TRUST BOARD MEETING
MINUTES
Open Session
25th February 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
	Ms. Sue Ells	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:	Mr. Norman Critchlow	Non-Executive Director

Minute **Action**

O-23/10 MINUTES

The minutes of the previous meeting held on 28th January 2010 were agreed as a correct record.

MATTERS ARISING

O-24/10 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.

O-25/10 Quality Accounts (minute O-07/10 refers)

The Trust would be required to sign its Quality Account in June 2010. It was AGREED that a further draft should be presented to the Board for consideration in April 2010. **CB**

REPORTS

O-26/10 Chairman's Report

Members of the Trust Board had met with the Strategic Health Authority on 22 February 2010 as part of the application process to become a

Foundation Trust. This meeting had been successful and the Strategic Health Authority was now recommending the Trust through to the second stage of the overall process; review by the Department of Health.

This was a significant step forward in progressing the Trust's aspiration to become a Foundation Trust.

O-27/10 Chief Executive's Report

The Trust had experienced considerable pressure in January due to the level of emergency admissions, but had responded well. The Trust had been stood down in respect of formal reporting in relation to suspected swine flu cases.

The Trust's Master Plan had been accepted for discussion at the Runnymede Council Planning Committee meeting of 10th March.

The Trust had recently extended its stroke thrombolysis service and was now able to offer this on a 24-hour basis. This was an important service development meaning that patients were offered the very best care.

Improvements to the reception and outpatient areas at St Peter's Hospital were underway; this was an important part of the patient experience.

The Board's attention was drawn to a third national report issued following investigation into the care afforded to patients at Mid Staffordshire NHS Foundation Trust. The Trust would be considering the lessons highlighted within the Report and would consider what additional response was required by the Trust. This would be a similar approach to that undertaken by the Trust for the two earlier national reviews.

It was essential that the Board was able to demonstrate how it was assured in respect of quality and safety, and this was tested thoroughly as part of the Foundation Trust application As part of its preparation the Board had arranged a number of master classes and had been able to secure the participation of Dr Colin-Thome, one of the authors of a National Report into Mid Staffordshire, who had facilitated a master class on quality and governance. One of the outcomes from this event had been to highlight the benefits of soft intelligence gained from patients, public and the carers.

In response to a question from a member of the public it was confirmed that the Trust viewed nutrition as a very important issue forming a key part of a patient's package of care. This was a general issue for all hospitals, and Ashford and St Peter's were working on improving the nutritional value of its meals.

The Trust Board NOTED the Chief Executive's report.

QUALITY AND SAFETY

O-28/10 Board Assurance Framework (BAF)

The Board received the Assurance Framework (version 17 February 2010). The Board had recently completed a seminar looking at the development of the Board Assurance Framework in the light of the Audit Commission's document *Taking it on Trust*. That debate would help inform the review of BAF scheduled for April/May 2010, at which point business continuity planning would be incorporated.

The Board NOTED receipt of the BAF.

O-29/10 Corporate Risk Register

The Corporate Risk Register as at 17 February 2010 was discussed. This included one additional risk on venous thromboembolism (VTE) as agreed by the Trust Executive Committee.

It was noted that in future the Board would receive the Corporate Risk Register on a bi-monthly basis. The Register was also reviewed on a monthly basis by the Trust Executive Committee, thus ensuring appropriate management attention. It was confirmed that if new corporate risks were added inbetween its presentation to the Trust Board, this would be reported to the Board. **CB**

The Board NOTED receipt of the Corporate Risk Register.

O-29/10 National Outpatient Survey

The Trust had participated in the national adult outpatient survey which had sought the views of patients attending the service in May 2009. The survey had been conducted by Picker on behalf of the Trust and the preliminary results were now available, although the national Benchmark Report from the Care Quality Commission had not yet been published.

The national sample was 850 patients and the Trust had had a good response rate at 54.8%. The results from the survey indicated minimal changes since 2004 survey which was disappointing. A presentation had been given to managers and Clinical Directors and the themes arising from the report had been loosely categorised into the hygiene factors, i.e., car parking, sign posting, reception, etc., and communication within the consultation itself.

An action plan was being prepared, and the main CQC results were awaited.

The Trust Board NOTED receipt of the report and emphasised the importance both of getting quicker feedback from patients and also the importance of making significant improvements in patient experience.

O-30/10 Quality Report

The Quality Report brought together the quality section of the balanced score card, ward quality indicators, the coroner's report and information from Dr Foster.

The year-to-date standardised mortality (SMR) was 82; this indicated that overall the Trust had no excess mortality. The Board was assured that the Trust was also looking for hot spots. Stroke mortality and individual ward mortality had been reviewed. Fractured neck of femur was an important national target and compliance had dropped in both December 2009 and January 2010. The correct figure for January was 77% (not 59%). This represented a small number of actual patients (37 patients of which 22 had had timely interventions) and the Board was assured that there had been no adverse outcome from the delays other than inconvenience to the patients. The directorate was reviewing the position in order to improve performance

and it was noted that the target reduced from 48 hours to 36 hours with effect from April 2010.

The Board was pleased to note that performance on DVT, which was a surrogate for VTE prophylaxis had improved. There had also been a big increase in compliance on recording the assessments and had been assured by an internal audit.

The Board had previously been advised that the SHA Observatory Report identified the Trust as having a high number of drug errors. It had now been clarified that the Report actually identified the number of patients who incurred a side-effect from appropriate drug treatments. Further investigations underway.

The Board noted the ward quality indicator report which now included blood traceability which was an important aspect of compliance. In order for this to be a useful tool, it was agreed that all elements of the ward quality indicator report should be completed and that there should be a standard definition sheet. It was noted that the ward performance indicators now formed part of the performance meetings with the individual directorates. **CB**

Having discussed the Board Report, questions were invited from the public and the following comments were made :

- It would be helpful to have a sense of proportion, i.e., the number of patients treated by the hospital in order to give scope to the indicators reported.
- Information on trends was useful.
- A helpful approach to presentation was to focus on exceptions to the norm.
- Constant review of the appropriateness of the features being measured was essential.

In response to a question from a member of the public it was confirmed that the Trust monitored the rate of C-sections; the current performance was 29% and the Trust was aiming to reduce this.

The Board NOTED the quality report.

PERFORMANCE

O-31/10 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. Workforce.

Turnover in January 2010 stood at 13.5%. Examination identified that there were reasonable contributory factors including the end of fixed term contracts, retirements, promotions and relocations.

The high level of agency spend in the month was partially seasonal but needed to be brought under control urgently.

Part of workforce planning was to look at the pattern of retirement.

3. Performance

The Trust had improved its score against the Monitor Compliance Framework to 2.2, with an amber rating.

In month 10, the Trust delivered the 18-week target in all specialties for both admitted and non-admitted pathways. The Trust was achieving a good level of screening for elective patients in respect of MRSA. In order to achieve the target, an additional seven to eight patients needed to be screened and then the Trust would a high performer. There had been a minor dip in performance on the A&E target in a month.

However, overall the Chief Operating Officer was confident that the Trust could achieve green on the Monitor rating by the end of the financial year.

It was noted there would be some changes to the reporting of A&E activity in future Board reports. From March, the Trust would be reporting type 1 attendances, i.e., those attending the main Accident and Emergency Department rather than including supporting services. In addition, a review of all measurements was underway to ensure there was accurate reporting against all targets. There was also an intention to include benchmarking information in future reports.

4. Financial

The detailed financial report had been thoroughly scrutinised by the Finance Committee. The summary report to the Trust Board was mainly positive with only one red indicator in respect of capital spend year-to-date. Additional schemes had been agreed to invest budget which had been freed up by delays in the Ramp Demolition Programme and the Trust was confident that the full year budget would be spent by 31 March 2010.

£2.1m had been returned to NHS Surrey; this capped the Trust's income but financial performance overall remained sound.

CIPs were on target year-to-date with a small shortfall currently forecast for the full year. It was anticipated that this would be eliminated by year end.

STRATEGY AND PLANNING

O-32/10 Draft Business Plan 2010/2011

The draft Business Plan presented to the Board reflected the aims and objectives within the five-year Integrated Business Plan which the Board had approved in January 2010.

Completion of the Plan was dependent upon agreement with NHS Surrey on the service level agreement for 2010/2011. There had been some slippage in the timetable for discussions with the PCT, but it was still anticipated that the final draft Business Plan would be presented to the Trust Board in March, together with the proposed budget for 2010/2011.

It was agreed that the Plan needed to identify clear corporate actions and outcomes for delivery in 2010/2011 and that the directorate plans also needed to have clear actions and deliverables. Once the Plan was agreed, it would be helpful to have a summary document for wide distribution within the Trust. **PB**

The Board NOTED the draft Business Plan and that the final version would be presented to the March Board.

O-33/10 Communications and Engagement Strategy

Previously the Trust had had a separate communications strategy and public and patient involvement strategy. The new Strategy brought together both these aspects and therefore had three key strands:

- Communication and engagement with staff.
- Patient and public partnership.
- Collecting and acting on good patient feedback.

The Board welcomed the new Strategy and the alignment of communications and engagement which signaled the Trust's intention to listen to the views of staff, patients and carers.

Once the Strategy was agreed, there would be a range of actions to support delivery of the strategic aims. The detailed action planning would feed into the Public and Patient Engagement Group (PPEG).

The Board AGREED the Strategy and asked for feedback to be programmed on how the Strategy was being operationalised. The importance of the Strategy underpinning how the Trust was able to secure its reputation locally and nationally was also fundamental. **GR**

O-34/10 IM&T Assurance Review

An external review on the Trust's IM&T function had recently been commissioned. The purpose of the review have been to assess the capability and strategic direction of the function at a time when the Trust was moving forwards its vision of being one of the best Health Care Trusts in the country. This was being achieved against both a challenging economic backdrop and changes to the National Programme for IT (NPfIT).

It was noted that the Report was being presented to the next Trust Executive Committee (TEC) and the intention would be to develop an action plan to support the recommendations contained within the Report. Two of the fundamental recommendations were to re-vitalise and re-direct the existing ISSG and prepare a strategic vision for the function.

In discussion, the Board highlighted the essential nature of accurate business intelligence. There needed to be a strong alignment between information on quality, activity, workforce and cost. It was noted there were clinical benefits from the use of electronic patient records, and there were significant opportunities to improve the way the Trust was able to interface with its patients. Implementation of the recommendations needed to be linked to the Trust's values, and would take strong project management. The importance of being able to identify in advance when major systems needed replacing was also important.

In due course, the Board would need to debate the options between incremental change linked to small capital investment or a more transformational approach which would be higher cost.

The Board noted that the strategy, as it emerged, needed to be clinician/patient driven.

The Board NOTED receipt of the report and would be kept informed of progress.

O-35/10 Excellence in Education

The South East Coast Strategic Health Authority had issued a consultation document called *Excellence in Education*. The SHA were consulting over a five-week period ending 26 March 2010. A meeting had been set up within the Trust to consider the implications of the document and prepare a draft response which would be available for the March Board meeting.

The Trust was currently on the border of two deaneries; Kent, Surrey and Sussex Deanery and also the London Deanery. The consultation paper examined a number of issues summarised as:

- The intention to increase the split between the provider and commissioner functions of the Kent, Surrey and Sussex Deanery and the South East Coast SHA.
- Reviewing which commissioner held the budget for post-graduate medical education.
- Changes to the provision and location of post-graduate training within the Southeast Coast.

It was noted that the consultation was being taken at the same time as major changes were anticipated within London, and that the proposal was also to extend MEDEL funding to pharmacists.

This would be an important issue for the Trust as where medical junior staff received their training was often closely aligned to recruitment.

The Board NOTED the report and that the draft response would be available for the next Board meeting.

REGULATORY

O-36/10 Appointment Of Non-Executive Director

Once the Trust was authorised as a Foundation Trust, there was the opportunity to appointment an additional Non-Executive Director in accordance with the draft Constitution. The Non-Executive Director designate would need to match the criteria set out in the draft Constitution and the specific skills required should complement the existing Trust Board construction.

The Board AGREED to :

- Recruit an additional Non-Executive Director when the Trust proceeded to the Department of Health Phase of its Foundation Trust application.
- The establishment of a subgroup comprising the Chairman, one Non-Executive Director and an external assessor to take forward the process and recommend an appointment to the Board.
- The appointment of the Appointments Commission to handle the process.

INFORMATION

O-37/10 Trust Executive Committee Minutes: 8 January 2010 and 22 January 2010.

It was noted that a proposal to amend the visiting times was being examined by TEC. The intention was to enhance the patient experience and there would be appropriate consultation.

The Trust Board NOTED the Trust Executive Committee minutes.

O-38/10 Integrated Governance Assurance Committee: 25 February 2010

The Trust Board NOTED the Integrated Governance Committee minutes.

O-39/10 Finance Committee: 20 January 2010:

It was noted that the Finance Committee had examined the cost improvement plans, forecast outturn and reviewed the Runnymede Hospital agreement.

The Trust Board NOTED the Finance Committee minutes.

O-40/10 Audit Committee Minutes: 20 January 2010

The Board was advised that the Chairman of the Audit Committee was arranging for a specific follow-up meeting where managers would be invited to attend to provide information on progressing actions in respect of certain internal audit reports.

The Trust Board NOTED the Audit Committee minutes.

O-41/10 QUESTIONS FROM THE PUBLIC

Questions from the public had already been invited in respect of specific agenda items including the discussion on quality.

A further question was asked by the public in relation to the relative priority of refurbishing the Outpatient Departments at Ashford or St Peter's Hospital, the latter being underway. It was confirmed that some remodeling of facilities at Ashford Outpatient's Department was currently being planned and costed as the current flow of patients and staff did not work well. The proposal would then be considered for inclusion in 2010/11 capital programme.

O-42/10 NEXT MEETING

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

Signed …….
Chairman
Date 25th March 2010

Summary Action Points

Board date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 20 March 2010	Status
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~~ 30/09/10	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	1-09/88	**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		
			Streamline the content of the PIC report as presented to the Board. Also ensure its timeliness	CB	25/03/10		
28/01/10 25/02/10	O-07/10 O-24/10	**Quality Account**	In its final version ensure it is easy to read by the intended audiences and captures the passion for quality. Review further draft at April meeting	CB	24/06/10 19/04/10		Not due
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	

25/02/10	O-30/10	**Quality Report**	Ensure ward quality Indicator report is fully completed and includes a glossary	CB	25/03/10	Glossary included in March edition	✔
25/02/10	O-32/10	**Business Plan 2010/11**	Develop summary for internal distribution	PB	29/04/10		Not due