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

TRUST BOARD MEETING
MINUTES
Open Session
28th April 2011

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr Clive Goodwin	Non-Executive Director
	Mr Jim Gollan	Non-Executive Director
	Mr John Headley	Director of Finance & Information
	Mr Peter Taylor	Non-Executive Director
	Prof Philip Beesley	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Ms Sue Ells	Non-Executive Director
	Mr Terry Price	Non-Executive Director
	Ms Valerie Bartlett	Deputy Chief Executive
IN ATTENDANCE	Dr David Fluck	Deputy Medical Director
	Mrs Vanessa Avlonitis	Deputy Chief Nurse
APOLOGIES	Dr Mike Baxter	Medical Director
	Ms Suzanne Rankin	Chief Nurse
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs

Minute **Action**

O-62/11 MINUTES

The minutes of the meeting held on 28 March 2011 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 time scales.

O-63/11 Voluntary Services Manager (Minute 0 – 61/11 Refers):

It was confirmed that the issue raised by the member of public at the previous meeting had related to access to the Voluntary Services Manager at Woking Community Hospital which was not managed by the Trust.

It had, however, been confirmed that Ashford and St Peter's Hospitals had appropriate cover arrangements for its Voluntary Service Manager.

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REPORTS

O-64/11 Chairman's Report

The Chairman highlighted a positive meeting with Councillor, Lavinia Sealey, Vice Chairman of Surrey County Council.

The Board NOTED the report.

O-65/11 Chief Executive's Report

The Trust had a robust system of performance management involving regular reviews with all divisions and major departments. The end-of-year reviews were currently underway. These also provided the Chief Executive and excellent opportunity for discussion with Divisions.

The Board NOTED the report.

QUALITY AND SAFETY

O-66/11 Quality Report

The Deputy Medical Director and Deputy Chief Nurse introduced the Quality Report. This pulled together the dashboard, with associated commentary on exceptions, and the ward matrix. The following points in the report were highlighted:

- The Trust had continued to maintain its strong performance in respect of infection control with only 5 cases of MRSA and 36 cases of C difficile.
- The performance for VTE prophylaxis across the year was 85% with a Q4 performance of over 90%.
- The number of hip fractures treated within 36 hours of admission had shown a large and sustained improvement in performance in 2010/11. The year figure 93% was significantly better than Q4 target set by the PCT.
- The report included draft figures on the CMR. The Trust SMR was historically very low, although it had spiked in November and December 2010, reducing again in March 2011. Further analysis was underway. However, it was noted that there were no red flags from Dr Foster.
- The report included information on the National Sentinel Stroke Audit 2010. Table 3 in the report should not be considered; appendix 1 provided the accurate data. Overall, the Trust was doing well in respect of the Audit but had further work to do in respect of aspects including discussions with patients about their diagnosis, mood assessment and aspects of therapy input.

  It was noted that a new stroke indicator would be included in the Monitor Compliance Framework 2011/12. Whilst this was yet to be defined, it was likely to include the indicator on patients spending at least 90% of their stay on a designated Stroke Unit. The Trust was currently achieving 91% on this indicator.

- The results of the National Patient Survey 2010 had recently been

published. It was encouraging to note that the Trust was moving from a low level of performance and now demonstrated an average performance aligned to 60% of all Trusts. However, the Trust aspired to be in the top 20% performers.

- The Trust continued to implement its action plan produced in response of the Ombudsman Report (Mr W). Prof David Oliver had agreed to develop and implement a peer review on the effectiveness of the action plan. It was confirmed that the results of the peer review would be brought back to a future Trust Board meeting. **SR**

It was confirmed that the review of the breadth of WQIs was underway. The report included commentary from the Heads of Nursing and it was agreed that in future, the Heads of Nursing would also provide commentary on the Net Promoter Scores.

In reviewing the WQIs, it was noted that Kestrel Ward remained an outlier and it was confirmed that this was being actively addressed.

The Board NOTED the report.

O-67/11 Board Assurance Framework:

It was noted that the current iteration of the BAF have been thoroughly reviewed by IGAC on 6 April 2011. The BAF had been aligned to the approved Corporate Business Plan 2011/12.

The Board APPROVED the BAF including:

- Removal of the risk relating to the lack of an IT strategy.
- Removal of the risk on data quality.
- Addition of the risk on information supporting patient choice

O-68/11 Corporate Risk Register:

The Corporate Risk Register included one new risk, there were two risks awaiting Trust Executive Committee approval, four risks where the risk level had changed and three risks which had been closed.

In discussing the register, it was noted that the risk on A&E Services needed to address both performance risk as well operational risk. **VB**

It was also noted that considerable work had been undertaken in the Trust to reduce the risk on out-of-date policies. Tolerated risks were regularly reviewed at IGAC.

The Board needed to be clear whether the report identified mitigated risk and it was agreed that Jim Gollan and Philip Beesley would discuss this outside the meeting. **JGo/PB**

The Board NOTED the report.

O-69/11 Health and Safety Report:

The report identified a low level of staff incidents. However, the National Staff Survey results had identified a continuing issue regarding health and safety reporting.

Responsibility for Health And Safety had recently transferred to the portfolio of the Deputy Chief Executive and a review of the content of the report was underway.

The Trust was looking to strengthen the underpinning structure for Health And Safety within the Divisions and had also commissioned an independent review of mandatory training.

The Board NOTED the report.

PERFORMANCE

O-70/11 Balanced Scorecard

The Balance 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.

Workforce

11 of the 12 indicators were green. The only amber indicator was staff appraisals where the Trust had made a significant achievement of 92% coverage only marginally underachieving its 95% target.

The following sections from the work force quadrant were highlighted:

- The Trust had exceeded the annual target of increasing the number of key findings in the National Staff Attitude Survey which were in the top 20%, from 3 to a year end performance of 18 key findings in the top 20%.
- The sickness rate at ASPH was 2.93% in February. The average rate for the year to date from April 2010 to February 2011 was 3.31% which was below the Southeast Coast target of 3.5% for the year.
- Vacancy levels had continued to decrease, ending the year in target at 8.8%. However, it was noted that this varied within staff group and was higher for unqualified support staff. This was being investigated.

The Deputy Medical Director confirmed that the Trust was making progress regarding preparation for medical revalidation which was anticipated would be launch nationally within the next 18 months.

Clinical Strategy

The target to reduce emergency admissions to the 08/09 level remained a significant challenge. The number of emergency admissions had increased again in March 2011.

The Trust was continuing to improve the market share indicators with the level of outpatient share being stable, a small decrease in respect of Hounslow and a small increase in market share for Mid Surrey. Overall, the Trust's market share in Surrey was stable and there was now a need to focus on Hounslow and the opportunity presented in Mid Surrey.

It was encouraging to note that the overall level of work conducted through the Day Surgery Unit at Ashford Hospital was rising, although the target had not been achieved.

In discussing this segment of the score card, the Board noted that the Trust operated in a complex environment with significant challenges being faced by the Social Care Sector.

Finance and Efficiency

The Trust had missed the EBITDA target by £1.9m due to additional non-elective work over the winter period leading to the opening of unfunded beds. Elective activity had been displaced and income had been capped in the context of an agreement reached with NHS Surrey earlier in the year. The Trust would need to strengthen its management of EBITDA during 2011/12.

The Trust had healthy cash balances of £18.7m at year end. Some of this related to the £1.8m capital spend undershoot.

The trend line for the segment would be reintroduced. **JH**

The Board NOTED the report.

O-71/11 Compliance Framework

The Trust had ended the year scoring green against the Monitor Compliance Framework. This was a continued strong performance and benchmarked well with the rest of the FT sector.

The Trust continued to meet the overall A&E four-hour target, but remained challenged on the St Peter's site alone. A&E performance was impacted by both internal and external factors. The introduction of new targets as part of the Monitor Compliance Framework for 18WTT represented a short-term risk in Q1 of the new financial year. Five new A&E clinical quality targets were also to be introduced and would present both a challenge and a risk to the Trust from Q2. The Board noted that the Division now had a strong divisional team and was also continuing to look at ways of strengthening the Clinical Team in A&E.

In reviewing the report, it was noted that the emergency length of stay was extending. There was a major focus on improving discharge planning which would impact positively on a range of indicators.

The Board NOTED the report.

(Jim Gollan left the meeting).

STRATEGY AND PLANNING

O-72/11 Future Model of Care:

The Future Model Of Care work had been launched in 2010 under the auspices of the Northwest Surrey Transformation Board. The project provided front line clinical leaders with an opportunity to describe the model of care they wish to see in place for the locality and had covered five groups including planned care, urgent and emergency care, chronic care, end of life care and women's and children's care. The paper provided to the Trust Board was a draft summarising the conclusions of a conference held in March.

Overall, this was an excellent piece of joint working which had cemented cross-organisational relationships and started to develop Northwest Surrey as a microhealth economy. The challenge would be in agreeing specific change and deliverables and if the whole system was unable to deliver the vision, the Trust would need to identify aspects which the Trust could implement itself.

The Board's attention was drawn to the work stream on urgent and emergency care which was taking a whole system approach. It was noted that in describing the future role of Ashford Hospital as a potential community hub, this would be in addition to its current role. There would be a need to cost the development of community hubs which could then have a potential impact on Walk-in Centres for Northwest Surrey. The fourth aspect of the urgent and emergency care system was the introduction of NHSpathways, a web-based directory, which could be used by the Ambulance Service to make telephone based clinical assessments. This was well supported by SECamb. If the whole of this workstarem could not be agreed across the health economy, then the Trust would have to consider how it could achieve some of the aims itself.

The GPs in Surrey had agreed to form single commissioning consortia and to use the Future Model Of Care work as a basis for their commissioning intentions. It was also noted that a clinical leadership development programme was being set up by the Trust covering Northwest Surrey and supported through external funding.

The Trust worked closely with SECamb in a variety of ways and it was agreed to progress a Board-to-Board meeting with the Trust. It was also agreed to confirm Peter Taylor's involvement as a Governor on SECamb. **JG**

A further report would be brought back to the Trust in three months' time giving further detail on agreed projects underpinning the future model of care work. **AL**

The Board NOTED the report.

O-73/11 Corporate Plan 2010/2011 – Progress Report Quarter 4:

The Board noted the progress report on Quarter 4 objectives. Overall, good progress had been made across all objectives.

In discussing the report, it was noted that the catering contract would be reviewed during 2011/12.

It was agreed to confirm that the incomplete items from the 2010/11 objectives would be tracked as part of the 2011/12 Corporate Plan. **VB**

An area highlighted for attention by the Council Of Governors was the introduction of improved outpatient appointment letters and it was agreed to review the Trust's current position. **VB**

The Board NOTED the report.

O-74/11 Revised Budget 2011/12:

The Trust was close to signing Heads of Terms with NHS Surrey in respect of 2011/12. This reflected the Board's agreement to a reduction in the target surplus by circa £1m. The revised budget would achieve a surplus of £2.1 million and an FRR of 3 (rounded from 3.3). The contract represented a reduction of income compared with 2010/11 of circa £5 million and would therefore represent a challenging year financially.

The Board APPROVED the revised budget for 2011/12.

REGULATORY

O-75/11 Treasury Management Policy:

It was agreed that the annual review of the Treasury Management Policy should be incorporated into the Finance Committee work plan. **JH**

The Board APPROVED the revised Treasury Management Policy.

O-76/11 Standing Financial Instructions and Scheme of Delegation:

The Standing Financial Instructions and Scheme Of Delegation were reviewed annually. The current update reflected:

- The achievement of Foundation Trust status.
- Updating in respect of legislation.
- General clarification.

The Board APPROVED the Standing Financial Instructions and Scheme Of Delegation.

O-77/11 Register of Interests:

The Board noted the register of interest subject to amending the Chairman's entry in respect of the RCN.

JG

It was agreed to ensure consistency between Clive Goodwin and Sue Ells' register.

The Board NOTED the register.

O-78/11 Research and Development Operational Capability Statement

The Board APPROVED the Operational Capability Statement.

Minute **Action**

FOR INFORMATION

O-79/11 Trust Executive Committee Minutes

The Trust Executive Committee meeting held on 11 February 2011 had focused on Living Our Values – leading the change for patients.

The ENT business case referred to in the minutes of 25 March 2011 would be reverting to TEC in June.

The Board NOTED the draft minutes of the Trust Executive Committee held on 25 March 2011.

O-80/11 Finance Committee Minutes

The Board NOTED the minutes of the Finance Committee meeting held on 23 March 2011.

O-81/11 Audit Committee Minutes:

It was noted that the draft HOIA report indicated substantial assurance.

The Board NOTED the draft minutes at the Audit Committee meeting held on 23 March 2011.

ANY OTHER BUSINESS

O-82/11 There was no other business.

DATE OF NEXT MEETING

O-83/11 26 May 2011 – the Education Centre, Ashford Hospital.

O-84/11 QUESTIONS FROM THE PUBLIC

The following points were discussed:

- The Trust was not responsible for the transport cost associated with sending renal patients out of Surrey.
- It was confirmed that the Trust had a unexceptional level of turnover.
- It was noted that patients did not currently get a copy of their personal discharge care plan but were actively involved in planning for their discharge. The Trust collected data on where patients were discharged to and the information would be included in the next Trust Board report. **VA(SR)**
- The Board were delighted to note a positive experience reported in respect of the care of a maternity patient.

Signed: ……
Chairman

Date: 26th May 2011

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 18 May 2011	Status
26/08/10	O-162/10	**Annual Complaints**	Future editions to provide greater detail on activity by specialty (to compare with levels of complaints) and also benchmarking	SO	Aug 2011	Not due	**ND**
31/03/11	O-47/11	**Eliminating Mixed Sex Accommodation**	Ensure Trust commitment to privacy and dignity is built into patient literature	VH	25/08/11	Not due	**ND**
31/03/11	O-48/11	**Annual Safeguarding Report**	▪ Update action plan regarding lack of social worker ▪ Clarify role and need for a NED on Committee ▪ Review progress and action plan in the light of the forthcoming Munro report	SR	26/06/11	Not due	**ND**
31/03/11	O-54/11	**Scheduling of Board meetings**	Review timing of Audit Committee and IGAC meetings. Review frequency of Board meetings and IGAC.	JG	26/05/11	June IGAC to continue. Changes to be introduced from September	**---**
28/04/11	O-66/11	**Quality Report**	Results of peer review following Ombudsmen case to revert to Board	SR	29/09/11	Not due	**ND**
28/04/11	O-68/11	**Corporate Risk Register**	The risk on A&E Services needed to address both performance risk as well operational risk. CRR presentation- use of mitigated risk	VB JGo/PB	26/06/11	Not due	**ND**
28/04/11	O-72/11	**Future Model of Care:**	Confirm Peter Taylor's role as Governor with SECAmb. Arrange joint board meeting with	JG	26/05/11	Role confirmed with SECAmb Discussions ongoing regarding possible meeting date.	✔ **---**

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 18 May 2011	Status
			SECamb				
28/04/11	O-72/11	**Future Model of Care:**	3 month update on Future Model of Care project	AL	28/07/11	Not due	**ND**
28/04/11	O-73/11	**Corporate Plan 2010/2011 – Progress Report Quarter 4**	It was agreed to confirm that the incomplete items from the 2010/11 objectives would be tracked as part of the 2011/12 Corporate Plan. Review position on improving outpatient appointment letters	VB	26/06/11	Not due	**ND**
28/04/11	O-75/11	**Treasury Management Policy**	Annual review of the Treasury Management Policy to be incorporated into the Finance Committee work plan.	JH	26/06/11	Not due	**ND**
28/04/11	O-77/11	**Register of Interests**	Amend the Chairman's entry in respect of the RCN. It was agreed to ensure consistency between Clive Goodwin and Sue Ells' register.	JG	26/05/11	Complete To be completed	
28/04/11	O-84/11	**Questions From The Public**	Include details of where patients are discharged to in the Quality Report	SR	26/05/11		

Key

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