TRUST BOARD MEETING
MINUTES
Open Session
28th January 2010

PRESENT:	Ms. Aileen McLeish	Chairman
	Mr. Andrew Liles	Chief Executive
	Dr. Mike Baxter	Medical Director
	Ms Caroline Becher	Chief Nurse
	Mr. Philip Beesley	Non-Executive Director
	Mr. Paul Bentley	Director of Strategy
	Ms. Raj Bhamber	Director of Workforce and Organisational Development
	Mr. Norman Critchlow	Non-Executive Director
	Mr. John Headley	Director of Finance & Information
	Ms Valerie Howell	Chief Operating Officer
	Mr. Terry Price	Non-Executive Director
	Mr. Peter Taylor	Non-Executive Director
IN ATTENDANCE:	Mr Maurice Cohen	Patient Representative
SECRETARY:	Ms. Jane Gear	Board Secretary/Head of Corporate Affairs
APOLOGIES:	Ms. Sue Ells	Non-Executive Director

Minute **Action**

O-01/10 MINUTES

The minutes of the previous meeting held on 26th November 2009 were agreed as a correct record.

MATTERS ARISING

O-02/10 Summary Action Points:
The Trust Board reviewed all of the actions from the previous meeting and the action log which provided a commentary on progress. Nominated leads confirmed that all the respective actions had been completed, appeared as agenda items for the meeting or were on track within the agreed timescales.

REPORTS

O-03/10 Chairman's Report

The Chairman introduced her report, highlighting that the Chief Executive had now been in post for one year, congratulating the team on the achievements to date and commenting that the Trust was now becoming better known as a successful organisation.

On behalf of the Board, the Chairman thanked the staff and volunteers for their tremendous efforts in keeping the hospital running during the exceptionally cold weather period.

Visibility of the Board was important and it was noted that the Chairman and other Board directors had recently spent time working with the housekeeping and portering teams. This provided excellent experience and a heightened understanding of how teams and services worked.

The Trust Board NOTED the Chairman's report.

O-04/10 Chief Executive's Report

Particular attention was drawn to:-

The excellent team work demonstrated by staff across the Trust in maintaining services for patients during the cold period; this reflected the NHS at its best.

The second Cardiac Catheterisation Laboratory at St Peter's Hospital had been opened. This formed part of the Trust's strategy to work with the PCT on repatriating patients from London and providing local services.

The Master Plan, which was an enabler for future planning applications, had been submitted to the Local Authority in partnership with Surrey and Borders Partnership NHS Foundation Trust. An information evening for stakeholders had taken place and been well attended.

Diversity was important for the Trust, and the Chief Executive had spoken at the AGM of the local BME network.

The Operating Framework for 2010/2011 had been published and gave a clear steer as to the funding mechanisms and financial environment in which the Trust would be operating. This was being taken into account as part of the refresh of the Trust's application for Foundation Trust status and was also integral to the Trust's Business Plan for 2010/2011.

The Trust Board NOTED the Chief Executive's report.

QUALITY AND SAFETY

O-05/10 Board Assurance Framework (BAF)

Responsibility for coordinating the BAF had now transferred to the Head of Corporate Affairs. The significant changes within version 16 of the BAF related to giving greater clarity on some of the financial risks. In addition, one risk had now been removed; the Trust was now able to demonstrate a much better record on a commercial approach to analysis and decision-making (risk 4d).

The Board NOTED the report and AGREED the changes.

O-06/10 Quality Report

The Report was introduced by the Medical Director and Chief Nurse. It provided commentary on the quality elements of the balanced score card, included ward quality indicators for the first time, and also included the PALS, incidents, and complaints report.

The balance score card showed that compliance with the requirement to operate on hip fractures within 48 hours had fallen to 84.1% YTD. Whilst

this in-month performance (71.9%) was disappointing, it reflected the intense pressure Trauma Services had experienced during the bad weather period and was in line with performance at other neighbouring Trusts.

Due to a malfunction with the Dr Foster database, the report on standardised mortality was not available. Nevertheless, the Medical Director had undertaken local analysis on crude mortality which showed a year on year improvement in hip fracture mortality. Further analysis was underway in respect of overall crude mortality on a year by year basis.

It was noted that the number of complaints reported was overstated in the Report and that there had been 37 complaints in November dropping to 20 in December 2009.

The medical Director highlighted that Trust was already undertaking quarterly monitoring of thromboprophylaxis and was therefore well placed in terms of the NICE guidance which was to be issued shortly.

The ward quality indicators were presented to the Board for the first time, and would be developed over time as confidence in the data grew. This would provide the Board with an excellent opportunity to see trends at ward level over a time period. Arising from the report, it was noted that one of the actions was to improve the percentage of pressure ulcer monitoring compliance.

The second part of the Quality Report looked at the wider quality agenda within the Trust.

The Dr Foster RTM report was helpful in identifying areas where further investigation was warranted by the Trust. The updates on the two alerts, colorectal surgery and upper GI bleeds, were noted. The initial reviews suggested there was no pattern to the cases and that early review of the data pointed to coding rather than clinical issues. More detailed audits were underway.

MB

It was agreed that it would be helpful if the Trust set target dates to complete RTM reviews, these should be progressed promptly.

The Board was pleased to note that the CQUIN target on caesarean section rates had been achieved in December. The Directorate would be looking at how to embed the most successful interventions.

The Trust was a participant in the national Leading Improvement in Patient Safety (LIPS) programme. A baseline for the project had been established through a mortality review and a wider data collection was ongoing to create a Global Trigger Tool (GTT). The Board noted that as a result of the work to date the Trust was continuing to look at the rate of pneumonia in terminally ill patients. In addition, a review process had been set up to look at all deaths occurring within the Trust. This would include a review of all deaths deemed ‘unexpected’.

The third part of the Quality Report provided a detailed review of PALS, incidents and complaints relating to the second-quarter of 2009/2010.

The Board discussed the report noting the following matters:-

- Clarification was required as to whether latex was still in use across the Trust as suggested by paragraph 2.4.10. **CB**
- Issues with long delays for psychiatric assessment continued. The

Board was advised that work was continuing to consider how this could be addressed and some improvements to the Psychiatric Liaison Team would come into effect in February/March.

- An algorithm to support the prescription of Gentamicin was being brought into use.

Overall, the Board agreed that the information included in the report should be timely and streamlined, identifying significant trigger points. **CB**

Finally, the Board was advised that The Enhancing Quality Programme would be launched shortly as a mandatory requirement for all Trusts in Southeast Coast SHA to participate in.

The Board NOTED receipt of the report.

O-07/10 DRAFT QUALITY ACCOUNTS

A new statutory requirement to publish a Quality Account would be brought into force, subject to legislation, from June 2010. National consultation on draft DOH guidance was currently underway.

The report provided to the Board presented a draft Quality Account and invited comments on three to five quality indicators which the Trust would need to select.

The Board recognised that the primary aim of the Accounts was to inform the public and to support the Trust in improving its quality of services. Therefore, the Board requested that the final draft should be written to capture the energy and passion which the Trust and its staff had for delivering a high-quality service. The Report would be a helpful tool to highlight the Trust's achievements in this area and needed to be presented in a way that was very accessible for the public to read. It would also be beneficial if the Report could be linked to the Trust's agreed values. **CB**

The Board NOTED the progress to date in drafting the Quality Account.

PERFORMANCE

O-08/10 Balanced Scorecard

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

1. Patient Safety and Quality:
This aspect had been addressed earlier on the agenda.

2. Work Force:
Although the score card identified that the Trust was currently underachieving in terms of staff appraisals, the Board was informed that the level of completion and recording was increasing and the 85% target should be achieved.

Turnover had risen slightly in December but was in line with that reported by other Trusts. The level of W.T.E. vacancies at 7.9% was extremely good in comparison with other organisations, although it was noted that this varied considerably between staff groups within the Trust.

RB

It was agreed to consider whether the change indicator could track the

three-month trend for all the workforce indicators.

3. National Targets:
The Trust now had in place a robust tracking system to allow it to pickup exceptions on compliance with elective screening for MRSA.

There had been a marked improvement in the number of breaches of the four-hour A&E target, although further work was still required to consolidate performance.

Although the overall Monitor service performance score was amber, this was impacted on by a small number of targets where small improvements would have significant results. In 2010/2011, it was expected that no new national targets would be introduced but there would be a focus on meeting all of the targets consistently. To facilitate this, a tighter internal performance monitoring process was being introduced in the Trust and where clinical directorates missed major targets, they would be required to produce a formal recovery plan.

4. Financial: Detailed monitoring of the Finance Report was undertaken by the Finance Committee. However the Board discussed the following matters:

As at the end of December 2009, the Trust had a forecast outturn of an I&E net surplus of £4.8m and an actual position of £4.3m. In part, this was due to improvements in delivering the CIP programme where the Trust was now forecasting achieving its plan of £6.6m. Additional CIPs were being found from energy savings and estates cost.

The income position had increased in-month as the level of emergency activity had risen and income was ahead of budget by £0.6m. Discussions were underway with NHS Surrey about a possible agreement to cap income for the remainder of year at a fixed figure.

The score card indicated the Trust was underachieving on its capital resource limit. However, the Board was assured that schemes had now been identified to ensure that the full-year budget would be spent by year end.

The Board NOTED the balance score card.

STRATEGY AND PLANNING

O-09/10 Operating Framework 2010/2011

The Board was briefed on the main elements of the NHS Operating Framework for 2010/2011. This included the key risks facing the Trust, which were in part due to the general financial context of the whole NHS and also the implications of the specific cap on emergency admissions.

Nationally, there were seen to be four key issues for the NHS over the coming five years.-

- Ensuring quality was the organising principle.
- Sharing risk across the system.
- Changing the characteristics of the system, i.e. more services closer to home and a smaller acute sector.
- Increasing the importance of integration.

In discussing the implications of the Framework, the Board highlighted its commitment to achieving high-quality standards of care for its patients. It was therefore able to confirm that although the intention was to reduce the number of admissions, it would always remain a clinical judgement as to whether an individual patient needed to be admitted. However, the intention across the sector was to work collaboratively to prevent patients needing to be admitted via A&E.

There were many drivers within the Framework to achieving better integration and the Board was encouraged by noting that the leaders from all Surrey organisations were working together to drive this through.

It was noted that there was a national requirement for agreement to be reached on Service Level Agreements for 2010/2011 by the end of February.

The Board noted THE REPORT.

O-10/10 IM&T Strategy

Following a major shift in emphasis in the national programme (NPfIT), work was underway to refresh the IM&T strategy for Ashford and St Peter's Hospitals.

The Board NOTED the summary of the current IM&T strategy and the process which had been initiated to move it forward. The report from the external review would be presented to the February Trust Board. **JH**

O-11/10 Organisational Development And Workforce Strategy

The draft strategy was presented to the Trust Board as an enabling strategy seeking to support the Trust to fulfill its ambition to become one of the best performing healthcare trusts in the country.

The draft strategy built on the Trust's four values and four strategic objectives. These led to four overarching workforce and development objectives and 10 high-impact interventions. Overall, the strategy provided a route map for the Trust to make changes through its workforce balancing two key objectives; improving the patient experience whilst driving productivity and efficiency.

The Board would be able to assure itself of progress through an annual delivery plan which would be created with reports to TEC, the Workforce Strategy Steering Group and the Board.

The Board APPROVED the Organisational Development and Workforce Strategy 2010 to 2014.

O-12/10 Board Work Plan

The Board work plan set out a general framework to support the efficient management of Trust Board meetings. It was recognised that this would change and evolve due to both internal and external factors, for example the timing of the FT application.

The Board AGREED to bring forward the date of the annual general meeting to the end of June 2010 on a trial basis, subject to final agreement

on the timetable for closing the Accounts and the production for the Annual Report.

The Board also AGREED that the September Trust Board meeting should be held in the evening as a trial to see whether this encouraged more pubic attendance.

The Board NOTED the work plan.

REGULATORY

O-13/10 CQC Registration

With effect from 1 April 2010, all providers of NHS Services were required to be registered with the Care Quality Commission (CQC). Effectively, registration encompassed the Standards for Better Health but were more outcome focused rather than looking at processes.

Guidance was continuing to be produced by the CQC and the Trust had recently received a copy of the CQC Quality and Risk Profile (QRP) for the Trust. The CQC would be using these Profiles to assess potential risk when they received applications for registration.

The Trust was proposing to register for two Locations (Ashford and St Peter's Hospitals) and in respect of six Regulated Activities. The registration application needed to be submitted by 29 January 2010 and the Report to the Board detailed the information which would be included in respect of statement of purpose, evidence of respecting and involving patients, and equality, diversity and human rights.

The Board noted the process which had been used in order to arrive at the Trust's submission for registration and that the outstanding area was in respect of Regulation 17 at St Peter's Hospital. This related to the requirement to achieve the single sex standards where the Trust had been working hard to ensure it would secure compliance by April 2010.

The Board APPROVED the application for registration with CQC and DELEGATED AUTHORITY to the Chief Executive to assure the position on Regulation 17. **AL**

O-14/10 Charitable Funds

The Charitable Funds Annual Report and Annual Accounts 2008/2009 had been reviewed by the Finance Committee.

The Board APPROVED the Annual Report and Accounts, subject to updating the note on completion of the building works for the Stephanie Marks Appeal to read '2010'. **JH**

O-15/10 Seal register

There was no use of the Seal to report

INFORMATION

O-16/10 Trust Executive Committee Minutes 13th November, 27th November and 11th December 2009.

It was confirmed that the disparity on information referred to on 13th November was a data/definitional issue related to stroke.

The Trust Board NOTED the Trust Executive Committee minutes.

O-17/10 **Integrated Governance Assurance Committee** , 9th December 2009:

The Trust Board NOTED the minutes.

O-18/10 **Finance Committee** 18th November and 16th December 2009

The Trust Board NOTED the Finance Committee minutes.

O-19/10 **Audit Committee** 21ST July and 21ST October 2009:

Trust Board NOTED the Audit Committee minutes.

As an overarching comment, the Board highlighted the importance of receiving prompt information from the subcommittees and it was therefore AGREED that draft minutes (with chairman's approval) could be presented to the Trust Board for information.

ANY OTHER BUSINESS

O-20/10 **CNST**

The Board was delighted to learn that the Maternity Services had recently secured level 2 compliance on the CNST standards. These were more challenging than previous versions but the Directorate had performed extremely well and the assessor had invited early application for assessment at level 3.

O-21/10 **Financial Environment**

A suggestion was made by the patient representative that in the light of the challenging financial environment, the consultant body should be invited to show leadership through opting-out of clinical excellence awards.

The Board noted that there was a general climate of pay restraint with no pay rise for consultants on a national basis. It would be difficult to step outside national terms and conditions but the Trust had always operated a rigorous approach to the allocation of any awards, and would continue to do so.

O-22/10 **NEXT MEETING**

Thursday 25th February 2010 at 2pm in the Education Centre Ashford Hospital

Summary Action Points

Board date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 20 Feb. 2010	Status
24/09/09	1-09/65	**Corporate Risk Register**	Add target dates to the Corporate Risk Register template for next Board report.	CB	26/11/09	Now included	✔
24/09/09	1-09/67	**Balance Scorecard & Operational Performance Report**	Interim data on theatre utilization to be included in the next Board report.	VH	26/11/09	Awaiting procurement of new Theatre system. Procurement January 2010, full implementation 6 months A manual system has now been developed to analyse theatre utilisation and this is now incorporated into monthly performance meetings with the directorate of theatres, anaesthetics and critical care. In addition weekly cross directorate theatre utilisation meetings have now been established.	**---**
26/11/09	1-09/84	**Quality report**	Report on outcome of RTM alert on colorectal surgery and gastrointestinal haemorrhage	MB	28/02/10	Report scheduled for February	**---**
			Report on outlier status in SHA Observatory report on medicines management	MB	28/02/10	Report scheduled for March	**---**
26/11/09	1-09/88	**BAF**	Review presentation of BAF	JG	28/06/10	Timescale agreed at IGAC. Links to agreeing Business Plan 10/11	**---**
28/01/10	O-06/10	**Quality report**	Set targets for completion of reviews into RTM alerts to allow progress to be monitored in a timely fashion	MB	25/03/10		
			Confirm if Latex is still in use in the Trust as suggested by paper 2.4.10 in the PIC report	CB	25/02/10	The HSE Improvement notice did not ban latex completely. It was agreed with the HSE that the Trust	✔

						could continue to use it in theaters although a substitute is being sought.	
			Streamline the content of the PIC report as presented to the Board. Also ensure its timeliness	CB	25/03/10		
28/01/10	O-07/10	**Quality Account**	In its final version ensure it is easy to read by the intended audiences and captures the passion for quality	CB	24/06/10		
28/01/10	O-08/10	**Score card**	Include three month tracking on Workforce indicators	RB	25/02/10	This is a presentational problem caused by Excel. It is hoped to have a solution shortly	
28/01/10	O-13/10	**CQC Registration**	Agree final position of Regulation 17 and submit application for Registration	AL	29/01/10	Full compliance agreed on Regulation 17. Application submitted on time	✔