Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD MEETING
MINUTES
Open Session
29th April 2010

PRESENT:	Ms. Aileen McLeish	Chairman
	Mr. Andrew Liles	Chief Executive
	Ms Vanessa Avlonitis	Deputy Chief Nurse
	Dr. Mike Baxter	Medical Director
	Mr. Paul Bentley	Director of Strategy
	Ms. Raj Bhamber	Director of Workforce and Organisational Development
	Ms. Sue Ells	Non-Executive Director
	Mr. John Headley	Director of Finance & Information
	Ms Valerie Howell	Chief Operating Officer
	Mr. Terry Price	Non-Executive Director
	Mr. Peter Taylor	Non-Executive Director
IN ATTENDANCE:	Mr Maurice Cohen	Patient Representative
	Ms Sarah Johnston	Head of Quality and Integrated Governance (Minute O-70/10)
SECRETARY:	Ms. Jane Gear	Board Secretary/Head of Corporate Affairs
APOLOGIES:	Mr. Norman Critchlow	Non-Executive Director
	Mr. Philip Beesley	Non-Executive Director
	Ms Caroline Becher	Chief Nurse

Minute **Action**

O-63/10 MINUTES

The minutes of the previous meeting held on 25 March 2010 were agreed as a correct record, subject to amending item O-49/10, fourth paragraph to read, '…the time scale for this target *would* reduce in 2010/2011'.

The Chairman welcomed Vanessa Avlonitis to her first meeting of the Trust Board.

MATTERS ARISING

Summary Action Points:

The Trust Board reviewed all of the actions from the previous meeting and the action log which provided a commentary on progress. 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 time scales.

O-64/10 Child Protection (O-47/10 refers):

It was confirmed that interim measures in respect of the vacant hospital social worker post had been put in place and a meeting had been established to progress the matter further with Social Services.

REPORTS

O-65/10 Chairman's Report:

The Trust had received verbal confirmation of a positive outcome from the DH Applications Committee. Subject to further minor assurance being given to the SHA, the application would be presented to the Secretary of State for future submission to Monitor; this represented good progress.

The Board NOTED the Chairman's report.

O-66/10 Chief Executive's Report

The staff achievement awards had been highly successful.

At the time of the Board meeting, the Trust had achieved 220 days since it had reported a hospital-acquired case of MRSA bacteraemia. This was a significant achievement.

The Board NOTED the Chief Executive's report.

QUALITY AND SAFETY

O-67/10 Board Assurance Framework (BAF)

The Board Assurance Framework was being reviewed taking into consideration the following factors:

The implication of the Audit Commission's publication – *Taking it on Trust*.
The Corporate Business Plan 2010/2011.
Guidance on the content of the Statement on Internal Control.

A revised BAF would be presented to the next meeting of IGAC for discussion and refinement, and then would be presented for adoption at the May Trust Board meeting.

It was agreed to consider the frequency of presentation of the BAF to the Trust Board alongside a decision on its content.

The Board NOTED the report on progressing the development of the BAF.

O-68/10 Corporate Risk Register:

The Corporate Risk Register contained two new risks added since 25 February 2010, there had been a change in the level of risk in respect of five existing risks, and one risk where there was a changed treatment objective.

It was agreed to reassess the inclusion or grading of the risk on swine flu.

VH

The Board noted that the economic climate was impacting on the provision of private healthcare. There was therefore a potential risk for the Trust in respect of its current relationship with the Runnymede Hospital. Following discussion, the Board noted that this was generally covered under Corporate Risk 833, although this might need to be made more explicit.

One of the new risks added was in respect of VTE prophylaxis assessment. The Medical Director clarified that the provision of thromboprophylaxis was not the issue identified by the risk, but that the risk was in respect of documentation. This was a national target, hence its inclusion in the risk register.

The Board stressed the need for regular review of the corporate risk register by risk owners.

The Board NOTED the corporate risk register.

O-69/10 Quality Report

The Medical Director and Deputy Chief Nurse introduced the Quality Report. The Quality Report brought together the dashboard with associated commentary and analysis, ward metrics and a quality overview. In addition, it contained the PALS, incidents, complaints and claims quarterly report.

The Trust's SMR was 82.6 YTD. The two red trends previously reported to the Board arising from Dr Foster had been investigated. The signal in respect of non-Hodgkin's lymphoma had been returned to blue and the alert in respect of the diagnostic category of "other" respiratory disorders required further investigation as the category was eclectic. However, the Trust was assured that a detailed analysis of pneumonia showed a positive position for the Trust where the SMR was 60 and Ashford and St Peter's ranked third in the SEC sector for lowest mortality from pneumonia.

The Trust's Mortality Group had now convened.

The dashboard indicated lower than satisfactory performance on fractured neck of femur treatment within 48 hours. It was confirmed that the target related to patients who were medically fit. Work was continuing to establish the reasons that Trust failed to meet the standard; this was a complex issue involving a range of specialties. The Board noted the target for treatment reduced to 36 hours in 2010/11

The Trust had five Safety Alerts outstanding. Progress was being made and it was confirmed that it was anticipated the alert on anti-coagulation therapy would be closed by the end of May.

The Medical Director highlighted that Clinical Audit was an important function supporting quality. The Report indicated some of the audits currently underway including one on re-admission rates where the Trust was performing well against the PCT target. The main audit has not revealed anything untoward but a sub audit had identified a potential area of improvement relating to the discharge of some patients back into their own homes.

The ward quality indicator report was noted. This included some new

indicators including mixed sex ward compliance. It was agreed to confirm that the data source for the WQI report was consistent with the breech report. **VH**

The PICC (PALS, incidents, complaints and claims) report for quarter three was noted.

Overall, the Board welcomed the Quality Report but noted that further work was underway to continue to streamline it. The quality dashboard would change with effect from April 2010 to reflect the objectives in the Corporate Business Plan. It was also intended to include crude mortality information in the future. With respect to the ward quality indicator report, the supporting text needed to focus on exceptions and actions being taken. Information relating to PALS, incidents, complaints and claims needed to be timely, exception focused and include trends.

It was noted that the PICC report referred to a shortage of staff as a possible causative factor in respect of number of the indicators. This needed to be rigorously challenged to ensure the true root causes of the issues were identified.

The Trust Board NOTED the Quality Report.

O-70/10 Quality Account

Sarah Johnston updated the Board on the review of the draft Quality Account which was due for publication in June 2010. Further national guidance including a Toolkit had been received since the first draft had been reviewed by the Board and the draft had been revised in the light of this. It was noted that there were a number of mandated sections for completion. The draft had also been revised with the aim of making it more reader friendly.

The draft included potential quality indicators for 2010/11 which had been discussed with LINk.

Whilst noting that the overall content and structure of the Quality Account was mandated, the Board wished to assure itself that the Account reflected the Trust's commitment to improving the quality of its services and was written in an accessible way. The targets needed to be specific and measurable, and also to align with existing quality priorities such as Programme 1: Improving the patient experience, where possible.

It was AGREED that further work should continue outside the Board meeting involving Sue Ells and the Director of Workforce and OD. Once the content had been agreed the Account could be passed to NHS Surrey and the OSC for review. **RB/SJ**

O-71/10 Health and Safety Report:

The Health and Safety Report for Quarter 4 was received. This identified a small number of falls by staff which rose to 14 in Q4. 6 of the 14 incidents were attributed to the wintry weather.

It was noted that the Trust was continuing to work to improve health and safety including the purchase of a HoverJack to enable staff to raise

patients safely from the floor after a fall, and a new safety cannula had been introduced.

The Board NOTED the Health and Safety Report.

PERFORMANCE

O-72/10 Balanced Scorecard

The balanced scorecard comprised four areas aligned to the Trust's corporate objectives:

1. Patient Safety and Quality:
This aspect had been addressed earlier on the agenda.

2. **Workforce***:*
All the workforce indicators were green with the exception of use of agency staff and staff appraisals. The increase in March agency expenditure was attributable to agency medical staff and the nursing agency figure was primarily attributable to the opening of additional bed capacity.

Staff appraisals had risen to 72% which was an improvement from the previous year and was above average for acute trusts although still being below the Trust's target. There would be a strong focus on completing appraisals as the Trust entered the new financial year. This would be supported by the introduction of simplified documentation to improve the quality as well as the take-up of appraisals.

3. National Targets:
The Board was pleased to note that the Trust had ended the year with strong service performance. It had delivered a green rating on the Monitor Compliance Framework for March 2010 and was now able to show a sustainable track record of performance against all key operational targets. MRSA elective screening remained below target but was continuing to improve.

The balance scorecard now included two indicators in respect of A&E performance; performance across the local health economy and also the internal measure for St Peter's Hospital.

There was an inconsistency between the year-to-date and planned performance on cancelled operations.

The year to date position on follow-up DNAs was 18.26%. This impacted negatively on effectiveness and patient care. It was agreed to undertake an analysis of the DNA rate and report back to the June Board **VH**

The detailed Trust performance report had been circulated to demonstrate performance across the range of targets at year end; this information would be supplied to Trust Board members as an information pack in future.

4. Finance:
The Trust had achieved a surplus of £6.2m against the target of £4.8m. This was a very good result in a year where the Trust had also provided financial support to NHS Surrey. It was noted that the surplus shown in the

Annual Accounts would be net of impairments following from the valuation of the Trust's estate. The impact of the impairments would be around £4m.

The other main financial indicators on the scorecard were green rated, including an FRR of 4. The capital resource limit was amber; although the planned capital projects had been completed, £0.3m of capital schemes had been re-classified as revenue.

The Board NOTED the balanced scorecard report.

O-73/10 Staff Attitude Survey Results 2009:

A presentation on the highlights from the results of the national staff survey was given by the Director of Workforce and Organisational Development. This demonstrated significant improvement since the 2008 survey with the Trust now being in the top 20% of trusts for three of the key findings and in the bottom 20% of trusts for only four findings (compared with seven in the previous year). These improvements represented the work of middle managers in particular. The Board noted that the overall Trust improvement was ahead of a national picture of significant improvement.

In response to questions, it was confirmed that in addition to the top-level analysis, the Trust had data down to a detailed level which allowed individual services and directorates to take specific action. Raising staff satisfaction overall was important as it was known this had a direct impact on patient experience. The Board discussed the issue in respect to staff experiencing harassment or bullying from other staff which would be an area to target in the coming year. It was noted that the Trust was developing a culture whereby staff were comfortable in challenging unacceptable behaviour and this was evidenced through a recent example involving senior clinicians.

Managers were developing their local responses to the findings of the national survey, and the Trust would repeat its own local survey of staff in June which would focus on areas of concern.

The Board NOTED receipt of the report.

O-74/10 Corporate Business Plan 2010/2011:

The Business Plan for 2010/2011 had been adopted in principle at the March Board meeting. The version now presented to the Board included developed milestones associated with each of the corporate objectives which would form part of the quarterly monitoring programme by the Trust Board.

The Business Plan also contained an updated balanced scorecard focused around the four strategic objectives. The Business Plan also included a section on risks; it was confirmed that this would map across to the revised BAF.

Objective 2 included a priority on developing leadership capacity, capability and talent; this would start to address the issue of succession planning.

Objective 3 included a priority to reduce emergency admissions. This identified the need to work with the ambulance service to divert patients who

would be more appropriately treated elsewhere. In response to a question, it was confirmed that the intention was to develop protocols and pathways which would ensure that patients were taken as quickly as possible to the most appropriate service.
A process of reviewing and signing off directorate business plans was underway. It was intended to bring a draft business planning timetable for 2011/2012 to the June Board for discussion. Following the Board meeting, the Corporate Business Plan would be summarised and launched with briefings to all directorates and services.

The Board APPROVED the final Corporate Business Plan 2010/11.

O-75/10 Annual Budget 2010/2011:

The Board had agreed a provisional budget in March 2010. An updated budget had been prepared in the light of the recently agreed Service Level Agreement with NHS Surrey. The SLA established a contract value of £167.2m.

A prudent budget was being proposed of £165.7m. This reflected the risk associated with NHS Surrey's ability to put in place demand management schemes.

The surplus remained at £3.3m and the CIPs incorporated in the budget remained at £9m. The internal activity budget had been set around a decrease of 2.5% in non-elective work.

It was also noted that the lower valuation of the estate would be reflected in reduced public dividend capital.

The Board AGREED the revised budget 2010/2011 and noted that the final confirmed activity and workforce tables would now be included in the Corporate Business Plan 2010/2011.

O-76/10 Standing Orders 2010:

Standing Orders, the Reservation of Powers and Scheme of Delegation 2010/2011, and Standing Financial Instructions had all been reviewed on their annual cycle.

The main changes proposed to Standing Orders reflected changes in legislation, preparation for Foundation Trust status and general matters of clarification.

The revised suite of documentation had been reviewed by the Audit Committee, and the minor changes proposed by the Audit Committee had been incorporated.

The Board AGREED to adopt the revised Standing Orders, the Reservation of Powers and Scheme of Delegation 2010/2011 and Standing Financial Instructions.

O-77/10 Application of Seal:

The Seal had been applied:

Seal 040: 106 Agreement for Master Plan with Runnymede Borough Council.

Seal 041: WRVS rental of premises for a snack bar.

The Board NOTED the application of the seal.

O-78/10 Trust Executive Committee Minutes: 12 March 2010 and 26 March 2010.

The Board NOTED the Trust Executive Committee minutes.

O-79/10 Finance Committee: 17th March and 21 April 2010:

The Board noted the Finance Committee minutes. In order to ensure that minutes were received by the Trust Board promptly, the minutes of 21st April were presented in draft.

A number of issues such as market share had been discussed by the Finance Committee and identified as potential subjects for future discussion with the full Board.

The Board NOTED the Finance Committee minutes

O-80/10 ANY OTHER BUSINESS:

There was no Other Business

O-81/10 NEXT MEETING

Thursday 27th May 2010 at 2pm in the Education Centre Ashford Hospital

Signed …….
Chairman
Date:

Summary Action Points

Board date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 20 May 2010	Status
24/09/09	1-09/67	**Balance Scorecard & Operational Performance Report**	Interim data on theatre utilization to be included in the next Board report.	VH	~~26/11/09~~ 30/09/10	Awaiting procurement of new Theatre system. Procurement January 2010, full implementation 6 months A manual system has now been developed to analyse theatre utilisation and this is now incorporated into monthly performance meetings with the directorate of theatres, anaesthetics and critical care. In addition weekly cross directorate theatre utilisation meetings have now been established.	**---**
25/02/10	O-32/10	**Business Plan 2010/11**	Develop summary for internal distribution	VH	29/04/10	Published	✔
25/03/10	O-47/10	**Child Protection**	Progress early resolution of vacant hospital social worker post	CB	29/04/10	.	
25/03/10	O-47/10	**Child Protection**	Progress completion of Child protection training to achieve 100%. Feedback in a general update report to Board in 3 months	CB	24/06/10		Not due
25/03/10	O-48/10	**OPD National Survey results**	Report back to Trust Board on progress against action plan	CB	27/05/10	On May agenda	✔
25/03/10	O-57/10	**Learning Disabilities**	Report back to Board	CB	28/10/10		Not due
25/03/10	O-60/10	**NED Visits**	Consider including a metric on number of midwives per 1000 live births into board reports	CB	27/05/10	After review agreed this metric is most appropriate within the Trust	✔

						Performance report	
29/04/10	O-68-/10	**CRR**	Review the inclusion and /or grading of CRR on swine Flu	VH	24/06/10		Not due
29/04/10	O-69-/10	**Quality Report**	Determine whether there is a consistent data source for SSA	VH	27/05/10	Confirmed	✔
29/04/10	O-72-/10	**Balanced scorecard**	Review DNA rate and causative factors	VH	24/06/10		Not due
			Invite NHS Surrey to present their Operating Framework to the Board	AL	24/06/10	Invitation sent	✔