

**TRUST BOARD MEETING  
MINUTES  
Open Session  
27<sup>th</sup> October 2011**

<b>PRESENT:</b>	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr Jim Gollan	Non-Executive Director
	Mr John Headley	Director of Finance & Information
	Dr Mike Baxter	Medical Director
	Prof Philip Beesley	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Ms Valerie Bartlett	Deputy Chief Executive
<b>APOLOGIES</b>	Mr Clive Goodwin	Non-Executive Director
<b>SECRETARY:</b>	Ms Jane Gear	Board Secretary/Head of Corporate Affairs

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

There were no declarations of interests in the proceedings.

**O-158/11 MINUTES**

The minutes of the meeting held on 29 September 2011 were agreed as a correct record.

**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.

The following points were noted:

**O-159/11 Appointment System: (Minute O-141/11 refers).**

The information on the approach to call management via the Centralised Appointment Centre was noted. It was agreed that a more comprehensive report should be provided including all decentralised appointment facilities.

**VB**

## Minute

## Action

**O-160/11 Quality report – mortality (Minute O-145/11 refers).**

The Trust's position on emergency surgery was being progressed as part of a comprehensive review of emergency surgery provision in line with the recent report from the Royal College of Surgeons. Further information would revert to the Trust Board in due course.

MB

**O-161/11 Balanced Scorecard: (Minute O-147/11 refers).**

The Board was disappointed to learn that the month one reconciliation with the PCT was still not complete and that Q1 also needed resolution. The issues related to the calculation of the re-admission penalty.

The Board urged that this was resolved.

JH

**REPORTS****O-162/11 Chairman's Report**

The Chairman highlighted the Care Quality Commission Report on the result of their visits to 100 hospitals in England. The Trust had not been one of the hospitals visited by the CQC which had now signalled the intention of increasing the number of inspections carried out across the country.

The Trust was continuing to prepare for the Board decision regarding whether or not it would bid to merge with Epsom Hospital. Preparations included meeting with key stakeholders, including the Governors. The Board would be taking its decision on 7 November 2011 in closed session due to commerciality of the decision.

The Chairman thanked Dr Mike Baxter for his significant contribution to the Trust. He would be retiring from the NHS and his role as Medical Director of the Trust with effect from 31 January 2012. He had joined Ashford and St Peter's in 1992 as a consultant diabetologist and endocrinologist overseeing the development of the diabetic service. He then became Clinical Director for seven years before becoming Medical Director in 2002.

The Chairman drew attention to activities involving the Governors and also the recent resignation of Neelam Bains, Public Governor for Spelthorne; discussions would take place with the Council regarding the vacancy in the light of the possible Epsom transaction.

The Board NOTED the report.

**O-163/11 Chief Executive's Report**

The following aspects of the report were highlighted:-

The recent improvement in car park arrangements, particularly at St Peter's Hospital, continued to demonstrate a significant reduction in car parking congestion for patients and visitors. As part of the post-implementation review, the Trust would now be offering its large volunteer work force free parking within the patient and visitor areas.

The Trust was introducing a major new information system to support good patient flow through the hospitals. The system was called *RealTime* and

would help staff in providing effective bed management and would also increase the focus on good discharge planning. The system had strong clinical ownership and Board members were encouraged to take the opportunity to view the system during ward visits.

It was noted that Birmingham had implemented a clinical decision making tool which had been publicised recently in the national media as a system for reducing medication errors. The Trust was reviewing the potential of this tool.

The process of six-month performance reviews for the Trust's Clinical Divisions was underway and provided an excellent opportunity for the Chief Executive to review performance in respect of patient experience, quality of care and achievement of activity and financial targets with Divisional Directors.

The Chief Executive was chair of the Surrey and Sussex Comprehensive Local Research Network (CLRN). While the Network as a whole needed to improve its performance in respect of national comparison on volumes of patient engagement in research, it was encouraging to note that Ashford and St Peter's Hospital performed well in respect of the local Network. The Trust would also be seeking ways of encouraging nurse-led research in the future.

The Board NOTED the report.

## QUALITY AND SAFETY

### O-164/11 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report. This pulled together the dashboard, with associated commentary on exceptions, and the ward matrix. The following points in the Report were highlighted:

- The Trust had recorded a 100% delivery of the fractured neck of femur operative target. This was a significant achievement and testified to the high quality of the service with clear benefits to the patient.
- The Medical Director had conducted an audit of patients admitted with a fatal pulmonary embolism (PE) looking back over the last six months. The Trust had no PE mortality related to VTE issues.
- The Trust was recording two MRSA bacteriaemia year to date but was challenging the attribution of the second case to the Trust figures, as it reflected a second positive sample from the same patient.
- The Trust's CMR of 1.36% was an improvement on the previous month and a review over the last three years demonstrated a general downward trend in CMR.
- The Trust's SMR of 76.6 represented excellent performance. The Dr Foster Guide would be published shortly and the Trust had been informed that it performed at a very high level on all aspects of the report with the exception of three parameters. One of the parameters related to the Trust's position on the closure of NPSA alerts. It was noted that the Trust Board had regularly reviewed the position on the Code 5 alert. The Trust had not closed the action on the specific alert as it was continuing to seek an electronic solution

and as a result was continuing to drive improvements. Many other Trusts appeared to have closed the alert without dealing with the root cause of the issue, and it was pleasing to note that Ashford and St Peter's was now being invited to share its proposed solution.

- The dashboard tracked red in respect of serious untoward incidents (SUIs). However, it was noted that changes had been introduced on the national mandatory definition of incidents to be reported as SUIs, and over the last year the Trust had actively encouraged a low threshold of reporting as part of its general approach on openness and learning.

It was confirmed that data was provided at a clinician level which triangulated aspects of clinical care, e.g., mortality and length of stay as part of the appraisal process.

The Chief Nurse advised the Board that both the SHA and PCT had expressed assurance in the quality of the Trust's investigation and approach to action planning for SUIs.

- It was agreed that indicator 1-16 on average bed occupancy/planned beds should be completed for future editions of the balanced scorecard.
- The Quality Account Dashboard for Q1 and Q2 was largely positive. However, there was more work to be undertaken in terms of developing and refining the dashboard; this included correcting the calculation in respect of pressure ulcers.

MB

Overall, performance recorded in the dashboard was better than trajectory and reflected the wide variety of improvement work underway across the Trust.

- The Trust used a number of measures to support qualitative and quantitative understanding of the patient experience. Information on the *Your Feedback* survey returns was included within the Quality Report, but had been excluded from the WQIs, as it was apparent that some ward areas were failing to collect sufficient survey responses for the scores to be fully validated. The Heads of Nursing were working with ward sisters to improve achievement in this area.
- The Ward Quality Indicator dashboard was noted; this would be replaced by the best care dashboard. The Chief Nurse confirmed that she was focusing in on areas identified in the dashboard where improvements did not become evident.
- The number of complaints was continuing to rise. During September and October the divisional and corporate teams had been focused on recovering the backlog of complaint responses. This had resulted in a significant number of complaints being closed over the last six weeks. However, Teams were now focusing in parallel on both current performance as well as recovery.

The need to develop a system whereby problems were identified at an early stage and prior to being escalated to either PALS or as a

SR

## Minute

## Action

formal complaint was discussed. It was noted that patient diaries were being trialled, and it was suggested that the need to identify issues could be highlighted at the daily Board rounds. The Chief Nurse would consider how this could be embedded more systematically.

During the discussion, it was noted that patients often preferred not to complain during the course of their admission, being fearful of a possible negative reaction. Participants on the *Living Our Values Programme* had suggested a process of seeking feedback at discharge could help pre-empt formal complaints which was being examined.

The Trust had a range of activities underway directed at changing aspects of the Trust's culture. This included the *Living Our Values Programme* which was directed at improving the patient experience, but it would not be possible to evaluate its impact until around 75% of staff had been through the programme. At some point, it might be appropriate to undertake a baseline cultural audit, but it was agreed that the Trust should focus on a limited number of organisational development approaches at any one time and ensure their impact was fully evaluated.

SR

Non-Executive Directors were encouraged to make unannounced visits to clinical areas; this was a useful approach to gain soft intelligence. It was agreed that the Chief Nurse would arrange a schedule of visits.

SR

The Board NOTED the report.

**O-165/11 Health and Safety Quarterly report**

The following aspects of the report were highlighted:

- The Occupational Health Physiotherapy Service had now been operating for five months and early indications were that the service was having a positive impact on staff morale and staff sickness. The service had been introduced as a result of a 'Dragon's Den' project.
- The Trust was developing its bariatric surgery service and work was underway to ensure that appropriate equipment was in place to minimise risk to both staff and patients.
- Overall, the number of incidents remained at a low level, with no significant trends. The Trust was continuing to encourage staff to report incidents and near misses.

The Board discussed the number of assaults on staff. The uptake of conflict resolution training was increasing and the Trust was developing its Psychiatric Liaison Service. It was agreed that further information should be provided on the nature and location of the assaults and possible actions to reduce the level.

VB

The Board NOTED the report.

**O-166/11 Corporate Risk Register**

Since the Corporate Risk Register had last been presented to the Board in

## Minute

## Action

June two risks had been added, one risk had a changed risk level and seven risks had been closed. IGAC had commissioned an exercise whereby all risks on the Corporate Risk Register which were over a year old had been reviewed; this had led to a number of risks been closed. The Board was pleased to note the more dynamic management of the Corporate Risk Register.

CRR 806 – out-of-date Trust policies- was proposed for closure. However the Board requested that assurance be given that this was appropriate and all policies were up-to-date and that this could be sustained.

SR

CRR 1129-28-day re-admission rate- the progress report recorded in the register needed refreshing.

SR

It was agreed to clarify whether the register should include a date by which the target risk rating/level should be achieved.

SR

The Board NOTED the Corporate Risk Register.

## PERFORMANCE

### O-167/11 Balanced Scorecard

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

#### Patient Safety and Quality

This aspect has been addressed earlier on the agenda.

#### Workforce

The following points from the quadrant were highlighted:

- 80 WTE posts had been removed from the establishment supporting CIPs in the year to date. Whilst the financial saving from the WTE linked CIPs was less than forecast, most divisions and directorates had plans to achieve the targets.
- Staff turnover had increased to 14% which was above the Trust's target of 12%. This related mostly to back office staff and the ending of fixed-term contracts. However the number of healthcare assistant vacancies and turnover had risen and this was being actively reviewed.
- The number of staff recorded as having an appraisal had decreased at the end of September to 85.7%. Medical appraisals were recorded at 80%, but it was noted that the Deputy Medical Director was focusing on the quality of medical appraisal rather than purely on quantity.

It was agreed to confirm that the 8% of staff who had not been appraised in 2010/11 had been appraised as a priority in 2011/12. The Director of Workforce and OD advised the Board that audits were being undertaken on the quality of appraisals generally and it was agreed that this should be reported back to the Board as part of

RB

## Minute

the overall assurance process.

### Clinical Strategy

The Medical Director noted that a number of the targets within the quadrant would benefit from being reset whilst still ensuring they were consistent with the Trust's agreed financial plans.

The trajectories to achieve a decrease in emergency admissions and an increase elective activity were positive.

The Board was pleased to note the reduction in nursing home re-admissions. Funding was available for an additional consultant and it was agreed to pursue this as a matter of urgency so that the project could be extended to additional homes.

**MB**

The number of re-admissions within 30 days following an emergency admission had risen. It was understood this was related to the Trust's Medical Virtual Ward now being subsumed into the Northwest Surrey assisted discharge project and it was agreed to ensure that this was being run effectively.

**MB**

### Finance and Efficiency

The FRR continued as a solid 3 although the Trust had budgeted a move up to 4 in September. The lower FRR was due mainly to EBITDA tracking below budget.

EBITDA was £1.5m less than planned over the half year. The year to date surplus of £0.4m was £0.6m behind budget.

It was pleasing to note that elective and non-elective lengths of stay were down, indicating a focus on discharges and better patient flow throughout the hospitals.

The Board NOTED the report.

### O-168/11 Compliance Framework

The Trust had achieved an overall performance rating of green for a Quarter 2.

There were a number of positive trends with both emergency length of stay and the number of emergency admissions being down. However, the target to ensure 95% of patients spent less than four hours in the A&E Department remained at risk in Q3. The Trust had introduced a Calm Ordered Care action plan in order to optimise patient flow and enable the Trust to respond appropriately at times of escalation and peaks in demand. It was encouraging to note that Divisional Directors had taken lead responsibility for the delivery of the plan which had clear accountabilities.

The Board NOTED the report.

**STRATEGY AND PLANNING****O-169/11 Corporate Plan: 2011-12 – progress report quarter 2.**

The Board had agreed the Corporate Plan 2011/12 in April 2011. The Plan included clear objectives and deliverables for each quarter, although the report indicated that some objectives had slipped, this was in the context of a considerable focus on preparing for the Epsom transaction.

It was agreed to provide a general review and assurance of the benefits and approach of EQUIP as part of the next report on the Programme Management Office.

**VB**

The Board discussed the two objectives identified as red in the Report. The first related to the National Outcomes Framework. The Trust had not been able to progress implementation as the national guidance had not been fully published. It was therefore agreed that the objective should be viewed as 'not applicable' in monitoring the Plan.

The second red rated objective was in respect of the Trust's ambitious target to have had 1200 staff participating in 360<sup>0</sup> appraisals over the year and to have achieved 600 year to date. The Board discussed the possible reasons for the limited take-up, noting that all consultants undertook a formal 360<sup>0</sup> appraisal, either clinical or non-clinical, as part of their formal appraisal process. The locally designed tool would be subject to evaluation.

**RB**

The Board NOTED that report.

**O-170/11 Health Informatics Strategy – progress report**

The paper provided a progress report against the year one plan of the Trust's Health Informatics Strategy. Overall, the Trust had made strong progress on the objectives.

The Board had a general discussion about the need to 'sweat' its current informatics assets and ensure the potential benefit of information technology as a real driver to support clinical change was achieved. It was important that users understood the scope and potential of systems and owned implementation.

It was noted that CSC alliance had acquired iSOFT in late August 2011. iSOFT provided support and maintenance of the PAS system. This was a business critical system also used by Epsom.

It was agreed that the Associate Director of Informatics should be invited to present quarterly updates on the Informatics Strategy to the Board.

**JH**

The Board NOTED the report.

## Minute

## Action

**REGULATORY****O-171/11 Board Work Plan**

The Board noted the proposed work plan for the calendar year 2012 and confirmed the categorisation of subject matter for the closed Board meetings.

It was agreed that Board meetings should continue to be held at Ashford Hospital.

The Board AGREED the work plan and schedule of matters for closed Board meetings.

**O-172/11 Register of Interests**

The updated Register of Interests was noted. One further amendment would be made to the entry for Peter Taylor.

JG

The Board NOTED the register.

**O-173/11 Annual Audit Report 2010/11**

The report had been considered in draft form at the June Trust Board meeting. The final Report had subsequently been discussed at the October Audit Committee meeting. Implementation of actions contained within the Report would be monitored via IGAC in respect of the Quality Account and other recommendations by the Audit Committee.

The Board NOTED the report.

**O-174/11 Strategy Committee**

The Board APPROVED the Terms of Reference for the Strategy Committee.

**FOR INFORMATION****O-175/11 Trust Executive Committee Minutes**

The Board NOTED the minutes of the Trust Executive Committee meeting held on 23 September 2011.

**O-176/11 Finance Committee Minutes**

The Board NOTED the minutes of the Finance Committee meeting held on 21 September 2011.

**O-177/11 IGAC Minutes**

The Board NOTED the draft minutes of the IGAC meeting held on 6 September 2011. A seminar for Board members would take place on 15<sup>th</sup> December focusing on risk management and a review of the BAF.

**ANY OTHER BUSINESS**

**O-178/11 Outpatient Survey**

The results of the National Outpatient Survey were expected shortly.

**O-179/11 Ashford Outpatient Department**

The major refurbishment of Ashford Outpatient Department would commence in the New Year. The formal Steering Group had been established under chairmanship of the Chief Nurse. It was confirmed that there would be a proactive communication and engagement strategy.

**O-180/11 QUESTIONS FROM THE PUBLIC**

The following points were discussed.

- It was agreed to find out whether any outcome measures were available relating to the Trust’s success in the rapid treatment of patients with a fractured neck of the femur.
- It was confirmed that all grade 3 pressure ulcers underwent a full root cause analysis process generating an action plan where appropriate. Grade 2 pressure ulcers were investigated but as there were not defined as serious untoward incidents, they were not reported to the Trust Board.
- It was agreed to consider whether there was any linkage between season and the level of assaults reported on staff members.
- It was confirmed that any delay in progressing some of the corporate objectives was not linked to financial constraints.

**MB**

**VB**

**DATE OF NEXT MEETING**

**O-181/11** 24th November 2011 – the Education Centre, Ashford Hospital.

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

**Date:** 24th November 2011

## SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 10 November 2011	Status
28/04/11	O-66/11	<b>Quality Report</b>	Results of peer review following Ombudsman case to revert to Board	SR	29/09/11	Consultant in Care of the elderly from Royal Berks. Has been commissioned and will undertake a review 23/11/11	---
26/05/11	O-87/11	<b>Quality Report</b>	Progress on the diabetes inpatient audit action plan to be reported back to the Trust Board at a future MDT presentation.	SR	24/11/11	New programme of presentations being scheduled for 2012	---
30/06/11	O-119/11	<b>Corporate Calendar</b>	Develop a corporate calendar for the NEDs	RB	29/09/11	Being progressed by Head of Organisational Development	---
29/09/11	O-145/11	<b>Quality Report</b>	Present revised Clinical strategy and update position re National Quality Board assessment	MB/SR	March 12	Not due	<b>ND</b>
29/09/11	O-145/11	<b>Quality Report-workforce</b>	Provide workforce report following publication of data by Audit Commission	RB/SR	26/01/12	Not due	<b>ND</b>
27/10/11	O-159/11	<b>Appointment System</b>	Provide report on response time in Appointments Centre and decentralised areas	VB	26/01/12	This requires a comprehensive review and audit. To come back to Board in January	<b>ND</b>
27/10/11	O-160/11	<b>Quality Report-Mortality</b>	Assess Trust position of national report on emergency surgery	MB	26/01/12	The Royal College of Surgeons and NCEPOD have issued reports on emergency surgery and summary recommendations along with proposed Trust actions are being prepared.	<b>ND</b>
27/10/11	O-161/11	<b>Q1 financial reconciliation</b>	Complete Q1 reconciliation with PCT	JH	24/11/11	Verbal update to be given	

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 10 November 2011	Status
27/10/11	O-164/11	<b>Quality Report</b>	Organise a programme of unannounced visits for NEDs	SR	26/01/12	Not due	ND
27/10/11	O-164/11	<b>Quality Report</b>	Complete Indicator 1-16 on average bed occupancy/ planned beds	MB	24/11/11	Completed	✓
27/10/11	O-165/11	<b>Health and safety report</b>	Provide further analysis on the nature, locations, seasonality impact an actions taken to reduce the number of staff assaults	VB	26/01/12	Analysis commenced. To be included in next Q report	ND
27/10/11	O-166/11	<b>CRR</b>	Confirm if CRR 806 out of date polices should be closed. Update progress report on CRR 1129 (28 day readmissions) Consider if a target date for achieving risk reduction should be added	SR	24/11/11	CRR 806 discussed at TEC. CRR 1129 updated Issue of target date under review	✓
27/10/11	O-167/11	<b>Balanced scorecard-workforce</b>	Confirm that the 8% staff not appraised in 2010/1 have now been appraised	RB	24/11/11	Of the 8% (258) staff who had not been appraised in 2010/11, 7.6% (244) have received an appraisal in 2011/12 thus far. Dates for the remaining 14 individuals have been set to take place by 09 December 2011.	✓
27/10/11	O-167/11	<b>Balanced scorecard-clinical strategy</b>	Confirm position on recruiting additional consultant geriatrician to support Nursing Home roll out	MB	24/11/11	Advert placed for a fixed term 6 month Care of the Elderly consultant	✓
27/10/11	O-170/11	<b>Informatics strategy</b>	Schedule quarterly updates for the board	JH	24/11/11	Scheduled	✓
27/10/11	O-180/11	<b>Questions from the public</b>	Review if there are any outcome measures related to #NOF target	MD	24/11/11	It has been confirmed that there are none readily available but we are developing some such as mobility, return to independent living, requirement	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 10 November 2011	Status
						for second surgery and 1 year mortality	

Key

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