

**TRUST BOARD MEETING  
 MINUTES  
 Open Session  
 28 April 2016**

<b>PRESENT</b>	Nadeem Aziz Philip Beesley Heather Caudle David Fluck Clive Goodwin Simon Marshall Louise McKenzie Aileen McLeish Lorraine Knight Terry Price Suzanne Rankin Peter Taylor	Non-Executive Director Non-Executive Director Chief Nurse Medical Director Non-Executive Director Director of Finance & Information Director of Workforce Transformation Chairman Interim Chief Operating Officer Non-Executive Director Chief Executive Non-Executive Director
<b>SECRETARY:</b>	Liz Davies	Acting Company Secretary
<b>APOLOGIES:</b>	Valerie Bartlett Sue Ells	Deputy Chief Executive Non-Executive Director
<b>IN ATTENDANCE:</b>	Mick Imrie	Chief of Patient Safety/Deputy Medical Director

<b>Minute</b>		<b>Action</b>
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**Declaration of Interests**

There was no declaration of interests.

**O-18/2016 MINUTES**

The minutes of the meeting held on 31 March were AGREED as a correct record.

**O-19/2016 MATTERS ARISING and ACTION LOG**

The Trust Board reviewed all of the actions contained within the minutes of the previous meeting. 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, save for one amendment on O-21/16 to remove the word 'selected' – the action has been updated on the action log.

It was agreed to use the acronym QPC when referring to the Quality and Performance Committee.

## REPORTS

### **O-36/2016 Chairman's Report**

The Chairman highlighted the following matters:

- The appointment of two Consultant Anaesthetists
- Congratulated Nadeem Aziz, Non-Executive Director who won two European business excellence awards yesterday for coaching the fastest growing company
- Welcomed Lorraine Knight as Interim Chief Operating Officer

The Board RECEIVED the report.

### **O-37-/2016 Chief Executive's Report**

The Chief Executive highlighted the following matters from the report:

- We co-hosted a multi-agency Child Safeguarding workshop following a serious case review from 2013. The event gave us the space to reflect on the elements that contributed to this specific case and importantly the actions we have taken as a result.
- Urology Patient Experience Day, the Deputy Chief Executive had attended and described the event as a really good day.
- Staff Achievement Awards – we held an inclusive panel and staff were nominated within their Divisions
- We are actively involved in Surrey Heartlands and the first of three large workshops, including all partners and lay representatives, was held earlier this month. Participants took a first look in groups at each of the six work-streams to start to identify key themes for change which will form the basis of our Sustainability and Transformation Plan. A number of leads from our organisation were present.

The Board RECEIVED the report.

### **O-38/2016 Quality and Performance Committee Minutes (QPC)**

Philip Beesley, Non-Executive Director and Chair of QPC drew attention to the following issues:

- The attendance of Divisional Directors at QPC and their involvement in safety and quality work is a good improvement
- The emphasis and major item on the agenda is now performance
- Concern about the 'New Learning from Mistakes League' – not sure this reflects where we stand as an organisation and we don't recognise the position as accurate. A full response will be put together to be presented to Board and the next QPC.

The Board RECEIVED the Quality and Performance Committee Minutes for April.

**O-39/2016 Quality Report**

The Chief Nurse noted we are drafting the Quality Account. Our key quality challenges for next year focus on continuing to provide excellent service in the areas of safety, clinical effectiveness and patient experience. Areas of particular focus include the safety culture and leadership pilot with Kent, Surrey and Sussex Academic Health Science Network, the Reducing Variation Programme which incorporates implementing the Keogh Standards and implementing *Always Events* within patient experience.

*Mortality*

It was reported that in month mortality is above target and an increase on last month. The Mortality Surveillance Group will meet for the first time in May. The Chief Executive asked if we could map mortality and determine the effect of capacity and demand on mortality rates.

**Action: Look for patterns as part of mortality reviews.**

The Medical Director noted that the number of patients at 'end of life' and on the palliative pathway are monitored through the Summary Hospital-level Mortality Indicator (SHMI). The Chief Executive added that 'end of life care' was a focus for the organisation this year.

The Chief of Patient Safety said that our status is improved on the Sentinel Stroke National Audit Programme (SSNAP) data and the Trust is showing an 'A' rating.

The Board NOTED and obtained ASSURANCE from the report.

**O-40/2016 Safer Staffing Report**

This paper provides a review of the safer staffing levels within inpatient areas in the Trust for March 2016 in accordance with the national reporting requirements and guidelines.

It was reported that our Escalation Policy is being followed and supporting the delivery of safe, high-quality care.

A discussion took place on staffing the red flag areas and maintaining safe staffing levels in the face of recruitment and retention challenges beside high-levels of inpatient activity.

The Chief Nurse stated that Board can be assured that discussions take place regularly in making decisions on safety and there is sustained vigilance over staffing levels daily, weekly and monthly and there are bespoke projects specifically responsive to staffing issues in critical areas.

Philip Beesley, Non-Executive Director asked if the report could highlight in brief specific areas of concern together with mitigating actions.

The Chief Executive stated that this is a regulatory report, revealing that we don't have sufficient staff to run the hospital; and strategically we have to find a way of reducing activity in the hospital.

The Chairman said we need to maintain our longitudinal look at the "reds" on the report and continue to monitor our strategic position and the implications of red flag areas.

**Action: Focus on the red flags and do something similar for doctors.**

Philip Beesley, Non-Executive Director, concluded that we will continue an offline discussion on what to include in future reports.

The Board NOTED and obtained ASSURANCE from the report.

### **O-41/2016 Safer Staffing 6 Monthly Acuity Review**

This paper presents the results of the 6 month review that was conducted in February 2016 including the output of the acuity and dependency review and the application of professional judgement as well as senior executive challenge.

The Board is asked to review and discuss the paper seeking assurance as appropriate; and approve the proposed changes to the staffing establishment for the adult inpatient areas, the emergency department and the paediatric settings.

The Chief Nurse reported that the acuity and dependency review was calculated using the Shelford Group Safer Nursing Care tool (SNCT) and all adult inpatient wards were included in the review, including Cherry Ward - a new ward. The Chief Nurse added she had spoken to the Chief Nurse at University College Hospital to review our methodology and to obtain assurance. The following was highlighted from the report:

- Quality and Safety performance - the data collected on nurse sensitive indicators has been compared against the data from the previous review period and has shown that the subsequent investment in staffing has resulted in a marked decrease in the number of harms recorded by ward.

Board discussed the matter of acuity and skill mix on the wards. The Chief Nurse confirmed we are carrying out a piece of work to ascertain if we have the skill mix right. The Director of Workforce Transformation reflected if we are doing enough to encourage Divisions to take responsibility for staffing their wards and questioned how we might support the divisions. The Chief Executive responded we need to look at workforce redesign and planning with clinicians' input.

The Chief Nurse concluded that future calculations of acuity and dependency may also be affected by any changes in the safer staffing calculation methodology, as the current thinking is to move towards a care hours per patient day model.

**Action: For clarity it was noted to add a net figure on the**

**Comparison Table on Annex 1.**

The recommendation was APPROVED by the Board.

**O-42/2016 Board Assurance Framework**

The Chief Executive confirmed that one new risk had been added and a strategy refresh is underway at executive level.

Philip Beesley, Non-Executive Director queried if the configuration and format of the BAF is correct.

**Action: It was agreed to instigate a small working group to conduct an in depth review of the BAF.**

The Board NOTED and obtained ASSURANCE from the report.

**O-43/2016 Health and Safety Report**

This half-yearly summary has been prepared to provide assurance to the Trust Board that it is managing its health and safety risks and thereby complying with its statutory duties.

The Board NOTED and obtained ASSURANCE from the report.

**O-44/2016 Medicines Reconciliation at the Weekend**

The Interim Chief Operating Office reported that this paper is brought to Board in response to the question raised about pharmacists working on the wards at the weekend in relation to medicines reconciliation and the potential risk to patient care.

In summary the Pharmacy-led Medicines reconciliation within 24 hours of admission is not operationally deliverable with the current Pharmacy service which is configured Monday to Friday. Patients admitted on Friday afternoon will not have a pharmacy review of their medicines until Monday. However, there is no local evidence of patient harm.

Medicines reconciliation aims to reduce long term complications of patient journeys across care transitions. Its principal benefit is to address quality rather than acute safety. The current standard of practice produces a divided patient experience and fails to utilise clinical staff skills over the weekend and delays smooth functioning on Mondays.

Plans are being generated to reconfigure the pharmacy department to create a modern pharmacy team delivering a clinical service over 7-days. We won't see a significant change until Q4 but it will have a positive impact on patient LOS, flow and discharge.

The Board NOTED the planned service transformation in pharmacy

**O-45/2016 Trust Risk Register (TRR)**

The Chief of Patient Safety confirmed that the TRR had been to the Risk Scrutiny Committee and Trust Executive Committee since the last Board meeting.

Following wide-ranging discussions, one risk has been downgraded and there have been changes made to the workforce risks. The Director of Workforce Transformation confirmed that all overseas nurses have now passed their Objective Structured Clinical Examinations (OSCEs).

It was confirmed we have a separate junior doctors' register.

The Board NOTED and obtained ASSURANCE from the report.

## **PERFORMANCE**

### **O-46/2016 Performance Report**

The Chief Operating Officer highlighted the following from the report:

#### *A&E Performance*

The Trust missed the 4 hour A&E standard in March with performance recorded at 82.7%, a 2.9% decline on February's performance. We have failed the target for all four quarters, however this is the national picture and we are not unique. During February only five Trusts reported a compliant performance greater than 95%. We have in place an Urgent Care Improvement Programme which includes changes to our governance and clinical engagement in order to provide an improvement trajectory delivering compliance from October 2016 onwards.

#### *Urgent Care Centre (UCC)*

We have had an unprecedented number of patients over the last few months and since opening the Urgent Care Centre we have not seen a corresponding improvement in performance, although it is reported that the working experience has improved in the Emergency Department as a result of the UCC.

#### *Ambulatory Care in Acute Medical Unit (AMU)*

All patients will be treated as ambulatory unless proven otherwise. Patients referred by a GP practice or walking into the Emergency Department or UCC with an ambulatory condition will go directly to the AMU to be assessed, diagnosed, treated, discharged or transferred.

#### *Improving the Medical Model*

Two of our consultants, Jonathan Robin, and Melanie Irvin-Sellers have been appointed as Deputy Divisional Directors in the Medicine and Emergency Services Division. Jonathan will work with the Emergency Department and medical teams and concentrate on ways to improve the management of patients referred and admitted acutely to the hospital, and Melanie will be working with the ward teams to improve performance and introduce the Keogh standards.

*RTT (incomplete pathways)*

The Trust remained compliant for March although General Surgery, Urology, Trauma and Orthopaedics, and Neurology were non-compliant at specialty level. March has been a very difficult month due to non-elective pressures and the doctors' strikes significantly impacting elective activity. The RTT Incomplete Pathway performance is therefore at risk during Q1 until additional recovery capacity is available internally or externally to regain sustainable compliance.

*Cancer Performance*

The Trust reported compliance for the five Cancer standards although were marginally non-compliant for the 31 Day Standard at 94.5% and non-compliant performance for the 31 Day Subsequent Surgery Standard at 50.0%. This was due to pathways breaching, and non-elective bed pressures having caused capacity constraints.

It was noted we will be refreshing the cancer plan with our Clinical Commissioning colleagues in due course.

The Board NOTED and obtained ASSURANCE from the report.

**O-47/2016      **Balanced Scorecard****

*Skilled, Motivated Teams*

The Director of Workforce Transformation noted the following:

- Our end of year performance is not dissimilar to other local trusts in relation to turnover and stability of staff. We have just appointed a Retention Officer to work with our Head of Workforce Planning on staff benefits and will demonstrate to staff why they should work at ASPH, for example, creating good career pathways.
- There has been a shift of doctors working on the bank at affordable rates which is good progress.

A brief discussion took place around the pressure on temporary staff and it was agreed to look at this issue offline.

*Top Productivity*

The Director of Finance & Information reported we have ended the year well and hit the deficit of £600,000. The year-end actual deficit of £635k was slightly ahead of the prior month forecast deficit of £667k due to other income and below the line items coming in stronger than anticipated, and was partially offset by increased pay and non-pay costs.

The Board NOTED and obtained ASSURANCE from the scorecard.

**48/2016      **Financial Management Committee Minutes****

Nadeem, Aziz, Non-Executive Director and Chair of the Committee acknowledged the hard work from teams in supporting the committee to assess the complexities and added the committee has been well briefed throughout the year.

The Board noted formal thanks to the Finance Director and team.

The Board RECEIVED the Minutes.

## **REGULATORY**

### **O- 49/2016 Monitor Q4 Submission**

The Q4 Compliance Return to Monitor/NHSI by 29 April requires the Trust to declare risks against the governance and Financial Sustainability Risk rating. This paper details recommendations of risks to be made to Monitor/NHSI as at Q4.

The Board APPROVED the declarations.

### **O-50/2016 Draft Quality Account Annual Report**

A draft working copy of the Quality Account has been circulated to Executives and other senior Trust personnel for comment.

The draft Quality Account is timetabled to be circulated formally in papers to the Audit Committee and Quality and Performance Committee on 12 May 2016.

The Board NOTED the Report.

### **O-51/2016 Patient Experience Annual Report**

The Annual Patient Experience Report is presented for the 12 months ending 31 March 2016, and seeks to assure the Board that formal complaints made to the Trust during the period April 2015 to March 2016 are being considered in accordance with the NHS and Social Care Complaints Handling Regulations (England) 2009.

The report details complaints, and concerns thematic data and offers comparisons to previous years and trends. For the year 2015/16 this data shows a reduction in complaints from 589 to 432, which is reflective of the strategy to devolve responsibility of responding to complaints and empower staff.

Philip Beesley, Non-Executive Director queried if we are looking at training on communication as this proves to be a high risk each year. It was confirmed we have just held a successful Communications Study Day.

There was a short discussion on 'I Want Great Care'. It was established this is a more responsive system than the Friends and Family Test, enabling instant feedback which should help with communication issues.

The following actions were agreed:

- Plan for roll out
- Engagement piece

- Discuss at Executive Team meeting
- Report back to Board

Board noted formal thanks to the Chief Nurse and Patient Experience Team on their radical approach to Complaints.

Board RECEIVED the Report.

**O-52/2016 Register of Interests**

It was noted to add the Interim Chief Operating Officer on the Register.

The Board RECEIVED the Register of Interests.

**O-53/2016 Quality and Performance Committee Annual Report**

Philip Beesley, Non-Executive Director and Chair of the Committee reported that we will submit a revised report next month.

**O-54/2016 Draft Audit Committee Minutes**

The draft minutes were RECEIVED by the Board.

**ANY OTHER BUSINESS**

**O-55/2016** The Interim Chief Operating Officer stated she would like a Non-Executive Director to be part of the team carrying out the Trauma Services review.

**Action: The Chairman to consider the request and respond.**

**QUESTIONS FROM THE PUBLIC**

**O-35/2016** There were no questions posed by members of the public.

**DATE OF NEXT MEETING**

The next open meeting of the Trust Board will take place on 26 May at St Peter's Hospital.

**Signed:** .....

Chairman

**Date:** 28 April 2016