

**TRUST BOARD MEETING
MINUTES
Open Session
27th June 2013**

PRESENT:	Ms Valerie Bartlett	Deputy Chief Executive
	Ms Sue Ells	Non-Executive Director
	Dr David Fluck	Medical Director
	Mr Jim Gollan	Non-Executive Director
	Mr Clive Goodwin	Non-Executive Director
	Mr Andrew Liles	Chief Executive
	Mr Simon Marshall	Director of Finance & Information
	Ms Louise McKenzie	Director of Workforce Transformation
	Ms Aileen McLeish	Chairman
	Mr Terry Price	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Peter Taylor	Non-Executive Director
APOLOGIES:	Mr Philip Beesley	Non-Executive Director
SECRETARY:	Mr George Roe	Head of Corporate Affairs

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

There were no declarations of interests in the proceedings.

O-90/2013 MINUTES

The Minutes of the Meeting held on 30th May 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.

O-91/2013 Patient Transport Management (refers minute O-71/2013)

The Chief Nurse appraised the Board of the Patient Transport meeting on 30th May and confirmed that since the 20th May there had been an improvement with the Patient Transport Service (PTS) although further difficulties had been experienced in early June. Whilst the PTS requested bookings by 2pm on the day of transport this was not always possible as patients had not yet been admitted by this point.

REPORTS

O-92/2013 Chairman's Report

The Chairman highlighted a number of matters from her report including the current A&E performance which now stood at 95.2% for quarter one, the managed equipment services contract which had been signed in the month and the sad passing of Dr Seelan, a clinician at the Trust and Michael Wheaton, the first Chairman of Ashford and St Peter's.

The Board RECEIVED the report.

O-93/2013 Chief Executive's Report

The Chief Executive presented his report highlighting:

- the Midwifery and Nursing Strategy, 'together we care' and linking in of this strategy with the Therapists;
- the progression of the Partnership with Royal Surrey with a recent Board-to-Board and Clinical workshop, facilitated by a Non-Executive Director from each Trust and a further workshop scheduled for August; and
- The appointment of two Consultant Acute Physicians in the month, Dr Jaqui Ince and Dr Ahmed Yousseif. This was a significant step for the Trust with the full compliment of Acute Physicians now being met.

The Board RECEIVED the report.

QUALITY AND SAFETY**O-94/2013 IGAC Minutes**

Terry Price, Non-Executive Director and Member of IGAC, presented the IGAC minutes of the meeting held on 16th May highlighting:

- The Francis Report action plan and priorities for the Trust and that a further report would come to IGAC in July;
- Mortality reviews which were now more consistent across Divisions; and
- The new triangulated dashboard which was more predictive in nature than previous dashboards.

The Board RECEIVED the minutes.

O-95/2013 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report. This presented the quality dashboard with associated commentary on exceptions and the best care dashboard.

The following points in the report were highlighted:

- A review of mortality data which had been undertaken looking at the period 2010-2013. This data highlighted that in all aspects of mortality indicators the Trust were improving with specific reference made to the reductions in the actual number of deaths and crude mortality with the actual number of deaths falling by c10%. The RAMI and SHMI also showed improvement with the SHMI identifying an improvement versus peer organisations in South East England.
- Infection rates remained good.
- VTE was slightly above trajectory with the target for 2013/14

being the 2012/13 out-turn. It was essential that a root cause analysis of each VTE was conducted to ensure this target was met.

- The number of Serious Incidents in the month was nine which was above trajectory. Assessment showed that the correct procedures were in place in conjunction with falls and pressure ulcers but these were, on occasion, not being implemented sufficiently.
- Patient moves were above trajectory in the month which was reflective of the operational pressures on the month in May.
- The first Friends and Family scores were becoming available demonstrating a good position for the Trust with unvalidated data highlighting ASPH as the trust with the highest response rate in Surrey and Sussex and second out of seven on score. It was believe the current response rate of c22% would benchmark the trust as one of the highest in the country. The key was now to identify the learnings from these responses. Response rate information available to the trust would be provided by ward which would facilitate this. The national benchmark would be available in mid-July.
- The Chief Nurse confirmed that whilst the Trust did not have a significant number of cases active with the Parliamentary and Health Service Ombudsman improvements could be made from all five of these current cases.

The Board NOTED the report

O-96/2013 Framework for agreeing Nursing and Midwifery Staffing Establishments and Skill Mix

The Chief Nurse presented the paper which set out a proposed approach to ensure safe patient care and excellent patient experience through the adoption of a framework for setting and agreeing appropriate nurse and midwife staffing establishments, numbers and skill mix.

The approach was in response to the second Francis Report and the Government response, 'Patients First and Foremost'. Both the report and the subsequent response call for the use of evidence-based guidance and tools to determine staffing numbers and to inform decisions made by local professional leaders on appropriate staffing levels. The recommendations also suggest that Trust Boards receive assurance twice a year that nursing and midwifery staffing levels are safe and appropriate and able to meet patient need.

To be able to provide the Trust Board appropriate assurance the Board's endorsement was sought for a framework approach with the paper outlining a proposed framework and the principles and methodology for reviewing and setting nursing and midwifery establishment and skill mix and the governance arrangements around that process.

Board members discussed staff establishment and how this was monitored. The Chief Nurse confirmed that the trust had strong systems and processes in place for reviewing establishment levels and that on a nightly basis the shifts and rota's were reviewed for compliance with confirmation of this sent to the Chief Nurse and Associate Directors of Nursing. This evidence was maintained to comply with regulatory requirements. The newly developed and refined Quality, Experience,

Workforce and Safety dashboard (QEWS) was reviewed at IGAC on a monthly basis and this provided predictive indicators by ward. This dashboard would be circulated to all Non-Executive Directors not members of IGAC.

GR

The Chief Executive noted that the two key questions to ensure staffing was appropriate was whether the number of staff was correct and whether there was the right mix of staff in place and that the most useful way of establishing this was through robust benchmarking. The Chief Nurse confirmed that this information was provided through a company called 20:20.

Staffing establishments and the work of the newly established Workforce and Organisational Development Committee would be discussed as part of the workforce presentation to the Council of Governors in September.

The Board would receive an update on the Framework in October.

SR

The Board APPROVED the approach.

O-97/2013 Safeguarding Steering Group Annual Report

The Chief Nurse presented the Safeguarding Steering Group Annual Report which provided an overview of Safeguarding Children for the period April 2012 – May 2013 and assurance to the Board that the organisation undertakes an annual process of monitoring and reporting in relation to its policy and procedure for safeguarding children and young people whilst fulfilling statutory responsibilities for safeguarding.

The report detailed all child deaths from 24 weeks to 18 years including still births and neo-natal deaths. The Chief Nurse provided assurance to the Board that the Trust's still birth rate was lower than the national average.

A number of issues had been mitigated during the year with a stable child safeguarding team now in place and a newly appointed named nurse in the Trust.

Terry Price, Non-Executive Director, requested assurance that all staff had CRB clearance and that all staff had received mandatory level two training. The Director of Workforce Transformation confirmed that training rates were above 90% and that all staff should have CRB clearance although this would be checked and confirmed at the next Board meeting. Terry Price, questioned whether the objective of the full team in place by April 2014 was a concern. The Chief Nurse assured the Board that plans were in place to ensure this team was in post by April 2014 and that the key focus was on obtained the right people.

LMcK

The Board NOTED the report.

PERFORMANCE

O-98/2013 Balanced Scorecard

The four quadrants of the Balance Scorecard were considered.

Patient Safety and Quality: This quadrant was addressed in the Quality report.

Workforce: The Director of Workforce Transformation highlighted the above target agency usage, vacancy rate and staff turnover. The Trust's confirmed establishment was 95 WTE higher than the prior year. The plan remained to reduce the temporary workforce to 10% of the pay bill which compared to 12.5% in 2012/13. This 10% would encompass 1% agency and 9% bank.

The newly established Workforce and Organisational Development Committee, which was meeting for the first time in early July, was discussing a reward framework to improve staff retention.

Sickness was higher than target although this trend was similar to the prior year and was seasonal in nature. Mandatory training had also dipped but this was due to the structure of courses being provided in batches.

Sue Ells, Non-Executive Director highlighted the efforts from senior staff to conduct exit interviews for all leavers but questions whether this was sustainable. The Director of Workforce Transformation confirmed that all leavers should have exit interviews but that these could not all be conducted from within HR and a recent pilot had been commenced in midwifery with staff conducted these interviews.

The Medical Director and Chief Executive confirmed that the clinician response to weekend and bank holiday working was better at ASPH than most local trusts with bank holidays being worked as a normal working day. This was extremely beneficial to our patients.

Clinical Strategy: The Medical Director highlighted that the hospital had been very busy in May and identified the Stroke and Re-admission indicators as concerns.

Finance and Efficiency: The Director of Finance and Information confirmed that the Trust had made a £0.3m surplus in month two but that this was down on the planned £0.6m due to the failure to close Swift ward as planned and the number of emergency attendances with payment at the 30% marginal rate of tariff and hence a loss. The red indicator for 'month end cash' was due to a late payment from a Special Commissioner and was not of concern. Despite the operational pressures on the hospital the efficiency metrics had performed well. Capital expenditure would start to catch up that planned due to the signing of the Managed Equipment Services contract, the Cath labs and the Hybrid Theatre.

The Board NOTED the report.

O-99/2013 Performance Report

The Deputy Chief Executive introduced the report which focussed on the planned care pathway and emergency care.

Planned care was performing well with the Trust meeting the target by speciality for May in all specialities bar pain management. The listing issue, which had led to patients waiting longer than necessary for their treatment because they were incorrectly listed on a planned list instead of an 18 week pathway, had now been resolved with work continuing to clear the backlog of patients waiting to be seen. This backlog would be cleared by the end of June. The Deputy Chief Executive made the

Board aware that continuing issues in Urology around locum sickness, equipment issues and booking practices would lead to failure of this speciality in June but this this would be resolved by July. The Deputy Chief Executive confirmed that this service needed to be Consultant delivered with locum posts recruited to substantively.

The Deputy Chief Executive confirmed that challenges in meeting the four hour waiting time target remained with the month of May having been missed. Improvements in June had seen the quarter to date performance improve to 95.21% as of that day with the expectation that the 95% target would be delivered for the quarter. In spite of this improvement, which saw 97% achievement for St Peter's alone, there was no complacency with a recovery plan, tracked weekly by the CCG and local health partners, in place to ensure sustainable improvement.

The Chief Executive, on behalf of the Board, expressed gratitude to the front line staff and management whose hard work and dedication had ensure the target had been met in the quarter.

The Board DISCUSSED and NOTED the report.

O-100/2013 Emergency Care

The Deputy Chief Executive introduced the report which sought to further develop the options put forward to achieve and sustain 4 hour performance at the June meeting and identified a number of actions for Trust Board approval in addition to those already planned for 2013/14.

The Deputy Chief Executive set out the context of the Trust's waiting time target performance and the significant change programme which had been undertaken since summer 2012 coupled with the recruitment of strong substantive people in post. With demand not slowing current actions had not proved enough to achieve the target at quarter four. The Trust have commenced two programmes of work which have been started to identify the capacity requirements of the St. Peter's site in the medium and long term that will also support sustainable delivery of the four hour standard. These were The Capacity Allocation Programme and the Health Planning exercise.

With Emergency attendances forecast to increase by 5-6% a year the current footprint at the Trust was not sufficient. Capacity was also constrained by the poor layout of the department.

Jim Gollan, Non-Executive Director, sought assurance as to the pattern of bottle necks within the department with the Deputy Chief Executive confirming that the Trust had a good understanding of the patterns of demand and their peaks which were early in the day and mid to late afternoon. The paper detailed the actions to be taken in 2013/14 to alleviate some of these highlighting specifically the frail and elderly pathway changes planned for the Autumn of this year and the Implementation of the new Surgical Emergency pathway, including significant improvements to the Surgical Assessment Unit. The Trust now had six A&E Consultants compared with three last year with an advert out for the Trust's first Paediatric Consultant.

A number of further actions for 2013/14 were detailed to the Board including:

- the "Swift at home" scheme with Virgincare. This work had been disappointingly slow to progress;

- the seeking of all reablement funds to invest in out of hospital care in order to strengthen the intermediate tier of support in NW Surrey;
- The expansion of paediatric A&E with Board approval sought to bring this work forward for completion prior to December 2013; and
- A more dedicated programme of support to help staff build their resilience.

The Deputy Chief Executive confirmed that at this point in time, and in view of agreed plans to reduce average length of stay, the expansion of capacity in adult A&E and the medical bed base did not appear to be the answer to improve operational resilience at ASPH.

Clive Goodwin, Non-Executive Director had attended the recent winter planning workshop and relayed to the Board the strong level of insight on the issues which were discussed. The workshop had been well attended and it was important that the Board demonstrated a sense of urgency in how these issues would be addressed prior to winter.

Jim Gollan emphasised that it was clear that there was no quick solution to the current problems with Virgincare or quick ways to enhance staff resilience hence an increase in capacity had to be a serious consideration with regards to the improvements this would make to patient experience.

The Chief Nurse discussed the preference to have patients in the appropriate clinical setting but that at this point this provision was not available and therefore additional capacity in the hospital was needed. The Chief Executive confirmed that this year the Trust were likely to have c£5m from the CCG in reablement funds for winter pressures.

The Deputy Chief Executive would report back to the Board at a later date on the progress with actions taken. **VB**

The Board DISCUSSED the report and APPROVED the actions to be taken.

O-101/2013 Finance Committee Minutes

Jim Gollan, Non-Executive Director and Chair of the Finance Committee presented the minutes of the meeting held on 22nd May which were RECEIVED by the Board.

STRATEGY AND PLANNING

O-102/2013 Communication and Engagement Strategy

The Chief Executive introduced the Communication and Engagement Strategy which outlined the Trust's approach to Communications and Engagement (internal and external) over the next three years.

The Director of Workforce Transformation highlighted some of the actions being taken to assess and improve staff engagement including:

- Quarterly surveys of staff
- Chief Executive's Sounding Board
- The increasing use of social media
- The change management processes used by the Trust
- The development of staff leadership habits throughout the trust.

The Board emphasised the difficulty of achieving the shift to an engaged culture but reiterated the fact that sustainability was the key.

The Board ENDORSED the Strategy.

REGULATORY

O-103/2013 Finance Committee Terms of Reference

Jim Gollan, Non-Executive Director and Chair of the Finance Committee presented the Finance Committee terms of reference highlighting that the Committee had three strands of work to be progressed: The managing of performance versus budget and the risks to achieving the financial target, post implementation reviews and the Director of Finance's think-tank with Procurement being the first discussion item in June.

Subsequent to the review and approval of the Terms of Reference at the Finance Committee discussion had taken place to add a 'performance monitoring' strand to the work of the Committee and this will be reviewed by the Committee at its next meeting.

The Chief Nurse and Medical Director agreed to attend alternate meetings of the Committee noting that the current membership had no clinical representation.

The Board APPROVED the Terms of Reference.

ANY OTHER BUSINESS

O-104/2013 Sue Ells relayed that the recent Patient Facing Communication Programme presentation to the Patient Panel from Claire Braithwaite, Associate Director of Operations had been extremely well received.

O-105/2013 QUESTIONS FROM THE PUBLIC

In response to questions from the public the following responses were provided:

- The Trust would review whether outpatient clinics waiting times were monitored recognising that this wait time was important for patients. VB
- Serious incidents with harm had been discussed in detail at the last few IGAC meetings as well as at the Board meeting.
- The Safety Thermometer was a mandated tool but was limited in that it was a point in time tool reflecting one day in each month.
- It was a challenge to source an effective e-safety policy to safeguard children due to the number of systems they might use.
- The discharge lounge did not provide the space it should do although a number of improvement have been made over the last few years. The lounge is staffed by registered nurses with access to appropriate medical support.
- The Trust reviewed a number of factors to assess performance against the emergency department waiting time target. At times in June demand had reduced but on Monday of that week the department had had 308 attendances versus an all-time high of 316.

DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 26th September 2013 at Ashford Hospital.

Signed:
Chairman

Date: 25th July 2013

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment at 23rd May '13	Status
28/06/12	O-69/2012	Quality, Safety and Risk Management Strategy	Review progress in one year	SR	Jul 2013	On agenda	✓
25/04/13	O-50/2013	Annual PALS and Complaints report	Lessons learnt paper to be presented to IGAC and Board.	SR	Jul '13	On agenda	✓
25/04/13	O-55/2013	Enhancing Staff Experience	Progress against measurable outcomes within the staff experience plan to be reported to the Board.	LMcK	Jul '13	Deferred to next Board meeting to enable more comprehensive update.	
25/04/13	O-55/2013	Enhancing Staff Experience	Listening events being planned post Francis needed to be encompassed within the 'Enhancing Staff Experience' plan.	LMcK	Jul '13	Update to be provided as part of comprehensive update at next meeting.	
30/05/13	O-74/2013	Imaging Demand and Capacity	Discussion at Partnership Board on potential for partnership working in imaging.	VB	Jul '13	Discussions have taken place. To be continued at a clinical workshop level.	✓
27/06/13	O-96/2013	QEWS Dashboard	Dashboard to be circulated to all NED's not part of IGAC.	GR	Jul '13	Complete	✓
27/06/13	O-97/2013	Safeguarding Steering Group Annual Report	Check to be made that all appropriate staff have CRB clearance.	LMcK	Jul '13	Verbal update to be provided in meeting.	

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment at 23 rd May '13	Status
27/06/13	O-105/2013	Outpatient waiting times	Trust to review whether outpatient clinics waiting times were monitored.	VB	Jul '13	Outpatient clinic waiting times are monitored by the nursing staff. A number of audits are conducted throughout the year on waiting times and the results are distributed to the divisions to feedback to Consultants for improvement.	✓
Action due at a future meeting							
29/11/12	O-152/2012	Medical Revalidation	Report to Board on the results of the first year re-validation.	DF	Apr '14	Not due	ND
30/05/13	O-84/2013	Scheme of Delegation	Review the streamlining and content of the Scheme of Delegation requiring approval by the Board.	SM	May '14	Not due	ND
27/06/13	O-96/2013	Staffing Framework	Board to receive update on the Framework.	SR	Oct '13	Not due	ND
27/06/13	O-100/2013	Emergency Care	Report back on 2013/14 action progress	VB	Sept '13	Not due	ND

Key

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