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

TRUST BOARD MEETING
MINUTES
Open Session
29th September 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
	Dr Mike Baxter	Medical Director
	Prof Philip Beesley	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
ATTENDANCE	Ms Claire Braithwaite	Associate Director of Performance Improvement
APOLOGIES	Ms Valerie Bartlett	Deputy Chief Executive
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs

Minute **Action**

Declaration of Interests

Jim Gollan advised the Board that his wife had recently commenced as a volunteer in the Trust's Paediatric Service.

O-138/11 MINUTES

The minutes of the meeting held on 28 July 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 timescales.

The following points were noted:

O-139/11 Quality report – Ombudsman case (minute 0-66/11 refers):

The Trust was current gathering evidence to support the external review.

However, the external expert, Professor Oliver, was no longer able to undertake the review but was working with the Chief Nurse to identify an alternative external expert.

The Board NOTED the report.

O-140/11 Quality Report – National Quality Board (Minute 0-109/11 refers):

An assessment of the Trust's position in comparison with the National Quality Board Papers on quality governance was included in the main Quality Report.

O-141/11 Telephone response time (minute 0-136/11 refers).

Details provided with the Board papers had confirmed the average queuing time for callers to the Appointment Centre. Whilst the data preceded the introduction of the new text reminder system, the Board felt this was an important part to the overall patient experience, and was a relatively long response time.

It was AGREED that a further report should come back to the Trust Board describing how callers were handled and giving different matrices so the position could be fully assessed. **CB/VB**

REPORTS

O-142/11 Chairman's Report

The Chairman highlighted the improvements made in car parking at St Peter's Hospital. This has been a major source of complaints from visitors and staff for a long period of time, and it was now clear that the experience of visitors and patients had been transformed. The Trust was now looking at how improvements could be made to the allocation of spaces for volunteers and staff.

In addition to the activities identified within the report, the Chairman had also met with representatives of Spelthorne Council, and the Chairman and Chief Executive had met with Kwasi Kwarteng, MP.

The Board NOTED the report.

O-143/11 Chief Executive's Report

The following aspects of the report were highlighted:-

The Northwest Surrey Future Leaders programme had been launched. There was an excellent level of Trust representation on the programme and Professor Steve Field, Chair of the Futures Forum, had been the key note speaker.

The year-long programme would support the type of leadership needed to deliver the vision outlined in *Equality And Excellence: Liberating The NHS* and would use local knowledge and talent to improve integrated health and social care in Northwest Surrey.

The Trust was actively working on preparing its bid for acquiring Epsom General Hospital. The Board had not yet taken its final decision on its

application which was due for submission by 11 November 2011.

The improvements to patient and visitor car parking were evident and the Trust was continuing to consider how further improvements could be made. Recently, the Trust had extended free volunteer driver parking (for yellow badge holders) to all registered carers and volunteer drivers were also able to park free of charge.

The Board NOTED the report.

QUALITY AND SAFETY

O-143/11 Board Assurance Framework

It was noted that the current iteration of the Board Assurance Framework (BAF) had been thoroughly reviewed by IGAC on 8 September 2011.

IGAC had considered how the BAF interfaced with the Corporate Risk Register and had agreed that it was now the appropriate time to undertake a major review of the BAF. A Board Seminar on risk and BAF would be arranged. **JG**

IGAC had also discussed how best to capture the potential risk relating to the potential of acquisition of Epsom Hospital.

In discussing BAF, the Board noted that the operational pressures linked with winter tended to arrive early. It was confirmed that the Trust was already considering how to respond to the operational pressures over a severe winter, including a cross-economy working. A seminar involving the Trust Executive Committee had focused on winter resilience.

The Board APPROVED the BAF including the removal of the risk on information governance.

O-145/11 Quality Report:

The Medical Director and 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 reported one case of MRSA in August. This was the first case for more than a year and the root cause analysis had confirmed that the patient had been admitted with MRSA.

- The Trust's standard mortality ratio (SMR) was 90.4 (May). It was noted that the NHS Information Centre was due to publish the methodology for its new summary hospital level mortality indicator (SHMI) on 30th September.

- The East Midlands Quality Observatory had published an acute trust specific quality dashboard providing an assessment against five domains of the NHS Outcomes Framework against a national mean. Overall the Trust's performance on clinical effectiveness was good, but the benefit of the report was that it would enable the Trust to look at improving specific clinical pathways, for example COPD.

The Observatory Report provided useable information which could be triangulated with other data held by the Trust. Although the Observatory Report would revert to the Board on a quarterly basis, it was agreed that it might be appropriate to review this type of information in a seminar mode as well.

- Crude mortality rates had changed little this year. The emergency surgery rates were 2.3%. It was noted that there had been major national press coverage on the national position relating to emergency abdominal surgery and it was agreed it would be appropriate to report back to the Trust Board on the local position. **MB**

- The Observatory Report identified the Trust as below the mean on the indicator FTE nurses per bed day. It was noted that benchmarking information from the Audit Commission would be available shortly, following which a report on workforce would be provided for the Board. **RB/SR**

- Following the incident at Stepping Hill Hospital an audit of compliance with the Trust's medicines management policy on drug storage and fridge temperatures (non-controlled drugs) had been undertaken. Immediate actions had been put in place and longer term plans with an emphasis on training and development were being prepared. Once the formal recommendations following the investigations at Stepping Hill Hospital were available the Trust would consider what further steps were required across the whole pathway.

- The Munro review had been presented to Ministers and the Government had published their response in July 2011. The Trust's Safeguarding Children Team had reviewed the report and agreed a number of actions, implementation of which would be monitored via the Child Safeguarding Steering Group.

- There was a general trend of an increasing number of formal complaints. Although there was a significant increase in the number of complaints received in Women's Health and Paediatrics, and also Ambulatory Medicine, no particular themes had been identified.

It was confirmed there was still an issue in achieving satisfactory response times, but additional support and mentoring was being offered to divisions. It was agreed that complaints data should routinely be linked to activity levels. **SR**

- An analysis of the Trust's position against the principles set out in the Guide for Provider Boards issued by the National Quality Board had identified that the Trust's approach to quality governance was well aligned to the framework. Areas for continued development included reviewing and refreshing the Clinical Quality Strategy and continuing with the dashboard development work. Three new dashboards would be implemented shortly.

A revised Clinical Quality Strategy would be presented to the Board in early 2012, and the Board asked that this include an update on progress in the actions identified from the review of the National Quality Board publication. **SR**

- WQIs: Compliance with the discharge check was important, and it was noted this was being covered in the ward leadership programme day on 30th September.

A wide ranging discussion on collection of patient feedback took place; this was a mixture of subjective and objective information and it was agreed to provide a comprehensive summary of the Trust's approach in the next Quality Report. **SR**

- During the Board discussion it was noted that four pressure ulcers had been recorded for ITU. It was confirmed that the clinical care for each patient was being reviewed.

The Board NOTED the report.

O-146/11 Annual Complaints Report

The Report provided information on informal concerns and formal complaints received through the Patient Advice and Liaison Service (PALS) or via the formal complaints process for the period April 2010 to 31 March 2011.

Overall, the number of PALS contacts had risen and the number of formal complaints had fallen. It was pleasing to note that around 86% of PALS issues were resolved indicating that the service was successful. The number of PALS contacts regarding concerns represented 0.2% of total patient episodes. The number of complaints received represented 0.07% of patient episodes.

In discussing the Report, it was highlighted that the earlier concerns were dealt with, and the nearer the time of the concern, the less likely they were to escalate into formal issues or complaints. It was encouraging to see that divisions were owning the solutions to formal complaints.

A major theme of complaints related to communications. It was important for the Trust to understand whether interventions aimed at improving communications were effective. It was confirmed that the Living Our Values programme had a method to evaluate its impact.

The Board requested that the Report be presented to the Trust Board earlier in the calendar year of 2012. **SR**

The Board NOTED the report.

PERFORMANCE

O-147/11 Balanced Scorecard

The balanced score card comprised four areas aligned to the Trust's four key strategic objectives.

Patient Safety and Quality

This aspect has been addressed earlier on the agenda.

Workforce

The following points from the quadrant were highlighted:

- The establishment growth (WTE) was slightly over target. However,

this was due to external funding of posts. The CIP pay reduction from WTE was under target; this was due to divisions tending to reduce low value posts.

- The level of staff appraisals was 89.2% in August. This was linked to the summer holiday period and action plans were in place.

- This was the first month that the score card included the mandatory training compliance rate. The initial report showed overall compliance at 40% but this varied across courses with the highest being 92.5% compliance on child protection level 2.

- The final response rate to the summer staff survey was 57%, the same as last year. Data collection for the next national survey was due to commence in September 2011.

- It was confirmed that the 12.9% turnover rate mainly related to the end of fixed term contracts.

Clinical Strategy

The quadrant showed a decline in performance across the board which was representative of the operational pressures the Trust had experienced.

The Board was advised that a new Business Development Strategy was being formulated and would be presented to the Trust Board in November. The quarterly Market Share Report would come to the Board in October. **JH**

The Board was concerned that the percentage of day surgery undertaken at Ashford did not demonstrate the desired change. It was noted that the *Excellence In Theatres Project* had a work stream which would result in automatic booking at Ashford Hospital for certain agreed procedures.

Finance and Efficiency

The Monitor FRR of 3 was rounded from underlying rating of 3.2. The Trust had achieved an in-month surplus of £400K and had achieved a year to date surplus of £200K.

It was encouraging to note that CIP delivery was improving and that although the non-elective length of stay was high, there was a clear downward trend. It was also the first month that a reduction in the DNA rate was evident. This followed the introduction of the new text and phone appointment reminder service.

It was confirmed that the Trust had still not reconciled month one with NHS Surrey, hence data on the non-elective cap and re-admissions penalty could not be included. The Board expressed disappointment in the delay, and urged the executive team to resolve this with NHS Surrey at the earliest opportunity. **JH**

The Board NOTED.

O-148/11 Compliance Framework

The Trust was on track for a performance rating of green for Q2.

The Trust had achieved the 95th percentile waiting time of less than 23 weeks in all specialties in August (RTT pathway performance – admitted patient care) and therefore met the requirement of the Monitor Compliance Framework. However, the Board was advised that the Trust was not achieving the maximum waiting time of 18 weeks for 90% of patients which was a contractual requirement with NHS Surrey.

A&E performance was improving and variation in performance had been reduced. Monitor had changed the way it would use the A&E clinical quality indicators to assess governance risk in the Compliance Framework. As a result, Monitor would only score Trusts for failing to achieve the indicator relating to total time in A&E.

The Trust's pit-stop for ambulances was working well, the main difficulty being if a number of ambulances arrived simultaneously. It was reported that a report to Surrey HOSC suggested that the Trust was causing delays for ambulances and it was agreed to follow this up in order that public records were corrected. **CB/VB**

The Board NOTED the report.

STRATEGY AND PLANNING

O-149/11 Our Vision for Catering Services

The report described how the Board was seeking to improve the quality and nutrition of its food choices for patients through the re-tendering of its catering contract.

The Trust had received external advice that the commercial market was now increasingly competitive and in order to secure the desired benefits of:

- Improving the quality of patient food.
- Extending the availability of the trolley service for wards.
- Improving the accessibility of catering and retail facilities for patients, visitors and staff including out-of-hours availability

it was therefore necessary to offer commercial providers the potential for the best development and business opportunities and hence include all of its catering and retail services in the tendering process.

This had been a difficult decision for the Board to take and there was sincere disappointment concerning the impact this had on the Leagues of Friends.

A review of the way the Trust had communicated and engaged with the League of Friends had been undertaken, and the Council of Governors had also discussed the issues raised. It was clear that early discussions with the League of Friends had taken place and the Board was assured that the issue of the OJEU advertisement and subsequent expressions of interest by commercial companies had not resulted in those companies being aware of the extent of the tender prior to the League of Friends being formally advised. However, after the Board had taken the decision in June 2011, it was clear that communications with the League of Friends should have been more timely.

The Trust was continuing to discuss with the Leagues of Friends how they could continue to undertake fund raising activities for the Trust, and had made a commitment to use charitable funds to maintain any ongoing benefits currently provided through the Leagues of Friends.

The Board recorded their formal appreciation for all the work undertaken by the League of Friends and expressed their desire for the Leagues to continue to be involved in fund raising. The Board also expressed their appreciation for all the work done by the 380 plus volunteers who supported the hospitals.

The Board NOTED the report.

REGULATORY

O-150/11 Annual Report from Finance Committee

The Report summarised the key areas of activities over the last year. It was highlighted that since the appointment of Jim Gollan as chair from April 2011, the Committee had agreed a number of changes to both the style and substance of the meetings. Overall, there was an increased focus on major issues which the Finance Committee scrutinised on behalf of the Trust Board.

The Board NOTED the Report.

O-151/11 Terms of Reference – Integrated Governance and Assurance Committee

The Terms of Reference have been reviewed following the NHSLA Level 2 assessment, and were presented to the Board following agreement at the September IGAC meeting.

The Board approved the revised IGAC Terms of Reference.

O-152/11 Establishing the Nominations Committee

Trust's Standing Orders included the establishment of a Nominations Committee (executive appointments).

The Nominations Committee Terms of Reference were agreed subject to:

- removing reference to the "removal of Executive Directors" and
- the inclusion of the Chief Executive in the quorum (except where the Committee was considering the appointment of the Chief Executive).

The Terms of Reference were then AGREED.

FOR INFORMATION

O-153/11 Trust Executive Committee Minutes

The Board noted that TEC had now agreed the charges for car parking. It was confirmed that the 'impact assessment' referred to under Minute 140/2011 was the Equality Impact Assessment for the car parking policy.

The Board NOTED the Executive Committee minutes for the meetings held on 22 July 2011, 12 August 2011 and the draft minutes of the meeting held on 26 August 2011.

O-154/11 Finance Committee Minutes

The Board NOTED the minutes of the Finance Committee meetings held on 20 July 2011 and 17 August 2011.

ANY OTHER BUSINESS

O-155/11 Electronic Technology

It was confirmed that plans to introduce electronic technology to replace the current paper-based Board paper distribution system were in progress.

O-156/11 QUESTIONS FROM THE PUBLIC

The following points were discussed.

- The Observatory Report referred to the percentage of patients receiving primary angioplasty following a myocardial infarction (STEMI). It was confirmed that the Trust was no longer commissioned to undertake this primary PPCI.

- The Observatory Report also identified the Trust's comparative performance in relation to Delayed Transfers of Care which was an area the Trust was working on with colleagues from across the Health economy.

- It would be important for the Board to consider the financial issues associated with the Epsom transaction. It was confirmed that the submission on 11th November was only the first stage in the process and was one which would identify a preferred bidder who would continue to work with the Transaction Board over the subsequent months.

- A member of the public thanked the Trust for the excellent and prompt service experienced recently in Day Surgery.

- The Chief Nurse confirmed that all medication errors were examined in detail by the Safety and Risk Committee and many potential errors were identified prior to the medication being issued to patients.

DATE OF NEXT MEETING

O-157/11 27th October 2011 – the Education Centre, Ashford Hospital.

Signed: …….
Chairman

Date: 27th October 2011

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 20 October 2011	Status
28/04/11	O-66/11	**Quality Report**	Results of peer review following Ombudsman case to revert to Board	SR	29/09/11	Consultant in Care of the elderly from Royal Berks. Has been commissioned and will undertake a review 23/11/11	✔
26/05/11	O-87/11	**Quality Report**	Progress on the diabetes inpatient audit action plan to be reported back to the Trust Board at a future MDT presentation.	SR	24/11/11	Not due	**ND**
30/06/11	O-119/11	**Corporate Calendar**	Develop a corporate calendar for the NEDs	JG	29/09/11	Being progressed by Head of Organisational Development	**---**
29/09/11	O-141/11	**Appointment System**	Provide report on response time in Appointments Centre	VB	28/10/11	See note below	✔
29/09/11	O-144/11	**Board Assurance Review**	Arrange Board seminar to review BAF	JG	Jan12	Provisional Date of 15th December	**---**
29/09/11	O-145/11	**Quality Report**	Present revised Clinical strategy and update position re National Quality Board assessment	MB/SR	March 12	Not due	**ND**
29/09/11	O-145/11	**Quality Report**	Report on all aspects on patient feedback mechanisms	SR	28/10/11	In Quality Report	✔
29/09/11	O-145/11	**Quality Report-Mortality**	Assess Trust position on national report on abdominal surgery	MB	28/10/11	Verbal update to be given	
29/09/11	O-145/11	**Quality Report-workforce**	Provide workforce report following publication of data by Audit Commission	RB/SR	26/01/12	Not due	**ND**
29/09/11	O-146/11	**Annual Complaints report**	Schedule for earlier in the year	SR	27/10/11	Incorporated into Board work plan	✔

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 20 October 2011	Status
29/09/11	O-147/11	**Balance scorecard**	Business Development Strategy to Board	JH	24/11/11	Briefing paper to Board. Full document to November Board	---
29/09/11	O-147/11	**Balance scorecard**	Complete Q1 reconciliation with PCT	JH	27/10/11	Verbal update to be given	
29/09/11	O-148/11	**Compliance Framework**	Ensure external sources are aware of the accurate position on responding to Ambulances in A&E.	VB	27/10/11	Trust has an existing action plan on improving ambulance handovers which was developed jointly with Secamb. This is reviewed regularly with colleagues from Secamb.	✔

Key

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

Appointments

Callers initially get a welcoming prompt and then told they will be held in a queue for when the next agent becomes available, this takes 30 seconds. Whilst being held in the queue they receive comfort music and prompts informing them of their position in the queue and the information they will need to provide to the agent when one becomes free. When an agent becomes available, the caller is informed their call is being transferred to an agent. The agent must answer the call within approx 4 rings otherwise the system will try another agent, and it will show as a missed call for that agent.