

**TRUST BOARD MEETING  
MINUTES  
Open Session  
25<sup>th</sup> July 2013**

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

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

Sue Ells, Non-Executive Director declared an interest in matters of strategy and the clinical workshops being undertaken with Royal Surrey County Hospital NHS foundation trust.

**O-106/2013 MINUTES**

The Minutes of the Meeting held on 27th June were AGREED as a correct record following correction of Michael Wheaton as the previous Chairman of St Peter's rather than Ashford and St Peter's and the date of the next meeting which was incorrectly stated as September rather than July.

**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-107/2013 Patient Transport Management (refers minute O-71/2013 and O-91/2013)**

The Chief Nurse confirmed that a further meeting to discuss patient transport had been arranged for the following week. The Deputy Chief Executive noted improvement in the current service but could not provide assurance that this improvement was sustainable. The Board requested attendance from a representative of SEACamb at the next

**VB**

meeting.

**O-108/2013 Safeguarding Steering Group Annual Report (refers minute O-97/2013)**

The Deputy Director of Workforce and OD confirmed that the Trust writes to all staff six weeks before their CRB checks are due to expire. Currently the Trust had a compliance rate of 94% but the actual figure was expected to be nearer 100% with a number of forms complete but not yet processed due to a backlog. Permanent staff were required to have a CRB check every three years whereas for bank staff this was an annual requirement.

## **REPORTS**

**O-109/2013 Chairman's Report**

The Chairman highlighted a number of matters from her report including:

- the Q1 achievement of the A&E waiting time target and current strong performance in July.
- The appointment process for a new Non-Executive Director which was underway with four candidates having been interviewed and a further interview to take place the following week. There was a strong field of candidates which was encouraging.
- The Annual Members Meeting had taken place the previous week which had been well received with positive feedback.

The Board RECEIVED the report.

**O-110/2013 Chief Executive's Report**

The Chief Executive presented his report which was RECEIVED by the Board.

## **QUALITY AND SAFETY**

**O-111/2013 Integrated Governance and Assurance Committee Minutes**

Philip Beesley, Non-Executive Director and Chair of the Integrated Governance and Assurance Committee (IGAC) presented the minutes of the meeting held on 13<sup>th</sup> June 2013 highlighting:

- The new QEWS dashboard and the increase from one to three level three wards evidenced at the last meeting. The dashboard will accompany the IGAC minutes at the next meeting;
- Falls which the Committee was spending a considerable amount of time reviewing;
- The actions under way following the Francis Report; and
- Friends and Family with a positive number of returns being received.

PB

The Chief Nurse confirmed that the use of the mobile phone text service in other areas as well as A&E had been discussed but the high cost was felt to be prohibitive. What early analysis showed was that higher response rates in A&E led to a lowering of the overall score whereas higher response rates in in-patient settings led to an increasing of the overall score. The national results were due to be published the following week with the Trust expected to benchmark well.

The Board RECEIVED the minutes.

**O-112/2013 Quality Report**

The Deputy 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:

- The actual deaths indicator was red for the quarter with the trust having set a very challenging target of a 10% reduction in 2013/14. All mortality indicators remained flat. The latest SHMI data, to December 2012, evidenced a score of 98.2 which benchmarked well.
- The Quality Account which was not identifying achievement in all indicators but was showing improvement.
- The publication of Surgical Outcomes data. For all published outcomes to date ASPH consultants are within the expected ranges and no consultant has refused consent for publication.
- The national reporting of the data within the safety thermometer had been published the previous day and was therefore not included in the report. This identified positive improvement for the Trust with a 50% reduction in new harms and a 25% reduction in all harm. This analysis would be included in the report to Board in September.
- Patient transfers following a recent audit undertaken by the Trust. Of those patients who had undergone three or more moves the majority were clinically appropriate although it was apparent that some had not been. A group of senior nurses had been set up to investigate excessive moves and develop a policy to RAG rate each patient dependant on their condition, other areas of focus are guidance to reduce and formalise all ward moves, communications with patients and relatives and the provision of 'ring-fenced' beds. The Chief Executive expressed reassurance in relation to the number of inappropriate patient

SR

moves but stressed that multiple moves impacted patients and needed to be limited to as few as possible. The Deputy Medical Director confirmed that in conversations with patients it was usually the communication of such moves which caused the greatest level of concern.

- Appendix 5 which provided an extract of the best care dashboard. This highlighted that there were currently no red level wards within the hospital.

The Board NOTED the report.

### **O-113/2013 Responding to the Liverpool Care Pathway Review 2013**

The Chief Nurse introduced the paper which provided a summary of the 'More Care Less Pathway- A Review of the Liverpool Care Pathway' which had been published the previous week, the initial recommendations from the panel and the Trust's approach to these findings and actions.

The review contained 44 recommendations which span across the wider NHS but will need to be actioned by acute Trusts with two actions being asked to be put into immediate effect. These related to:

- The undertaking of a clinical review, led by a senior clinician, of each patient who is currently being cared for using the LCP or a similar pathway; and
- Assurance that a senior clinician is assigned as the responsible clinician to be accountable for the care of every patient.

The Chief Nurse confirmed that the Trust will now no longer use the Liverpool Care Pathway and highlighted the appendix to the paper which provided a detailed action plan on those actions required immediately. A more detailed report providing assurance on the remaining actions would be brought to the September Board. **SR**

The Board NOTED and obtained ASSURANCE from the report.

### **O-114/2013 Quality, Safety and Risk Management Strategy: one year review**

The Chief Nurse introduced the paper which provided a review of the Quality, Safety and Risk Management Strategy in the first year since its implementation. The paper highlighted steady progress with year one of the strategy having been successful in defining and describing the vision. Moving forward, for effective delivery, year two is emerging as the year when the Trust is focusing on building leadership capabilities in order to execute and implement the strategy.

The Chairman requested clarity on the new 24 helpline which would provide a guaranteed clinical review of patients within an hour. The scope of this helpline was being developed and would be presented to a future meeting of the Trust Executive Committee. **SR**

The Board NOTED the update.

### **O-115/2013 Board Assurance Framework**

The Head of Corporate Affairs presented the Board Assurance Framework which had previously been discussed and approved at IGAC in July. Request was made to approve the closure of the risk of

staff sickness with the risk rating having met the target level and sickness rates currently lower than the national average. The number of extreme risks had remained stable in Q1 at five with the top five risks also remaining as they were in April 2013.

Peter Taylor, Non-Executive Director questioned the need for two risks, 1.6 and 3.1, around the emergency care pathway and whether the wording of risk 3.1 was appropriate. This would be reviewed prior to the next presentation of the Framework to Board. **GR**

The Chairman believed that risk 1.2 should encompass the risk in the variability of care provided and the Board agreed that this should be updated. **GR**

The Board APPROVED the Board Assurance Framework.

### **O-116/2013 Trust Risk Register**

The Chief Nurse presented the Trust Risk Register which had been reviewed and revised since its last presentation to Board in April 2013. These changes had been discussed and approved at IGAC in July 2013. Key changes for the Register presented to Board included the change of name and the re-rating of a number of risks to align the Register with the Quality, Safety and Risk Management Strategy. This had led to a reduced Register with seven risks currently. A Board seminar was being planned for the Autumn on the Trust's risk appetite which would facilitate further refinement of the Register and their management. **SR**

Jim Gollan, Non-Executive Director queried what a risk appetite would like in a hospital as clearly this would ideally be as close to zero as possible. The Deputy Medical Director noted that review of other Trust's appetite highlighted that a hospital would usually accept a higher risk for financial affairs than for patient care but that a seminar to discuss and analysis this would provide further clarity.

The Board NOTED and obtained ASSURANCE from the report

### **PERFORMANCE**

### **O-117/2013 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 Deputy Director of Workforce and OD highlighted the key aspects from the scorecard including the:

- above target agency usage which was due to staff vacancies and escalation wards which had been re-opened due to the heatwave. Actions were in place to reduce this usage with a weekly bank control meeting having been introduced and the commencement of the in-house bank from 1<sup>st</sup> August;
- sickness rates which at 2.9% were below the national average;
- appraisals which had dipped in recent months with a re-refresh of the Appraisals Policy due in the next 4-6 weeks;

- mandatory training which had improved in the month. Two days had been scheduled in October and November which staff could attend to ensure compliance with all mandatory training; and
- staff engagement indicator with the intention to evidence improvement through the quarterly surveying of staff.

*Clinical Strategy:* The Deputy Medical Director referred to the re-admissions indicator, with performance predominantly relating to emergency re-admissions and the stroke indicator, which was disappointing and resulted from operational pressures within the hospital. The Deputy Chief Executive assured the Board that whilst the Stroke indicator had not been met audits of the pathway had not revealed significant concerns and that the new dedicated stroke ward would make a difference.

The Board requested an information session on the Ambulatory Care Unit. **VB**

*Finance and Efficiency:* The Director of Finance and Information confirmed that after month three the trust were £0.5m off plan with a current surplus of £1m which was due to the emergency pressures on the hospital leading to reduced achievement of cost improvement programmes and the impact of the marginal tariff. Capital expenditure was below plan although it was expected to catch up in year. Despite these pressures the efficiency indicators were performing well although more was needed on theatre utilisation. The Deputy Chief Executive confirmed that there was a significant amount of work to do to improve theatre utilisation although a recent FTN benchmarking study had not identified the Trust as an outlier. This report would be circulated to the Board. **VB**

The Board NOTED and obtained ASSURANCE from the Scorecard.

## **O-118/2013 Performance Report**

The Deputy Chief Executive introduced the report which focused on the A&E waiting time target and the referral to treatment time target (RTT).

The Trust had achieved the quarter one A&E waiting time target following a very strong performance in June. Despite this there was a considerable on-going challenge to deliver this target. Performance in July was currently 96.5% although since the heatwave demand had been extremely high with '999' calls up 8%. The Trust had been on 'black' status on 22<sup>nd</sup> July which had been the first occasion for some time. This demonstrated that despite the strong June there could be no complacency in terms of meeting this target. The Trajectory appended to the report provided a forecast of compliance with the target through to March 2014.

The Trust had received very positive feedback from the Emergency Care Intensive Support Team following their follow-up visit to the Trust in early July.

The Trust had not achieved some RTT specialities in June but the target had been achieved at an aggregate level. Two specialities not achieved were Urology and Pain Management with the later backlog having been cleared from the start of July and the former to be cleared from the end of July. This clearing of the backlog would create pressure on achieving the target but it was the correct policy to adhere to for the

benefit of patients. The Trust's current backlog of patients over 18 weeks was 24 which was considered to be one of the lowest in the country.

The Trust was now focussing on reducing delays in other parts of the pathway in particular in relation to the diagnostic wait time which although the national target was six weeks the Trust were trying to implement at four weeks to reduce waiting times at the start of the pathway. This would also enable an increase in elective market share.

The Chief Executive questioned whether time waiting in outpatient clinics was monitored which the Deputy Chief Executive confirmed was the case. Times were audited regularly with results fed back through performance meetings. The frequency of these audits would be increased to ensure improvements were made where necessary.

The Board NOTED and obtained ASSURANCE from the report and APPROVED the A&E waiting time trajectory.

#### **O-119/2013 Workforce and OD Committee Minutes**

Sue Eils, Non-Executive Director and Chair of the Workforce and OD Committee presented the minutes of the meeting held on 2nd July highlighting the key aspects focussed on in the meeting which included the workforce report, temporary workforce project, recruitment and reward and staff experience and culture programme.

Sue confirmed that whilst the Committee currently met once every two months due to the agenda it was likely this would need to increase to monthly.

The Board RECEIVED the minutes.

#### **O-120/2013 Finance Committee Minutes**

Jim Gollan, Non-Executive Director and Chair of the Finance Committee presented the minutes of the meeting held on 19th June highlighting specifically:

- the discussion which had been held on procurement;
- the review of reference cost collection data;
- the 2013/14 financial trajectory;
- agency costs; and
- the attendance of the Medical Director at the meeting held the previous week which had provided a good depth of discussion.

The Board RECEIVED the minutes.

#### **O-121/2013 Finance Committee Annual Report**

Jim Gollan presented the Finance Committee Annual Report which summarised the key areas of activities over the previous year and set out its objectives for the coming year. Satisfactory achievement of the objectives had been made with one area of improvement needed in relation to the development of the financial medium term strategy with a financial model which was scenario based rather than merely one year in outlook.

The Annual Report also requested approval of changes to the Terms of

Reference of the Committee to incorporate operational performance into its remit and would encompass review of operational effectiveness targets, review of progress against Compliance targets per Corporate Plan and recovery plans where necessary and discussion of the performance management framework.

The Board RECEIVED the minutes and APPROVED the revised Terms of Reference.

## **STRATEGY AND PLANNING**

### **O-122/2013 PALS and Complaints: lessons learnt**

The Chief Nurse introduced the paper which presented the learning derived from the PALS concerns and complaints received in 2012/13 setting out the main trends and themes identified, with examples of some of the key actions taken by Divisions to learn from and improve patient experience.

The annual review of PALS and complaints which had been presented to the Board in April had identified a fall in PALS and formal complaints in 2012/13 in comparison to the previous year.

The Board discussed communication with complainants and how this was key. The Friends and Family results would aid communication with patients and staff as it provided useful evidence of Trust performance which was easy to understand and in summary form. The Chief Nurse and the Head of Communications would consider how the reporting of information on the Trust website could be enhanced.

SR/GRot

The Board NOTED and obtained ASSURANCE from the update.

### **O-123/2013 NHS Energy Efficiency Fund**

The Director of Finance and Information introduced the paper which sought Board approval for a further investment opportunity for the Trust, by making an additional application to the energy efficiency capital improvement fund initiative, through the Department of Health. The Trust had already been successful in securing £1.4m investment for three projects. The Department of Health had invited the Trust to bid for more funding due to the quality and success of the three previous bids.

The Trust was bidding for an additional £0.246m for the replacement of heating, ventilation and air conditioning (HVAC) motor systems which are currently not operating energy or operationally efficiently. The proposed project is for the replacement of old inefficient motors and the addition of variable speed drives and associated controls to major pumps and fans in the HVAC systems

The Board APPROVED the commitment to the bid application.

## **REGULATORY**

### **O-124/2013 Use of Trust Seal**

The Board NOTED the application of Seal Number 049 on 17th June 2013. This was in respect of the Managed Equipment Service contract with Philips previously approved by the Board.

**O-125/2013 Trust Executive Committee Annual Report**

The Chief Executive presented the Trust Executive Committee Annual Report which detailed the key areas of activities from the Committee in 2012/13 and the objectives for 2013/14 and sought approval for the Terms of Reference.

The Board APPROVED the annual report subject to the inclusion of the enhancement of staff engagement to the objectives for 2013/14.

GR

**O-126/2013 Audit Committee Minutes**

The Board RECEIVED the minutes of the Audit Committee meeting held on 22nd May 2013.

**ANY OTHER BUSINESS**

**O-127/2013 Patient Panel:** Sue Ells reported from the recent Patient Panel which endorsed closer working with the Governor's Patient Experience Group. A question raised at the Panel concerned the staff cost savings and how these were being achieved. The Director of Finance and Information confirmed that savings were forecast through the reduction in agency usage and not through a reduction in headcount. In the last six to eight months the nursing headcount had increased.

**O-128/2013 NHS Confederation Event:** Sue Ells confirmed that she was speaking at an upcoming event looking at Organisational Development in the NHS with Sue due to talk about '*team ASPH*' and the Trust's '*living our values*' programme.

**O-129/2013 Radio Wey:** Sue confirmed that she had recently been interviewed on Radio Wey to discuss the Trust's volunteers.

**O-130/2013 Royal College of Nursing:** The Chief Nurse confirmed that Dr Peter Carter, the Chief Executive and General Secretary of the Royal College of Nursing was attending the Trust the following week to tour the hospital, meet the Executive team and take part in an information and question and answer session.

**O-131/2013 QUESTIONS FROM THE PUBLIC**

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

- The Chief Executive confirmed that the Trust had a large amount of information on Consultant cover and this had been requested from the Trust by Bruce Keogh in July along with all hospitals in the country. It was believed that the Trust benchmarked well on Consultant cover with three Consultant physicians in the hospital at a weekend and a presence in surgery both at weekends and in the evenings. The specialities of Urology and Vascular had Consultant cover every day. It was intended to increase the Consultant presence in the emergency department with hours of cover currently 8am-8pm Monday to Friday and 8am-5pm Saturday to Sunday. The intention was to increase this to 8am to midnight seven days a week with the hope that this would be in 2013/14 but if not in 2014/15.

**DATE OF NEXT MEETING**

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

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

**Date:** 26<sup>th</sup> September 2013

## SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
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	Staff experience paper included on the agenda.	✓
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	Staff experience paper included on the agenda.	✓
27/06/13	O-100/2013	Emergency Care	Report back on 2013/14 action plan progress.	VB	Sept '13	Included within the Performance report.	✓
25/07/13	O-107/2013	Patient Transport	Attendance from a representative of SEACamb requested by the Board at the next meeting.	VB	Sept '13	Attendance not requested with continuing discussions being held with SEACamb to alleviate patient transport concerns.	✓
25/07/13	O-111/2013	IGAC Minutes	QEWS to accompany the minutes at future meetings.	PB	Sept '13	Discussion at IGAC in September 2013. Agreement that as the QEWS dashboard is still being developed and assessed this will not accompany the minutes at this stage.	...
25/07/13	O-112/2013	Quality Report	National reporting of the data within the safety thermometer to be included in the September Report.	SR	Sept '13	Included within the Quality report.	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
25/07/13	O-113/2013	<b>Responding to the Liverpool Care Pathway Review 2013</b>	Detailed report providing assurance on the remaining actions to be brought to the next Board meeting.	SR	Sept 13	On agenda.	✓
25/07/13	O-117/2013	<b>Balanced Scorecard</b>	Board requested an information session on the Ambulatory Care Unit.	VB	Sept '13	To be included as part of the winter planning discussion in closed Board on 26 <sup>th</sup> September.	✓
25/07/13	O-117/2013	<b>Balanced Scorecard</b>	Theatre utilisation FTN benchmarking study to be circulated to the Board.	VB	Aug '13	The study from the FTN has not been circulated due to its size. Plans to improve theatre utilisation were considered by TEC in August and will be reported to Board as part of those minutes.	✓
25/07/13	O-122/2013	<b>PALS and Complaints: lessons learnt</b>	The Chief Nurse and the Head of Communications would consider how the reporting of information on the Trust website could be enhanced.	SR	Sept '13	Being considered.	...
25/07/13	O-125/2013	<b>Trust Executive Committee Objectives</b>	Inclusion of the enhancement of staff engagement to the objectives for 2013/14	GR	Aug '13	Included.	✓
<b>Action due at a future meeting</b>							

<b>Board Date</b>	<b>Minute Ref</b>	<b>Topic</b>	<b>Action</b>	<b>Lead</b>	<b>Due Date</b>	<b>Comment</b>	<b>Status</b>
29/11/12	<b>O-152/2012</b>	<b>Medical Revalidation</b>	Report to Board on the results of the first year re-validation.	DF	Apr '14	Not due	<b>ND</b>
30/05/13	<b>O-84/2013</b>	<b>Scheme of Delegation</b>	Review the streamlining and content of the Scheme of Delegation requiring approval by the Board.	SM	May '14	Not due	<b>ND</b>
27/06/13	<b>O-96/2013</b>	<b>Staffing Framework</b>	Board to receive update on the Framework.	SR	Oct '13	Not due	<b>ND</b>
25/07/13	<b>O-114/2013</b>	<b>Quality, Safety and Risk Management Strategy: one year review</b>	Scope of the new 24 hour helpline was being developed and would be presented to a future meeting of the Trust Executive Committee.	SR	Oct '13	Not due	<b>ND</b>
25/07/13	<b>O-115/2013</b>	<b>Board Assurance Framework</b>	Review of risks 1.6 and 3.1 to ensure not duplicated.  Risk 1.2 should encompass the risk in the variability of care provided.	GR	Oct '13	Not due	<b>ND</b>
25/07/13	<b>O-116/2013</b>	<b>Trust Risk Register</b>	Board seminar to be planned on the Trust's risk appetite.	SR	Oct '13	Not due	<b>ND</b>