance with the guidelines on antibiotic prescribing and compliance with guidelines on hand hygiene continued to improve.

The Trust was starting to introduce the use of 2% Chlorhexidine plus alcohol for colorectal surgery. It was clarified that this was not specifically recommended by the DoH but was generally becoming best practice.

Looking forward, it was understood that the Government wanted to monitor additional infection rates, but no agreement had yet been reached.

The Board NOTED the report and thanked the Control of Infection Team for their significant achievements over the year.

O-225/10 Trust Board Agreement for Infection Prevention and Control

The Board agreed its Directors' Agreement, subject to including reference to the Trust's values and clarifying that the Control of Infection Committee reported to the Clinical Governance Committee and then to IGAC, which was a sub-committee of the Trust Board.

The Board APPROVED the agreement which would be signed by the Chairman and Chef Executive. **AS**

PERFORMANCE

O-226/10 Balanced Scorecard

The Balanced Scorecard comprised four areas aligning to the Trust's four key strategic objectives.

Patient Safety and Quality

This aspect had been addressed earlier on the agenda.

Workforce

Overall, the quadrant continued to be predominantly green, indicating a sustained strong performance. The following sections from the workforce quadrant were highlighted:

- The Trust's establishment had increased by 4 WTE from the previous month. This was an increase in the nursing establishment in Wordsworth Ward, as beds had been reinstated.

- The overall level of temporary staffing increased in October. This was mainly due to an increase in the use of medical agency staff; measures were being taken to ensure robust sign-off and exploration of alternatives in order to bring this level of usage down.

- The level of staff having participated in an appraisal had risen to 92% at the end of October. Early November figures showed this level had dropped and the Workforce and OD Team were working with divisions to ensure this work maintained a high focus.

- Field work for the current National Staff Survey was underway and the Trust's return rate at mid November was 58.7%; the highest rate of all the Trusts using the Picker Survey at that stage.

- It was encouraging to note that 427 staff were now participating in some form of leadership development programme at the Trust.

In discussing the report, it was noted that the level of sickness absence remained static at 3.3%. Occupational Health were encouraging the uptake of the flu vaccination by staff and were operating a programme of visiting clinical areas to encourage this.

Clinical Strategy

The Trust continued to over-perform with a rising level of emergency admissions. However, a revised emergency pathway was being introduced during week of 22 November.

There was a slight drop in GP referrals. GP consortia were beginning to emerge and take commissioning decisions, some of which impacted on the Trust's activity. Progress was being made with the three local PBC consortia around joint working and included a number of projects which would reduce outpatient referrals but help ensure the Trust was the secondary care provider of choice for elective work. The Trust was continuing to increase its presence in Community settings.

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	The Trust would be focussing increasing local market-share in Hounslow during Quarter 3 and Quarter 4.	
	Finance and Efficiency	
	The Trust continued to achieve a FRR4. CIP savings were ahead of target year to date and current forecasts indicated that full-year savings would be in line with the £9m target.	
	Capital spent remained well below year-to-date target, but the Board was assured that there were several major schemes due to come online prior to the year end; this included significant capital expenditure on creating decked car parks at St Peter's Hospital in line with the master plan.	
	The Board NOTED the report.	
O-227/10	**Compliance Framework**	
	The Trust continued to score amber/green against the Monitor Compliance Framework. Performance against the majority of key targets had now been stable for many months. The Board was pleased to note that the Trust achieved 100% compliance with the MRSA elective screening target for the first time in October 2010. This was the one outstanding performance issue which drove the current amber/green rating.	
	In respect of the PCT targets, the report demonstrated a significant improvement in respect of the caesarean section rate during October.	
	Maintaining the 98% target for patients presenting through A&E to be seen within four hours remained a challenge to the St Peter's A&E Department. However, implementation of the workforce plan was starting to show benefits through improved clinical leadership and engagement.	
	The numbers of outliers were starting to reduce as the bed base was adjusted; however, further work was required to achieve the objective of treating the right patient in the right place. There was a slight drop in performance against the fractured neck of femur target for October. There had been many improvements to the pathway for these patients and the dip was largely due to batching of patients.	
	The Chief Nurse would check the pressure ulcer data which showed a significant increase in incidence during October.	**SO**
	The Board NOTED the report.	

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STRATEGY AND PLANNING

O-228/10 Update on Progress with Informatics Strategy

The Trust's current Health Informatics Strategy had been predicated on the NHS National Strategy, however the National Programme for IT (NPfIT) had now been closed, and the Board had previously been advised of actions taken to develop the Trust's local strategy.

A new Associate Director of Health Informatics had been appointed and work was underway on a number of practical improvements, for example the introduction of wireless technology and improvements on data quality.

Discussions had taken place with the Trust Executive Committee (TEC) and a new clear strategic vision for health informatics was being developed in conjunction with the Divisions. This would create a roadmap for each Division, capturing local requirements. This would ensure that the overarching informatics strategy was underpinned by strong divisional strategies.

During the discussion on the briefing paper, the Board highlighted the benefits from involving junior medical staff in developing the divisional strategies, ensuring there were clear linkages with GPs and the importance of being mindful of improving the patient experience, particularly in transactional elements. It would also be important to ensure that Divisional Directors were fully enabled through the availability of underpinning knowledge and development.

The Board NOTED the report and that the Draft Health Informatics Strategy would be presented to the February Trust Board meeting.

REGULATORY

O-229/10 Register of Interests

The Register of Interests had been reviewed and updated.

The Board NOTED the report.

FOR INFORMATION

O-230/10 Trust Executive Committee Minutes

The Trust Executive Committee meeting on 8 October 2010 had been a developmental session, focussing on Trauma and Orthopaedics.

The Trust Executive Committee meeting on 22 October had reviewed the Corporate Risk Register (CRR). It was confirmed that the risk in relation to Paediatric Social Work Support was being monitored by the Division, and it was agreed that the Chief Nurse would find out the current view on the efficacy of the current operational arrangements. **SO**

The Board NOTED the draft Minutes of the Trust Executive Committee meeting held on 22 October.

O-231/10 Integrated Governance Assurance Committee Minutes

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	The meeting on 6 October 2010 had approved new arrangements for the Clinical Governance Committee and reviewed the Quality and Risk Profile (QRP). The Board was advised that there was likely to be a reduction in the risk rating in respect of the risk of shortage of trained midwives. The Trust had undertaken a successful recruitment campaign. It was noted that one of the contributory factors to the risk had been a rise in births at the unit. The Board NOTED the draft Minutes of IGAC.	
O-232/10	**Finance Committee Minutes** The Committee had discussed the good progress being made on reducing the number of temporary staff used within the Trust. The meeting had also considered the draft arrangements for arranging a Working Capital Facility. The Trust had now published details of expenditure over £25K, in accordance with HM Treasury transparency requirements. The Board NOTED the Draft Finance Committee meeting Minutes of 21 October 2010.	
O-233/10	**Audit Committee** Following the meeting, a recommendation would be put to the first meeting of the Council of Governors regarding appointment of the external auditors. The Board was advised that good progress was being made in respect of the recommendations following the Outpatient Data Quality Audit Report and agreed that congratulations should be forwarded to Margaret Young, Payroll Manager, in respect of the Internal Audit Report on Payroll Probity. The Board NOTED the draft Minutes of the Audit Committee meeting held on 20 October 2010.	**JH**
	ANY OTHER BUSINESS There was no other business.	
O--234/10	**QUESTIONS FROM THE PUBLIC** In response to a question from the pubic, it was agreed to consider ways of highlighting details of the Trust Board meetings (Open) to the membership of the Trust.	**JG**
	DATE OF NEXT MEETING	
O-235/10	16th December 2010 – The Education Centre, Ashford Hospital	

Signed: ……
Chairman
Date: 25th November 2010

Summary Action Points

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 10 Dec 10	Status
26/08/10	O-162/10	**Annual Complaints**	Future editions to provide greater detail on activity by specialty (to compare with levels of complaints) and also benchmarking	SO	Aug 2011	Not due	---
26/08/10	O-172/10	**Public Questions – ENT service**	Introduce texting/emailing for patients with hearing disabilities wishing to get hearing aids repaired.	SO	16/12/10	We have resolved issues of texting at the Information Governance Steering Group. Results will be texted 'Normal' when there is nothing adverse, patients will be asked to contact hospital for results if they are abnormal. This will be rolled out to all patients – timeframe to be confirmed.	✔
30/09/10	O-179/10	**Quality- Caesarean Sections**	Ensure trend on reducing both elective and emergency c. sections does not reverse	MB	16/12/10		
25/10/10	O-200/10	**Quality Report**	Smarter Nursing Indicators, to be included periodically in Quality Report	SO	16/12/10	Will commence in December	✔
25/10/10	O-203/10	**H&S**	Include %s if very small numbers. Seek benchmarking information	SO	27/01/11	Not due	Not due
25/10/10	O-216/10	**Board Work Plan**	Discuss timing of AGM with Council post authorisation	JG	16/12/10	To be discussed at February 2011 Council meeting	---
25/10/10	O-208/10	**Corporate Objectives**	Include explanation of RAG. Include forecast outturn against objectives	VH	27/01/11	Not due	Not due
25/10/10	O-208/10	**FT Constitution**	Update Terms of Reference regarding board membership	JG	25/11/10	Agenda item	✔

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 10 Dec 10	Status
25/11/10	O-220/10	**Length of Stay**	Review risk rating on Single sex accommodation	VH	27/01/11	Not due	Not due
25/11/10	O-223/10	**Quality Report**	Report back on deaths in paediatrics (emergency surgery)	MB	16/12/10		
25/11/10	O-223/10	**Quality Report**	Include response in table from staff to similar question on Would you recommend this hospital?	SO	27/01/11	Vanessa Avlonitis/ Sarah Johnston compiling a scoring system to collect the net promoter score (NPS) from January 2011. This will feature in the quality report.	✔
25/11/10	O-223/10	**Quality Report**	Include definitions of VTE and NPS (Net Promoter Score)	MB/SO	16/12/10	Completed	✔
25/11/10	O-223/10	**Quality Report**	Find out when maternity survey is to be published	SO	16/12/10	The 2010 maternity survey results were published on 2 December 2010	✔
25/11/10	O-225/10	**Directors' Statement on Infection Prevention**	Update and Publish	AS/JG	16/12/10	Completed	✔
25/11/10	O-227/10	**Compliance Framework**	Check pressure incidence data	SO	16/12/10	Completed	✔
25/11/10	O-227/10	**TEC minutes**	Find out efficacy of arrangements on Child protection Social worker	SO	16/12/10		
25/11/10	O-232/10	**Audit Committee**	Congratulate the payroll manager on behalf of the Board regarding the outcome of the payroll audit	JH	16/12/10	Completed	✔
25/11/10	O-234/10	**Questions from the Public**	Raise awareness of members in Open board meetings	JG	16/12/10	Included in Members Matters sent to all members	✔