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

TRUST BOARD MEETING
MINUTES
Open Session
16th December 2010

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr John Headley	Director of Finance & Information
	Dr Mike Baxter	Medical Director
	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
	Ms Susan Osborne	Interim Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Valerie Howell	Deputy Chief Executive
APOLOGIES	Mr Nadeem Aziz	Non-Executive Director
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs

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O-236/10 MINUTES

The Minutes of the meeting held on 25th November 2010 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.

Child Protection Social Worker (minute O-227/10 refers)

The Board were informed that TEC had received confirmation that the arrangements regarding social work support to the child service were working, but would be kept under review and monitored via the Corporate Risk Register.

The Board NOTED the report.

AUTHORISATION

O-237/10 Authorisation as a Foundation Trust

The Trust had been formally authorised with effect from 1st December 2010.

In discussing the paper the Board:

- Noted that Schedule 4 of the Terms of Authorisation related to the private charges cap. It was understood that this might be removed following the passing of legislation in 2011 but formed part of the authorisation at the current point.
- Noted that the Council of Governors had ratified the appointment of the Chairman and Non-Executive Directors and had noted the appointment of Chief Executive.
- The Board approved the appointment of the Executive Directors as follows

    - Director of Finance and Information- John Headley
    - Medical Director- Dr Mike Baxter
    - Chief Nurse – Susan Osborne until 20 December 2010
    - Chief Nurse- Suzanne Rankin from 20 December 2010
    - Director of Workforce and Organisational Development- Raj Bhamber
    - Deputy Chief Executive- Valerie Howell.

- An Asset Register of Protected Property needed to be published within one month of the Date of Authorisation. The Board agreed that this should be agreed by the Chief Executive/Deputy Chief Executive, Finance Director and a Non-Executive Director (Peter Taylor). **AL/VH/ PT**
- The position on indemnity and insurance was noted. It was confirmed that the indemnity covered acts where the claim arose from an act carried out in the execution or purported execution of the Board's functions, and was not time-limited. The indemnity did not cover dishonest or fraudulent acts. There was an option to buy top-up additional Directors and Officers' liability cover and it was agreed that this should be examined by the Finance Committee. **JH**

In conclusion, the Board:

1. ACKNOWLEDGED the Terms of Authorisation
2. ACKNOWLEDGED the Standing Orders for the Board
3. APPOINTED the Executive Directors
4. NOTED the position on the Register of protected assets and delegated approval to the Chief Executive/Deputy Chief Executive , Director of Finance and a NED (Peter Taylor)
5. AGREED the dissolution of the Foundation Trust Project Board
6. NOTED the indemnity and insurance arrangements for the Board of Directors and that the option for top up insurance should be explored by the Finance Committee.

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REPORTS

O-238/10 Chairman's Report

The first meeting of the new Council of Governors had taken place on 1st December 2010. This has been a successful meeting held in public, and formed part of the new governance arrangements for the Foundation Trust.

On behalf of the Trust Board, the Chairman thanked Nadeem Aziz, Non Executive Director and Susan Osborne, Interim Chief Nurse, for their contribution to the Trust and the work they had undertaken in helping to secure a Foundation Trust status. Both would be leaving the Trust at the end of December 2010.

The Board NOTED the report.

O-239/10 Chief Executive's Report

The report highlighted the pressure frontline staff were experiencing. Full capacity had been experienced and the adverse weather had contributed to increased A&E attendances with Paediatric A&E being particularly busy. Staff were working very hard to ensure patients received the care and treatment they needed.

The results of the recently published National Survey of Maternity Services by the Care Quality Commission showed a significant improvement in the experience of women at St Peter's Hospital over the past three years; this was extremely pleasing to note.

Completion of the fieldwork for the National Staff Survey would close shortly, and the Trust was reporting an excellent response rate of 71%; one of the highest for acute trusts in the country.

The Board NOTED the report.

QUALITY AND SAFETY

O-240/10 Board Assurance Framework

The Board Assurance Framework had been scrutinised by IGAC the previous day. The following matters were drawn to the Board's attention:

- A recommendation that Risk 1.9 relating to the Monitor assessment of Quality and Risk 3.1 on not achieving Foundation Trust status should be removed, as the Trust was now successfully authorised.
- Monitor's Compliance Framework required the Trust to assess the risks to maintaining its authorisation, and it had been agreed at IGAC that the current Risk Log should be reviewed, matched with the BAF and Corporate Risk Register in order to map the way forward.
- The BAF risk on Infection Control (Risk 1.2) related to the risk to the Trust's authorisation if the MRSA trajectory was exceeded. This was a different risk to that in the Corporate Risk Register which was more strongly aligned to a potential risk to patient care. It would therefore not be inappropriate if the two risk ratings differed.

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- IGAC had considered the amount of movement being highlighted in the risk ratings on the BAF. Following discussion, it had been agreed that this was to be expected, as additional controls would be unlikely to change to the severity of the impact of any strategic risk.
- Consideration now needed to be given to the impact of the National Reforms, as guidance was being published. **AL**

The Board APPROVED the BAF, including the removal of the two Foundation Trust related risks.

O-241/10 Corporate Risk Register

The report highlighted one new risk pertaining to failure to act on radiological risk reports, four existing risks where the risk level had changed and one risk closed since 14 October 2010.

The VTE prophylaxis assessment risk showed a reduction in the risk level. It was noted that the substantial issue on this risk related to recording of information.

CRR 806 related to a risk on out-of-date Trust policies. Considerable efforts had been undertaken over the last few months on reviewing and updating policies, many of which formed part of the NHSLA Assessment due on 25th and 26th January 2011. It was pleasing to note the progress being made and it was noted that IGAC had requested a further report demonstrating how actions would be implemented to keep an active ongoing review of policies.

The Register identified a risk associated with a lack of outpatient reception staff; this was being reviewed to ensure it was accurately assessed.

The closed risk related to the financial loss due to uninsured claims. It was confirmed that the liability for staff who did not transfer to the Trust when established in 1992 lay with the Strategic Health Authority and that the Strategic Health Authority agreed with this assessment. The risk was therefore greatly reduced and had been closed.

Risk 764 related to delivery of all performance targets. This was being reviewed in the light of the current operational pressures being experienced.

CRR 768 related to staff recruitment and retention. There was now a significantly reduced risk on recruitment. The Board was pleased to note that the Maternity service was now fully established, except for six vacancies being held for midwives in training; this was a significant improvement.

The Board NOTED the Corporate Risk Register.

O-242/10 Integrated Governance & Risk Management Strategy

The Strategy had been reviewed by IGAC the preceding day, and a number of non-material and minor comments had been made which required incorporation.

Board members also made a number of minor changes to the document, all

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to be included in the published version.

The Board APPROVED the Integrated Governance and Risk Management Strategy subject to these amendments. **SO**

O-243/10 Health & Safety Policy

The Board asked that the Policy be revised to include:

- Reference to the storage of hazardous equipment;
- Reference to COSHH
- A link to sustainability;
- Reference to the Trust values, including personal responsibility;
- Clarification of Board level responsibilities for Health and Safety following the re-organisation of the Quality Department and repositioning of the Health and Safety Advisor role.

The Board APPROVED the Policy, but requested an updated version be submitted for ratification in January 2011. **SO**

O-244/10 Quality Report

The Medical Director and Interim Chief Nurse introduced the Quality Report. This drew together the dashboard, with associated commentary on exceptions, and the ward metrics.

The following points from the report were highlighted:

- There had been no new cases of hospital-acquired MRSA. This marked 130 days without a case, and demonstrated a real commitment to Infection Control.
- The number of patients with fractured hips who were operated on within 36 hours had shown a marked improvement in November, with a completion rate now at 93.5%.
- VTE assessment had dipped in performance terms. Following publication of a national directive on group exclusions, it was hoped that the SHA would make a similar directive which would clarify the position.
- The Trust SARI measure showed a reduction in adverse outcomes. This approach aligned to the new SHA safety thermometer approach.
- The crude mortality rate remained low at 1.5% across all specialties. The Board had previously been advised of 8 deaths attributed to Paediatrics; investigation had shown that this was a coding issue, as the mortality reflected stillbirths.
- ASPH had been identified as having the joint fifth best SMR (for 5 common conditions) in the country in the recently published Dr Foster Guide.

Appendix 3 drew together a triangulation of quality data for discussion. This used information already available but triangulated a patient view, ward metrics and CMR. This was an initial version, and refinement was required to ensure relativity was considered, and that data was validated.

The NPSA alert on radiological imaging reports was past the

implementation date. It had been discussed earlier by the Board in respect of an incident. It was confirmed that the Trust was attempting to resolve the problem urgently, prior to a software solution being implemented.

It was noted that the alert on safer administration of insulin should be closed shortly.

The Board NOTED the report.

PERFORMANCE

O-245/10 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

Overall, the quadrant continued to be predominantly green, indicating a sustained strong performance. The following sections from the workforce quadrant were highlighted:

- The field work on the staff survey had now closed and the Trust's provisional response rate was 71.3%. This was an indicator of strong staff engagement.
- There had been a small decrease in the number of staff recorded on ESR as having participated in appraisal. The early indications were that this reduction was due to appraisals not been recorded on ESR, together with the intense focus by staff on maintaining clinical services during a period of extreme pressure.
- There had been a slight decrease in the sickness absence rate from 3.38% to 3.27% remaining within the target level.
- The overall level of medical and nursing agency usage had increased in November but remained within target. Medical agency accounted for the majority of usage. An action plan had been agreed and would be monitored through TEC and divisional performance review meetings. The increase was linked to the pressure on beds.
- Vacancy levels remained on target. The main nursing and midwifery hotspots were being satisfactorily addressed through the implementation of the establishment review which would enable MAU to recruit permanent staff and to be less reliant on temporary staff and a successful recruitment campaign for midwives in Ireland.

Clinical Strategy

The Trust continued to over-perform in respect of emergency admissions.

The level of GP referrals remained steady, and it was noted that Trust staff were continuing to engage actively with GP consortia.

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	Market-share information was now available on a monthly basis meaning that the Trust was able to respond more quickly. There had been a gradual decline in market-share for GPs in the Hounslow and Feltham area and there would be a focus on Hounslow for the remainder of the financial year. However, there were encouraging signs of growth regarding the market-share for the Mid Surrey area.	
	Finance and Efficiency	
	The FRR continued to show a score of 4, as planned.	
	At month eight, the Trust had delivered £2.9m of the planned £3.3m surplus for 2010-11. The potential risks in relation to NHS Surrey contract income, and the costs of additional winter pressures capacity had been included arriving at the forecast.	
	The Board NOTED the report.	
O-246/10	**Compliance Framework**	
	The Trust continued to score amber-green against the Monitor Compliance Framework for November 2010. One factor contributing to the amber-green rating was the attribution of MRSA against trajectory. As the Trust had had no incidents of MRSA in the last three months it was agreed to confirm whether this was a year-to-date or quarterly assessment.	**VH**
	Maintaining the 98% performance against the 4-hour target in A&E remained challenging. The extreme weather had increased the level of trauma, and patients were now being admitted with Norovirus.	
	The Trust currently had extra bed capacity open, but was keeping cancellations on elective surgery to a minimum and was committed to re-booking patients as quickly as possible. Discharge remained lower at weekends, which had a knock-on effect on activity at the beginning of the week. The financial constraints being experienced across the rest of the local community could impact on the Trust's ability to discharge patients effectively.	
	The Board was advised that there was a strong new clinical lead in A&E which was helping with recruitment, and that Medicine and A&E were now working closely together to improve care pathways. It was important that actions became embedded and sustained. A further report with actions and timescales would be presented to the January Board.	**VH**
	The Board asked that their appreciation for the efforts of the staff be conveyed to them.	**AL**
	Two indicators relating to the CQUIN-stroke care showed amber. These represented a stretch target and considerable management focus was being applied. The Board was assured that the target should be achieved by year end.	
	The Board NOTED the report.	

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STRATEGY AND PLANNING

O-247/10 Draft Corporate Objectives 2011/2012

Board was advised of progress in developing the Trust's business plan for 2011/12. The approach was to maintain the established architecture of the current plan, building from the vision to the values, the four strategic objectives and delivery through six Trust wide programmes and the new Divisions.

First drafts of the Divisional business plans had now been received and reviewed, and their final plans would be completed by the end of January 2011. A first draft of the Corporate Objectives, including the impact of the Operating Framework for 2011/12, would be available for the February Trust Board.

The Board NOTED the report.

REGULATORY

O-248/10 Equality & Diversity – Annual Report 2010 and Proposed Action Plan 2011

The report provided a progress report on the Single Equality Scheme and action plan which had been implemented from January 2010. This was a three-year scheme with an annual update. Implementation of the Single Equality Scheme (SES) was led by the Equality and Diversity Steering Group. This Group was well established with a strong complement of staff and patient champions for the six diversity strands.

One action related to the completion of equality impact assessments and it was agreed to confirm whether plans such as the Trust business plan and major strategies needed to have an equality impact assessment. **AL**

The Board noted the successful BME AGM where the Road to Success programme had been launched with the aim of enhancing wider career progression for BME staff.

The Board NOTED the report and AGREED the 2011 action plan.

O-249/10 Sub-Committee Terms of Reference

The Board APPROVED the revised Terms of Reference for the Integrated Governance and Assurance Committee, subject to amending the quorum to be six members.

O-250/10 Policy on Policies

The Policy identified the committees responsible for ratifying procedural documents. It identified corporate and governance policies as being ratified by the Trust Executive Committee, IGAC and Trust Board. It was agreed to clarify within the Policy that determination of which of these bodies was responsible for ratifying individual corporate or governance related policies, was underpinned by their Terms of Reference. **SO**

Subject to this amendment, the Board APPROVED the Policy.

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O-251/10 Appointment of Responsible Officer

From 1st January 2011 all NHS Trusts and other designated bodies would be legally require to appoint a Responsible Officer in order to implement the requirements for re-validation and strengthened medical appraisal.

The Board APPROVED the appointment of Dr Mike Baxter in his capacity as Medical Director as the Responsible Officer for the Trust.

It was noted that appraisal for the Medical Director was the responsibility of the Strategic Health Authority Medical Director as professional lead.

FOR INFORMATION

O-252/10 Trust Executive Committee Minutes

The Trust Executive Committee Meeting on 12th November had been a developmental session, focussing on the Winter Surge Plan 2010/11, the Quality Department structure and the Nursing Establishment.

The Board NOTED the draft Minutes of the TEC meeting held on 26th November 2010

O-253/10 Finance Committee Minutes

The key points from the Finance Committee Meeting held on 18th November 2010 had been raised verbally at the November Trust Board Meeting.

The Board NOTED the Finance Committee Minutes held on 18th November 2010

ANY OTHER BUSINESS

There was no other business.

O-254/10 QUESTIONS FROM THE PUBLIC

The following questions and points were made by members of the public:

- It was confirmed that the Trust had an emergency help line for getting a priority building service response to all areas of the Trust, including Outpatients. The Deputy Chief Executive would identify whether there had been a difficulty as described by the member of the public. A system of monitoring the performance of the service was being introduced in 2011. **VH**
- Positive feedback was received from the member of public in respect of the Trust's handling of the cancellation of an Orthopaedic Outpatient appointment due to the snow.
- The Trust's arrangements for dementia training were described by the Medical Director and Interim Chief Nurse. It was also noted that autism became a new national priority for 2011/12.
- The response rate of response rate to the staff survey was 71.3% and compared very favourably to the 64.8% rate for the 2009 National Survey, and to the 56.6% rate achieved in the short two

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week period of the 2010 Summer Survey.

DATE OF NEXT MEETING

O-255/10 27th January 2011 - The Education Centre, Ashford Hospital

Signed: ……
Chairman

Date: 27th January 2011

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at	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	---
25/10/10	O-203/10	**H&S**	Include %s if very small numbers. Seek benchmarking information	SO	27/01/11	Comment included in Q3 Report	---
25/10/10	O-216/10	**Board Work Plan**	Discuss timing of AGM with Council post authorisation	JG	16/12/10	To be discussed at February 2011 Council meeting	---
25/10/10	O-208/10	**Corporate Objectives**	Include explanation of RAG. Include forecast outturn against objectives	VH	27/01/11	Included in Q3 report	✔
25/11/10	O-220/10	**Length of Stay**	Review risk rating on Single sex accommodation	VH	27/01/11	Being reviewed in light of new guidance from DH	---
16/12/10	O-237/10	**Authorisation**	Explore need for top up D&O insurance	JH	24/02/11	Not due yet	ND
16/12/10	O-237/10	**Authorisation**	Agree the protected asset register	AL	31/12/10	Completed	✔
16/12/10	O-240/10	**BAF**	Review national guidance on the reforms and impact on BAF	AL	24/02/11	Not due yet	ND
16/12/10	O-243/10	**H&S Policy**	Further review of Policy at board; to include clarification on Board level responsibilities	SR	27/01/11	Completed	✔
16/12/10	O-246/10	**Compliance framework**	Clarify in the quarterly Monitor compliance framework whether MRSA was a y.t.d. or quarterly assessment	VH	27/01/11	Verbal report to Board	---

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at	Status
16/12/10	O-246/10	**Compliance framework**	Report back to the Board on actions to sustain A&E performance	VH	27/01/11	Update to be included in monthly report	✔
16/12/10	O-248/10	**Equality and Diversity**	Confirm if major Business Plans and strategies should be subject to EQuIA	AL	27/01/11	The new (draft) public sector equality duty removes the requirement for 'equality impact assessments' to be undertaken of every policy or strategy. This is planned to come into force in April. However, there remains an ambiguous statement about organisations still needing to 'assess the impact on equality of the policy or proposed policy'. To be considered at EDSG in in order to be clear about what exactly we need to do	---
16/12/10	O-254/10	**Questions from Public- building response team**	Investigate reported issue with cleaning in Outpatients	VH	27/01/11	A series of maintenance issues occurred in the rheumatology outpatients department between 10th December and 4th January. These were all related to separate underlying issues. All were reported to the estates and facilities helpdesk and a review of the incidents has established that all were responded to promptly	✔