Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD MEETING
MINUTES
Open Session
27th September 2012

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr Clive Goodwin	Non-Executive Director
	Dr David Fluck	Interim Medical Director
	Mr Peter Taylor	Non-Executive Director
	Prof Philip Beesley	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Mr Simon Marshall	Director of Finance & Information
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Terry Price	Non-Executive Director
APOLOGIES:	Ms Valerie Bartlett	Deputy Chief Executive
	Mr Jim Gollan	Non-Executive Director
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs
	Mr George Roe	Board Secretary/Head of Corporate Affairs
ATTENDANCE:	Ms Claire Braithwaite	Associate Director of Operations
	Sally Bassett	PricewaterhouseCoopers
	David Dignam	PricewaterhouseCoopers
	Liz Smith.	PricewaterhouseCoopers

Minute **Action**

Declaration of Interests

There were no declarations of interests in the proceedings.

O-105/2012 **MINUTES**

The Minutes of the Meeting held on 26 July 2012 were AGREED as a correct record.

O-106/2012 **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.

REPORTS

O-107/2012 **Chairman's Report**

The Chairman highlighted the exemplary reports which had been received from a number of parties following the Trust response to the Hindhead coach crash on the night of 10/11th September. Having spoken with staff who had been involved in the response, there was a great sense of pride in the way everyone had worked together.

The Chairman had welcomed the Lord Lieutenant of Surrey Dame Sarah Goad, to the Trust in the month who presented Trust volunteers with The Queen's Award for Volunteering 2012.

The Research and Development Department hosted a Public Information Day on Friday 14th September which had been extremely well received by members.

The Board NOTED the report.

O-108/2012 **Chief Executive's Report**

The Chief Executive noted that the major incident plan is reviewed and updated each year but it is rare that it has to be implemented. The crash at Hindhead on 10/11th September had led to 23 patients being transferred to the Trust. As a major incident, out of hours, the response from the Trust had been fantastic.

The Chief Executive's report noted that the Trust's Monitor Governance rating (which reflects performance and quality issues) had recently been moved back up to Green – the top rating and its Financial Risk Rating has also risen, from 3 (the middle rating) up to a 4 (out of 5) for the first quarter of this year. Figures from the National Hip Fracture Database Report for 2012, published earlier this month, show that once again Ashford and St Peter's is one of the best Trusts in the country for treating patients with hip fractures.

The Trust was continuing to work on the Epsom transaction but this was a complicated transaction. Following the Programme Board Meeting the transaction has now been delayed by three months. This delay was due to be announced this week with a new potential go-live date for the proposed expanded Foundation Trust of 1st July 2013.

The Innovation Fund continued to provide funding for innovations to improve quality and productivity.

The Board formally recorded their thanks to staff of the Trust for their response to the coach crash.

The Board NOTED the report

QUALITY AND SAFETY

O-109/2012 **IGAC Feedback**

Philip Beesley, Non-Executive Director, Chair of IGAC, provided feedback from IGAC. Assurance had been provided at the closed Board session on the SIRI report and there was a focus on improving quality. A visit by Jim Golan and Heather Caudle to Salford Royal NHS Foundation Trust had provided some useful insights.

The new Quality and Safety Strategy was progressing well with work still to do on management data system and UTI mortality.

O-110/2012 **Quality Report**

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

The following points in the report were highlighted:

- The Trust had recently changed data provider from Dr Foster to CHKS as CHKS could provide more up to date data.

- The Summary Hospital Level Mortality Indicator (SHMI) is two to three months in arrears but looks good.

- HSMR had been re-benched this month with a figure of 101 being reported in comparison to the non re-benched figure of 73 last month. The HSMR stands at 95 for the year.

- The report indicated that there was a high level of mortality associated with urinary tract infections (UTI) and this had been an outlier for some time. The Medical Director noted that at present there was no HSMR figure for UTI due to the change from Dr Foster to CHKS.

- The crude mortality rate and infection rate position was good although infection control remained challenging.

- Bed occupancy remained green at 88.8% YTD, but the number of patient moves was still higher than target. The Board agreed that this was something that would continue to be monitored.

- Detailed work was due to be undertaken on falls with the Chief Nurse confirming that the Lead Falls Nurse would be conducting analysis of falls data to ensure the correct data was being collected. The Chief Nurse would report back to the Board on these findings. **SR**

- The Chief Nurse advised the Board of the National Quality Board's new report which provides a review of the Early Warning Systems paper in the NHS published in February 2010, in preparation for the changes to the NHS from April 2013. The Chief Nurse and Chief Executive would further review this report and provide a report to the Board at a later date. **AL/SR**

- There have been no new alerts reported by the NPSA since the last Board meeting in July 2012 with three alerts remaining overdue. The alert relating to nasogastric tubes remained open but this was very close to being closed. The alert relating to the patient

passport would be closed once there was sufficient evidence that this was fully embedded.

- The Board noted that an improved Net Promoter Score was expected. The Chief Nurse confirmed that this was a fragile indicator and that the trend was important. This trend had not risen over the last year. The Chief Executive, Chief Nurse and Phillip Beesley would meet before the next Board meeting to analyse this further. **AL/PB/SR**

- The Board noted that the CQC had recently signed off the Nursing Documentation indicator but on the Quality dashboard this remained red. Work remained to provide sufficient assurance to the Chief Nurse that this indicator had been complied with.

The Board NOTED the report.

O-111/2012 **Board Assurance Framework**

The Board Assurance Framework (BAF) was reviewed during September and this identified some repetition of risks. A risk on the emergency pathway appears in BAF 1.7, BAF 3.1 and BAF 4.1. This was agreed to be correct as it is fundamental to the organisation and would remain within the BAF.

Risks in conjunction with SO 3 (BAF 3.3, BAF 3.5) both related to risks of the loss of market share, the first due to competition, the second due to not achieving joined up health care. IGAC had supported the view that that these risks could be amalgamated and this view was agreed by the Board.

The top five risks had also been discussed at IGAC and these were noted by the Board. Three of these risks relate to finance and with similar actions in place consideration was made as to whether these could be amalgamated. The Non Executive Directors noted that three of these risks were unique to Ashford & St. Peter's whereas two were out of the Trust's control. It was agreed that the Finance Committee would review these financial risks at their next meeting and report back to IGAC and to the Board. **JGo/SM**

Concern was raised as to the risks around Epsom in particular those associated with managing stakeholder expectations. This will be considered at the December IGAC meeting and will be brought to the Board in January. **PB**

The Board APPROVED the report subject to the changes detailed above.

O-112/2012 **Corporate Risk Register**

The Corporate Risk Register had been discussed at IGAC in September. Since the last reporting to the Trust Board (28th June 2012) three new risks were opened and two were closed.

It was noted that the timely review of risks to refresh the Corporate Risk Register was essential and that concerns around the quality of data should be alleviated by the move to CHKS from Dr Foster.

Request was made for risk CRR 1214 to be updated with an improved definition of the risk. **SR**

The Board NOTED the Corporate Risk Register.

PERFORMANCE

O-113/2012 **Balanced Scorecard**

The four quadrants of the Balance Scorecard were considered.

Patient Safety and Quality:

This had been addressed in the Quality report.

Workforce:

The Director of Workforce & Organisational Development noted that the national staff survey had been released earlier that week which surveyed all staff.

The workforce quadrant of the balanced scorecard was introduced.

The levels of agency staff usage had reduced but were still above target and this would be reviewed at half year Finance Committee. Vacancy rate was now the lowest it had been for the past three years. **JGo/SM**

Appraisal level rates have dipped to 87% against a target of 98%. There was now a push on the quality of appraisal and key was to get this ingrained in the culture of the organisation. The Board noted that whist the target for appraisals had not been met the actual rate remained far higher than neighbouring trusts.

Clinical Strategy:

The report identified that the Trust was not achieving the re-admission targets for emergency patients but that the emergency pathway changes would help improve this once the majority are introduced on 8 October 2012. The PCT are due to undertake an audit of these re-admission rates shortly which could have an accompanying financial penalty.

The Board raised concern about these rates and whether sufficient granularity of data was available to understand what was causing them especially in light of the view that bed pressures had been easier over the summer period. A report will be prepared for the November Board providing this assurance. **DF**

Overall, the Trust's market share remained reasonable. An additional Bariatric consultant had been appointed and there were plans to increase the Vascular Service market share.

The number of patients reported as participating in research and development were believed to be incorrect and this would be reviewed. **DF**

The decision to end the Nursing Home project would be reviewed outside of the meeting. **AL/DF**

Finance and Efficiency:

The Trust had maintained its Monitor Financial Risk Rating of 4. Over-performance continued in line with previous activity trends, with limited

signs of PCT QIPP schemes taking effect as intended. This was driving mainly non-pay cost pressures across a number of the Trust's divisions.

The Board were pleased to note that the £12m CIP had now been identified. The priority was now to ensure these schemes were delivered.

The Board were disappointed that the Outpatients DNA was 7.9% in August. Work was being conducted at a speciality level with individual plans to improve this position.

The Board NOTED the report.

O-114/2012 **Compliance Framework**:

The Trust is on track to meet all of the performance targets associated with the Monitor Compliance Framework for quarter two, following good performance in July and August. This includes the four hour standard for waiting times in the Emergency Department (ED) which, although close, remained on target.

The introduction of the emergency pathway changes, and in particular new rotas and configuration of beds alongside more senior clinical presence in the department and extended social services support, on 8 October 2012 was of paramount importance to achieving sustainable delivery of the waiting time target going forward.

The Board NOTED the report.

O-115/2012 **Trust Executive Committee Minutes**

The TEC on 24th August 2012 considered the Corporate Risk Register, Complaints Report, Balanced Scorecard and Business Cases in relation to Vascular Services, Voice Recognition and Transcription, Cardiac Catheter Laboratory Development and Patient Self Check-in.

The Board noted the recent CQC report at Croydon had identified problems with the WHO checklist. The Chief Nurse confirmed that a review of this checklist had been undertaken and that practice was found to be variable but that the CQC report had been useful to further raise awareness. Further work was to be conducted to implement this checklist into the Cath. Lab and Maternity.

The Board NOTED the draft minutes of the TEC meeting held on 24 August 2012.

O-116/2012 **Finance Committee Minutes**

The Board NOTED the draft minutes of the Finance Committee meetings held on 18th July 2012 and 22nd August 2012.

The Board noted the current level of over performance and the potential issue in recovery of income associated with this.

O-117/2012 **Audit Committee Minutes**

The Board NOTED the draft minutes of the Audit Committee meeting held on 23 May 2012.

The Trust's new Internal Auditors, Parkhill, had attended the Audit Committee for the first time with approval of the Terms of Reference for

the internal audit work to be carried out. Parkhill will have completed some of this work for the next Audit Committee meeting in October.

STRATEGY AND PLANNING

O-118/2012 **Quarterly Informatics Update**

The report discussed progress against year 2 of our 5 year Strategy.

The key areas of current focus included:

- ePrescribing with 3 suppliers having been selected for shortlisting;
- Core Switch Replacement which was at the initial tendering phase;
- Realtime and the amount of local tailorisation which was required to switch off the existing IPL system; and
- BlueSpier and the embedding of this system.

The Board NOTED the report.

REGULATORY

O-119/2012 **Strategy Committee Terms of Reference**

The Terms of Reference of the Strategy Committee have been reviewed and updated with in particular the Terms of Reference now referring to 'Transactions' which will be incorporated in the Constitution following the Health and Social Care Act 2012.

The Terms of Reference were APPROVED subject to the removal of the reference to the "acquisition of Epsom". **AL**

O-120/2012 **Constitution – Impact of Commencement Orders**

The Trust is required to make changes to its Constitution to reflect the Commencement Orders which introduce a number of changes from 1st October 2012 in respect of the Health and Social Care Act 2012. The draft Constitution was discussed and agreed at the Council of Governors meeting on 11th September 2012 with changes to the current Constitution being drawn from the Monitor Model Constitution and having been reviewed by DAC Beachcroft.

The Board APPROVED the proposed revisions to the Constitution.

O-121/2012 **Review of Constitution – Epsom and the Health and Social Care Act 2012**

The Trust needs to undertake a review of its Constitution in the light of the proposed Epsom transaction and remaining two commencement orders which are not yet in force. The report detailed the views of the Task Group established by the Council of Governors and the Board.

The report included a number of principles proposed for adoption in determining changes to the shape of the Council of Governors which were agreed at the Council of Governors meeting held on 11th September 2012. These principles would be used to form the basis of consultation with stakeholders and does not mean a decision on the shape of the Council has been taken.

The Board APPROVED the revised draft Constitution for consultation.

O-122/2012 **Use of Trust seal**

There were no applications of the seal to report.

FOR INFORMATION

O-123/2012 There were no items to report.

ANY OTHER BUSINESS

O-124/2012 **Patient Panel**

It was noted that there was a perception at Patient Panel that the Epsom transaction was completed. The Board confirmed that this was not the case with many challenges still to overcome. The Board noted that costs in relation to the transaction were being refunded to the Trust.

O-125/2012 **QUESTIONS FROM THE PUBLIC**

The following questions and points were made:

The Finance Director confirmed that the Trust had a number of ways to identify duplicate invoices with respect to fraudulent invoices being requested for payment.

The Chief Nurse agreed that the early diagnosis of mental health problems was key to ensuring that the medical needs of patients were identified quickly and that the national dementia strategy was key to this. One of the Trust's CQUINs was related to dementia screening with mandatory screening of every patient over the age of 75 who attends the Trust.

The Associate Director of Operations confirmed that data on cancelled operations was collected and that it was monitored and this showed that progress was being made to reduce these cancellations. The Chief Executive reminded the Board that cancelled operations was a key indicator to focus on.

The Board confirmed that 360 appraisals are completed by the Board, by all medical staff and that there was a further roll out through nursing care.

O-126/2012 DATE OF NEXT MEETING

25th October 2012

Signed: ……
Chairman

Date: 25th October 2012

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 18th October '12	Status
29/03/12	O-35/2012	**Sustainability**	Report back on progress with action plan	VB	25/10/12	On agenda	✔
28/06/12	O-69/2012	**Quality, Safety and Risk Management Strategy**	Review progress in one year	SR	July 2013	Not due	**ND**
26/07/12	0-82/2012		Develop Board actions on role modelling good team working / Board development	RB			
26/07/12	0-84/2012	**Chief Executive Report-Organ Donation**	Invite Clinical Lead to Board. Include article in Members Matters	JG	25/10/12	Arranged for October meeting. Article in autumn edition	✔
26/07/12	0-82/2012	**Quality report**	Snapshot audit on number of patient bed moves to see if new bed configuration is impacting positively	SR	25/10/12	Moved to November Board as new model only in place from 8 October.	**ND**
26/07/12	0-89/2012	**Telephone response times**	Further report to Board	VB	28/03/13	Not due.	**ND**
26/07/12	0-91/2012	**Corporate objectives**	Future Reports to clarify how RAG ratings were derived and provide a forecast out turn. All Board members to make	SM ALL	25/10/12 28/09/12	Included within Q2 report.	✔

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 18th October '12	Status
			suggestions to improve the reporting				
26/07/12	0-101/2012	**Patient engagement**	Develop the Patient Engagement Strategy	SR	31/01/12	Stakeholder engagement in progress. Report to be provided to January Board.	**ND**
26/07/12	0-102/2012	**Reflection**	Keep ensuring sufficient time for discussion on substantive issues	AMcL	29/11/12	Not due	**ND**
27/09/12	O-110/2012	**Falls**	Analysis of falls data to ensure the correct data was being collected.	SR	29/11/12	Not due	**ND**
27/09/12	O-110/2012	**National Quality Board report**	Review of the National Quality Board's new report which provides a review of the Early Warning Systems paper in the NHS published in February 2010, in preparation for the changes to the NHS from April 2013.	AL/SR	29/11/12	Not due	**ND**
27/09/12	O-110/2012	**Net Promoter Score**	Further analysis of the Net Promoter Score as the trend had not risen over the last year. The Chief Executive, Chief Nurse and Phillip Beesley would meet before the next Board meeting to analyse this further.	AL/PB/SR	25/10/12	Completed.	✔

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 18th October '12	Status
27/09/12	O-111/2012	**Board Assurance Framework – financial risks**	Consideration of whether the three financial risks in the top five risks can be amalgamated. The Finance Committee would review these financial risks at their next meeting and report back to IGAC and to the Board.	SM	31/01/13	Not due	**ND**
27/09/12	O-111/2012	**Board Assurance Framework – Epsom risk**	Consideration as to whether the risks raised about Epsom suitably considered stakeholders. To be reviewed at the December IGAC meeting and the Board in January.	PB	31/01/13	Not due	**ND**
27/09/12	O-112/2012	**Corporate Risk Register**	Risk CRR 1214 (Data Issues) to be updated with an improved definition of the risk.	SR	29/11/12	Not due	**ND**
27/09/12	O-113/2012	**Agency Staff**	Review at half year Finance Committee of the levels of agency staff usage which have reduced but were still above target.	SM	25/10/12	Reviewed at October Finance Committee.	✔
27/09/12	O-113/2012	**Re-admission rates**	Report to the Board as to whether sufficient granularity of data was available to understand what was causing high re-admission rates.	DF	29/11/12	Not due	**ND**

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 18th October '12	Status
27/09/12	O-113/2012	**Research and Development – patient participation**	Review of the number of patients reported as participating in research and development as current figures appear incorrect.	DF	25/10/12	Figures reviewed and are correct. The year to date plan is not divisable by the months since it reflects the dynamic changes of on-going studies.	✔
27/09/12	O-113/2012	**Nursing Home project**	Review of the decision to end the Nursing Home project.	AL/DF	25/10/12	Phase 1 of the Nursing Home project (ASPH) will come to a close in October. Phase 2 is being led by NWS CCG and will see link GPs being identified for a cohort of 22 Care Homes. The Trust is working with the NW Surrey Care home project team to construct the service specification for the Phase 2 project.	✔
27/09/12	O-119/2012	**Strategy Committee**	Removal of reference to the "acquisition of Epsom" from Terms of Reference.	AL	25/10/12	Completed.	✔

Key

---	**On Track according to timetable**
✔	**Completed according to timetable**
ND	**Not due yet**