

**TRUST BOARD MEETING  
MINUTES  
Open Session  
29th March 2012**

<b>PRESENT:</b>	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr Jim Gollan	Non-Executive Director
	Mr Clive Goodwin	Non-Executive Director
	Dr David Fluck	Interim Medical Director
	Mr John Headley	Director of Finance & Information
	Prof Philip Beesley	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Valerie Bartlett	Deputy Chief Executive
<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-24/2012 MINUTES**

The minutes of the meeting held on 26 January 2012 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-25/2012 Questions from the public (minute O-21/12 refers)**

It had been confirmed that the Trust's Complaints Policy allowed for cases amenable to conciliation to be referred to an independent conciliator

## REPORTS

### **O-26/2012 Chairman's Report**

The Chairman highlighted that the Health and Social Care Bill had now received Royal Assent. It was understood that detailed guidance on implementation would shortly be made available centrally.

The Board NOTED the report

### **O-27/2012 Chief Executive's Report**

The Chief Executive highlighted the Trust's local innovation fund which was aimed at encouraging the development of innovative new projects to improve the quality of services, patient experience and efficiency across the Trust. A substantial number of applications had already been received.

The lower portion of The Ramp had been demolished, enabling the creation of a staff car parking area in line with the Master Plan. A timeline for demolition of the Upper Ramp was now being developed.

The Board NOTED the report.

## QUALITY AND SAFETY

### **O-28/2012 Board Assurance Framework:**

The Board Assurance Framework (BAF) had been reviewed by IGAC prior to presentation to the Trust Board. Two changes in risk ratings had been recorded; firstly in respect of the Trust 'not meeting the national priority in respect of the A&E target', and secondly a small reduction to risk 3.3 on reducing emergency admissions.

The work on progressing the major refresh of the BAF was to be accelerated by the establishment of a small subgroup of Board members. The intention would be to present a well-developed draft to the May Trust Board, looking both at the definitions of revised risks, and possible format changes

**JG**

The Board APPROVED the BAF and noted the approach on refreshing the BAF.

### **O-29/2012 Corporate Risk Register**

It was noted that the target risk scores had been reviewed and updated by risk owners.

Philip Beasley, Chair IGAC, drew attention to the Committee's proposal to

incorporate a highlight report enabling the Board's attention to be focused on key aspects of the Corporate Risk Register in future.

The Board NOTED the Corporate Risk Register.

### O-30/2012 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 crude mortality rate had decreased from 2.09% in January to 1.78% in February. This reflected a decrease in crude mortality within medicine.
- The mortality from hip fractures had risen to 13.9% with the proportion operated on within 36 hours falling to 86%. The Medical Director advised that the division had proactively reviewed the data and undertaken a detailed review which indicated nothing untoward. In addition, early data for March indicated that mortality rates had improved.
- No further MRSA or C. difficile cases had occurred, however, there had been a number of cases of norovirus which could be a precursor for C. difficile. Therefore the Trust was continuing to be very vigilant in respect of infection control.
- The National Patient Safety Alert on early identification of failure to act on radiological imaging reports had now been closed. The Trust Executive Committee had received a report detailing and evaluating implementation, which had been successful with a few areas now being supported to turn off paper systems.
- The majority of mortality occurred as expected within the emergency medicine specialty. The Trust was focusing on specific areas including heart failure and pneumonia in terms of pathway improvement. Board members asked whether it was possible to separate out emergency from elective surgery within the report (table 2).
- Work was underway to generate the Quality Account. This included priorities for 2012/13 and a stakeholder engagement event had now taken place. The recommendation was to roll over a number of priorities from 2011/12 and introduce two new priorities, one on communication and one on the effectiveness of risk assessment and prophylaxis from VTE.

It was confirmed that detailed SMART indicators would be developed. The issue of communication was one raised specifically by the Governors, and whilst it might be hard to define outcome indicators, a fallback would be to include best process indicators. Further work would be undertaken to define the specific measures, and this could include feedback from Board members, Governors and Patient Panel representatives.

- Board was pleased to note that the backlog of complaints overdue

**SR/DF**

**SR**

for response had now reduced to 6. Chart 2 indicated 43% of complaints by service area were related to Outpatients. It was agreed that future reports should show trends rather than proportion.

SR

- A report had been issued by the Commission On Improving Dignity In Care which also linked to quality standards provided by NICE. The Trust was currently undertaking an evidence review against the 14 statements provided and would then be able to propose next steps.
- The Best Care Dashboard highlighted the challenge of completing VTE assessments and nursing documentation.

In discussing the Best Care Dashboard, the Board noted the assurance provided that issues were being identified. However, Board members needed to be confident that the actions implemented were effective and that improvement could be tracked. It was agreed to undertake a six-month stock take showing performance trends.

SR

Surgical Assessment Unit was an area of extremely rapid patient flow and therefore needed constant monitoring. This was being undertaken.

The Chief Nurse highlighted that electronic solutions were being developed so that the Trust would have greater flexibility in the presentation of the ward to board dashboards and enabling information to be presented in a more dynamic way.

- The Chief Nurse confirmed that the Trust did not test specifically for Pseudomonas Aeruginosa however, the existing water testing regime would sign post any increase in particular organisms.

The Board NOTED the Report and APPROVED in principle the indicators selected for the Quality Account 2012/13.

## PERFORMANCE

### O-31/2012 Balanced Scorecard

The Balanced Scorecard comprised four areas aligned to the Trust's four key Strategic Objectives.

#### Patient Safety and Quality:

This aspect had been addressed earlier on the agenda.

#### Work Force:

The following points from the quadrant were highlighted:

- The use of agency staff had decreased in January and then increased in February, remaining above target.
- The level of appraisals was 89.7% year to date. However HR consultants had confirmed appraisal dates for all staff before 31 March 2012.

- The mandatory training compliance rate continued to rise steadily and as at 29 March 2012 stood at 69%. It was hoped the plan to achieve 70% by 31 March 2012 would be achieved.

It was confirmed that the Finance Committee had examined turnover which had decreased in the last two months but remained over target. There was robust scrutiny of the reasons for staff leaving, a part of which was the completion of fixed term contracts.

#### Clinical Strategy

The quadrant highlighted the reduction in emergency admissions.

#### Finance And Efficiency

The planned FRR was 3 with the actual YTD remaining at 3. The Trust expected to achieve the forecast FRR3.

EBITDA year-to-date was £2.6 million behind target. This was mainly due to continued pressure on operational capacity. The forecast end of year surplus remained at £1 million and the Trust had a solid cash position.

It was noted that non-elective average length of stay had increased. It was encouraging to note the continued impact of the Trust's refreshed approach to outpatient management, showing a positive improvement in the reduction of DNA rates.

The Board NOTED the report.

### **O-31/2012 Compliance Framework and Trust's Operational Performance:**

The Report identified that the Trust continued to achieve the 18-week referral to treatment pathway for more than 90% of patients needing admitted patient care. It was pleasing to note that the Trust was already meeting the Operating Framework standards for 2012/13 in relation to 18 weeks and waits for diagnostic tests.

However delivering the target of a maximum wait of four hours for 95% of patients in A&E continued to be a significant challenge. In February 2012 performance fell to 90.78%. The Board was advised that it was unlikely that performance for the remainder of March would be sufficient to meet the Compliance Framework Standard for the quarter as a whole. The report also identified one cancer indicator as red. This was due to the small number of patients involved. The patient had elected to delay their treatment but this resulted in a breach. However this would not count against the Trust's Monitor governance assessment.

The Board discussed A&E performance noting that it had improved in January 2012 but fallen again in February. Severe pressure had been experienced across Surrey, and the period had coincided with half term. It was reported that the CCG were doing a retrospective and prospective review of GP leave across bank holidays.

Both national policy and local commissioning intentions were to reduce the number of emergency patients arriving at hospitals, but this had yet to impact.

The Trust had recently carried out a thorough review of its capacity

assumptions and would be re-configuring its bed stock. Nevertheless, the size, scope and capability within A&E needed review. A snapshot audit of patients the previous week had highlighted that of the 406 beds in operation, 295 patients were older than 75. This was a signal of the increased complexity of patients being admitted.

In summary, it was confirmed that the Executive Team were working on three aspects; demand, capacity/flow and improving clinical strength within the Accident and Emergency Department.

The Board NOTED the report.

## **STRATEGY AND PLANNING**

### **O-32/2012 Corporate Business Plan, 2012/2013:**

The Corporate Business Plan was underpinned by divisional and corporate plans. The overarching strategic objectives have been shared with the Governors at two workshops.

The Trust was required to produce a three-year plan for Monitor which would be presented to the May Trust Board. A slim line version of the Corporate Plan would be made available for employees to assist in ownership and delivery.

The Trust had previously had four overarching strategic objectives. An additional strategic objective relating to the Epsom transaction had been included. This fifth strategic objective described how the Trust would oversee the merger if it went ahead. It was shown as independent of the first four strategic objectives which set out business as usual for the Trust irrespective of the whether the merger proceeded or not.

A new theme underpinned the Business Plan: creating joined up healthcare.

Contained within the Corporate Business Plan was a suggested change to the presentation of the Board's Balanced Scorecard. This moved away from a four quadrant basis to six aspects of the Trust's service. Following discussion, it was agreed that the draft was more of a full performance pack than a balanced scorecard which Board members preferred. It was agreed to make a number of initial changes to the draft and re-circulate Board members to seek views. A further draft would be considered at the April Board and would be implemented at the May meeting.

**JH**

Underpinning the business plan was the Trust's budget for 2012/13.

The budget showed a marginal growth of income from £223.9 million to £226.3 million. A £3.3 million surplus was planned, underpinned by a £12 million CIP target.

The Trust would have available £12 million capital which included a carry forward of an under spend from 2011/12. The intention was to have a strong clinical focus on allocations from the capital budget and these would include the Ashford Hospital Outpatient Department refurbishment with £1.3 million of the total £2.5 million budget being committed in 2012/13 and £500k as the first phase of the midwifery-led unit development. Other capital developments would include the creation of a hybrid theatre to support the development of Vascular Services, and the potential to increase space for Paediatric A&E Services.

The delivery of the Corporate Business Plan would be underpinned by strong project management through the Programme Management Office.

It was noted that Monitor published the Compliance Framework on 31 March 2012. Their final list of national priorities would be included within the Trust's Corporate Plan. The main changes were likely to be introduction of the new waiting time national targets, which were already being met by the Trust, changes to the treatment of non-compliance with CQC judgments, and changes on the scoring methodology on C difficile.

It was agreed to correct some inconsistencies within the glossary.

JH

The Board APPROVED the Corporate Business Plan for 2012/13, the annual budget and capital plan, subject to further discussion on the format and content of the balanced scorecard.

## REGULATORY

### **O-33/2012 Information Governance Tool Kit Assessment:**

All NHS Trusts were required to self-assess against a diverse range of standards contained within the National Information Governance Tool Kit. The Trust had completed its self-assessment and out of the 45 requirements:

1. Five requirements have had achieved level 3.
2. Thirty seven requirements had achieved level 2.
3. Three requirements had achieved level 1.

Of the three only achieving level 1, one related to information governance training. Following late clarification by the Department of Health, it now appeared that the Trust's calculation on staff receiving training within the financial year could be amended and resulted in an achievement of 64%.

The Trust had undertaken a late exercise covering April to June 2011 in respect of the extension of the target for the 2010/11 year. This would suggest an even higher compliance rate in 2011/12. It was therefore agreed to confirm that the staff had now been fully included in the Trust's current assessment on compliance.

JH

It was essential that staff had a high degree of awareness of information governance as this was very important for patients. It was agreed to ensure that all Trust Board members were up-to-date with their training.

AL/JG

The Board APPROVED the submission of the tool kit assessment.

### **O-34/2012 Health informatics strategy – progress report:**

The Report provided a progress report against year 1 one of the Health Informatics Strategy and outlined priorities for year 2.

It was noted that a number of initiatives had been delayed due to a re-prioritisation to enable the Health Informatics Team support the deployment of RealTime to help the Trust manage its capacity issues. In discussing the progress report, it was confirmed that, Clinical Electronic Ashford and St Peter's Record (CEASR), would create a virtual electronic patient record. Consideration was also being given to exploring the benefits of Bring Your Own Device as this could enable the delivery of business related information on a variety of devices.

The Board was pleased to note the good progress being made.

The Board NOTED the report.

**O-35/2012 Sustainable Development – Carbon Footprint And Management Action Plan:**

The report identified that the Trust had a reasonable assessment of the 2007/08 baseline against which the target 10% reduction by 2015 would be measured.

It was noted that 60% of the carbon footprint related to procurement. It was understood that in line with the NHS, a high proportion of this was related to the manufacture of pharmaceuticals.

The Board highlighted the excellent opportunity that sustainable development offered as a good employment engagement vehicle. It would also be helpful to link with other sectors which were more advanced in developing best practice.

The Board NOTED the report and APPROVED the management action plan. It was agreed that an up-to-date report would be provided in six months.

**VB**

**O-36/2012 Use of Trust Seal:**

The Board NOTED the application of seal 048 on 7 March 2012. This was in respect of the modular building contract with Extra Space Solutions UK Ltd previously approved by the Board.

**O-37/2012 Internal Audit Tender**

The Trust had carried out a joint procurement exercise with Frimley Park Hospital NHS Foundation Trust for the provision of internal audit services. Both Trusts had agreed on the preferred bidder and each Trust would be awarding their own contract. The recommendation was that the contract for Ashford and St Peter's Hospital be placed with Parkhill Internal Audit from 1 April 2012 for three years.

It was noted that Parkhill were a specialist internal audit company and had already commenced an audit assessment process.

The Board thanked Chantrey Vellacott DFK for the work they had undertaken over the last x years.

Board APPROVED the award of contract.

**O-38/2012 Treasury Management Policy:**

All Foundation Trusts were required to produce a Treasury Management Policy.

The Board APPROVED the Policy.

**FOR INFORMATION**

**O-39/2012 Trust Executive Committee Minutes**

The Board NOTED the minutes of the Trust Executive Committee meetings held on 27 January 2012 and 24 February 2012.

**O-40/2012 Finance Committee Minutes**

The Board NOTED the minutes of the Finance Committee meetings held on 18 January 2012 and 15<sup>th</sup> February 2012.

It was noted that a paper on Charitable Funds would be coming to the April Board meeting.

**JGo**

**ANY OTHER BUSINESS**

There was no other business

**O-41/2012 QUESTIONS FROM THE PUBLIC**

- It was confirmed that the Board would undertake the Epsom transaction if this provided benefit to both the residents of Ashford and St Peter’s and Epsom Hospitals. Joining with Epsom Hospital would provide Ashford and St Peter’s with the benefit of critical mass but the Board was aware of the risks and would actively seek to manage them.
- It was agreed to check the Trust’s approach in respect of metal-to-metal hips. It was understood that there were dedicated clinics to review patients who had received this type of prosthesis but further information would be sought.
- The issue of outcome measures for fractured neck of femur was raised again by member of the public. The Medical Director agreed to discuss this with the divisional director to see whether there was any research related opportunities.

**SR**

**DF**

**DATE OF NEXT MEETING**

**O-42/2012** 26th April 2012 – Ashford Hospital

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

**Date:** 26th April 2012

## SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 18 April 2012	Status
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 28/06/12	New NPSA alert received. Presentation to Board will cover both and provisionally scheduled for June 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. To be introduced May.	---
29/09/11	O-145/11	<b>Quality Report</b>	Present revised Clinical strategy and update position re National Quality Board assessment	DF/SR	<del>29/03/12</del> 26/04/12	To be subsumed in revised Integrated Risk Management Strategy/ Quality, Risk and Safety strategy. Work in progress- to May Board	---
26/01/12	O-4/12	<b>Patient Appointment Telephone Bookings</b>	6 month update report on telephone response times	VB	26/07/12	Not due	<b>ND</b>
26/01/12	O-10/12	<b>Health and Safety Report:</b>	Contact Frimley Park Hospital who report a very low number of assaults per thousand staff.	VB	26/04/12	Referenced in H&S report	✓
26/01/12	O-20/12	<b>Organ Donations Committee</b>	Update of the work of the Committee in the Board Quality report.	DF	26/04/12	Detailed in Quality Report	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 18 April 2012	Status
29/03/12	O-28/2012	<b>Board Assurance Framework:</b>	Progress refresh of BAF	JG	28/05/12	Discussions initiated and drafting underway	---
29/03/12	O-30/2012	<b>Quality report</b>	Separate out emergency and elective surgical mortality in table 2 of the report	SR/DF	26/04/12	Completed	✓
29/03/12	O-30/2012	<b>Quality report</b>	Replace pie chart on complaints with tracking information	SR	26/04/12	Completed	✓
29/03/12	O-30/2012	<b>Quality report- Best care dashboard</b>	Six-month stock take showing performance trends.	SR	28/06/12	Not due	<b>ND</b>
29/03/12	O-32/2012	<b>Corporate Business Plan</b>	Bring back further draft of a revised scorecard	JH	26/04/12	Being circulated.	✓
29/03/12	O-32/2012	<b>Corporate Business Plan</b>	Correct inconsistencies in glossary	JH	26/04/12	Completed	✓
29/03/12	O-33/2012	<b>Information Governance Toolkit</b>	Ensure all Directors are up to date with Information governance training	AL/JG	26/04/12	Directors notified	---
29/03/12	O-35/2012	<b>Sustainability</b>	Report back on progress with action plan	VB	27/09/12	Not due	<b>ND</b>
29/03/12	O-41/2012	<b>Questions From The Public</b>	Check the Trust's approach in respect of metal-to-metal hips.			Patients with metal on metal hips have been identified and the Trust is running a special follow up clinic which includes	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 18 April 2012	Status
						serum ion level measurement if indicated.	

**Key**

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