

**TRUST BOARD MEETING
MINUTES
Open Session
26 April 2012**

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Dr David Fluck	Interim Medical Director
	Mr Jim Gollan	Non-Executive Director
	Mr John Headley	Director of Finance & Information
	Mr Peter Taylor	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & OD
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Valerie Bartlett	Deputy Chief Executive
APOLOGIES:	Mr Clive Goodwin	Non-Executive Director
	Prof Philip Beesley	Non-Executive Director
	Ms Jane Gear	Board Secretary/Head of Corporate Affairs
IN ATTENDANCE:	Dr Mick Imrie	Divisional Director of ACCT/Deputy Medical Director
SECRETARY:	Ms Anu Sehdev	Membership Manager

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

There were no declarations of interests in the proceedings.

O-43/2012 MINUTES

The minutes of the meeting held on 29 March 2012 were agreed as a correct record with one clarification under **O-37/2012 Internal Audit Tender**:

The Board thanked Chantrey Vellacott DFK for the work they had undertaken over the last 11 years.

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 point was noted:

O-44/2012 Corporate Business Plan (minute O-32/2012 refers)

It was confirmed that the Director of Finance and Information had revised the draft balanced scorecard and circulated it.

REPORTS**O-45/2012 Chairman's Report**

The Chairman summarised that the Trust had experienced a good year last year and was in a good position currently. The Board was advised of 2 new Governors:

- Brian Catt, Public Governor for Spelthorne
- Dr Ann Gallagher, Appointed Governor for the University of Surrey

The Chairman welcomed the appointment of Mr Pasha Nisar as a surgeon at the Trust (Colorectal Surgeon).

The Board NOTED the report

O-46/2012 Chief Executive's Report

The Chief Executive highlighted that John Headley, the current Director of Finance and Information, was leaving the Trust and that his successor, Simon Marshall, would be taking up the position on 14 May 2012. The Board thanked John for his hard work over the past 3 years and wished him good luck in his new endeavours.

The Chief Executive advised that Sandra Houston, Head of Midwifery and Gynaecology, had been interviewed on a local radio station and that the Surrey Herald had published a very positive article on its front page relating to the new Midwifery Led Unit.

It was also highlighted that Mr Humphrey Scott had won the Silver Scalpel award for excellence in surgical training and this was particularly prestigious as it was voted for by his peers.

The new catering contract was mobilising well and there had been a number of tasting sessions organised at both hospital sites when staff and visitors had been encouraged to sample the food served to patients. Higher takings across the 2 sites had resulted already. The shop at St Peter's will soon be refurbished and will become a WH Smith Outlet.

The Chief Executive highlighted that it was a critical time in the Epsom transaction.

The new Health and Social Care Act 2012 had received Royal Assent and the initial changes were highlighted. A small working group involving representatives from the Board and the Council of Governors would be set up to discuss the implications of the changes.

The Chief Executive reported on his visit to Runnymede Borough Council with the Chief Nurse where he gave a presentation updating the Council on developments and performance at Ashford and St Peter's.

Finally, it was noted that car parking had improved considerably over the past few weeks.

The Board NOTED the report.

QUALITY AND SAFETY

O-47/2012 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report. This pulled together the dashboard, with associated commentary on exceptions, and the Best Care Dashboard. The following points in the report were highlighted:

The crude mortality rate had increased from 1.78% in February to 1.94% in March. This reflected an increase in crude mortality within non-elective Medicine and a higher rate than the year average in non-elective Surgery whereas other specialties have remained static.

The mortality from hip fractures has settled to 3.1% (with an end of year rate of 6.4%) with the proportion of patients operated on within 36 hours rising back to 94%.

The nutritional element has improved for patients via the usage of the red tray system.

The draft Quality Account would be circulated shortly and included priorities for 2012/13. One priority raised by stakeholders was the quality of written patient information. It was noted that this was not an issue raised in the inpatient survey.

MRSA and C difficile rates over the year were lower than trajectory making it the best year yet for the Trust.

Following the unannounced CQC compliance review (Dec 2011), the Trust has been implementing and monitoring a CQC compliance action plan. The first milestone of the tripartite action plan was reached on the 31 March 2012 and all scheduled process improvements being complete and implemented. Robust, weekly monitoring of the effectiveness of those actions is supporting improved compliance.

Some key achievements are:

- the Day Surgery Unit has not been used as an escalation area for inpatients since the 16 January 2012
- an increase to 75% (at the time of writing) of compliance with mandatory training levels
- the strengthening of processes and practice in involving patients in their care, particularly in making decisions about their treatment and care planning.

There was one overdue NPSA alert on *Minimizing risks of mismatching spinal, epidural and regional devices with incompatible connectors*. The Board was advised that the Trust had organised a procurement led NHS Spinal Day in November which was attended by 4 suppliers and clinical staff and arrangements were being made to meet with suppliers and clinicians to test the market products available.

The Chief Nurse agreed to check whether the Trust was up to date with all other NPSA safety alerts.

SR

The Quality Report detailed the work of the Organ Donation Committee, established in 2010 and chaired by Diana Manthorpe. With an increased focus on organ and tissue donation, 7 patients received kidney transplants, 3 liver transplants, 24 patients have had the gift of sight and 40 patients have had tissue donated during 2011/12. Although the Trust is doing well the report identified priorities for 2012.

The Chief Nurse agreed to consider if there were further opportunities to increase knowledge amongst Trust staff about the benefits of organ donation and the processes supporting donation.

51 complaints had been received in March compared with 37 in February and 64 in January. This was consistent with the national trend. Further analysis on how the Trust handles complaints is being done with benchmarking against other Trusts. The themes are similar to previous quarters, i.e. communication and treatment/care. It was highlighted that a Ward Development Programme was in place.

It was suggested that wards could record positive feedback in a scrapbook to be shared with staff, patients and visitors.

A new Patients Matter newsletter has recently been initiated and published. The newsletter will be published at least 6 monthly and has been distributed across the local area covering 103,000 households. Its aim is to engage local patients and residents, to give them a taste of patient experience at ASPH and to sign-post ways that patients and carers can give feedback. Recently PALS numbers had experienced an increased number of calls as a result of the newsletter.

The Board NOTED the report.

O-48/2012 Quarterly Health and Safety Report

It was noted that reported levels of aggression against Trust staff benchmarked favourably in comparison to other similar Trusts but that the Trust was continuing to focus on reducing such occurrences further. The Board was advised that a programme of training and education is provided to Health Care Assistants which includes guidance on how to communicate effectively and how to recognise when they may be vulnerable to attack.

Perception of aggression varies from staff member to staff member but the Trust encourages staff to report incidents. Last year a zero tolerance approach was introduced by the Trust which has resulted in at least one criminal prosecution and a number of patients/visitors being escorted off the premises.

The Board NOTED the report.

O-49/2012 National Staff Survey Results 2011

The Director of Workforce and Organisational Development introduced the results of the National Staff Survey which was conducted between September and December 2011. She described the national and local drivers which may have contributed to the results; current consideration of the results by the top 100 leaders in the organisation and the Employee Partnership Forum; learning from a recent master-class delivered by Adrian Moorhouse MBE, Olympic Gold winner in 1988 on how to bounce back and win after disappointment and the *Listen, Plan, Act* Commitment action plan

2012/13.

The Board engaged in wide ranging debate about the lessons from the survey and the proposed actions. The Trust Board endorsed the plan for 2012/13 which had been recommended by the 100 leaders (including representatives of the Workforce Steering Group, Employee Partnership Forum and Staff Governors) who had participated in an engagement event on Friday 13 April 2012.

The Board NOTED the report.

PERFORMANCE

O-50/2012 Balanced Scorecard

The Balanced 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

It was noted that half of the targets had not been achieved. Mandatory training compliance rate currently stands at 75%. The goal was to achieve 100% compliance by the end of July 2012.

The staff turnover rate was currently 14% and this was mainly due to a number of staff retiring during the period.

Clinical Strategy

It was noted that re-admissions had reduced slightly.

Finance and Efficiency

It was noted that the Trust ended the year with a surplus of £1.0 million and the target was £2.1 million. This was due in part to non elective length of stay increasing by half a day and this impacting on capacity and staffing. CIPs had also fallen £1.1m short of target.

The Board NOTED the report.

O-51/2012 Compliance Framework

The paper concentrated on the 4 hour target as current levels of performance create a significant risk to the Trust's compliance rating with Monitor and could also attract financial penalties from the commissioners.

It was noted that the 4 hour target was an important measure of the patient experience leading to poorer outcomes when the A&E department is full and patient flow is not good. With the support of the Department of Health's Emergency Care Intensive Support Team (ECIST), a recovery plan has been developed to improve performance and improve patient flow. Improvements had already been realised during April with a significant upturn in performance in the last two weeks of April.

The importance of creating a sustainable plan for the future and addressing underlying issues in the Hospital were discussed by the Board. A clear set of actions, milestones and governance have been put in place and all divisions are involved together with corporate functions. The last few weeks had seen healthy engagement from all parties and this had been recognised by the A&E team .

The performance trajectory was highlighted and given current levels of performance and the programme of work required to ensure sustainable delivery of the 4 hour target, it is unlikely that the Trust will meet the Compliance Framework standard for the first quarter of 2012/2013. However, the Deputy Chief Executive advised the Board that it was anticipated that sustainable delivery of the 4 hour target will be achieved by October 2012 (Q3).

The Deputy Chief Executive reinforced that the sustainable delivery of the 4 hour target was the Trust's biggest priority as resolving this would greatly improve the patient experience. It was crucial that changes in working practices and sustaining improvements were embedded in time for winter. Updates would follow monthly.

The Trust had continued to perform well on all other targets and had been commended on its cancer and 18 week elective performance.

The Board NOTED the report.

STRATEGY AND PLANNING

O-52/2012 Q4 Performance on Annual Plan 2011-12 Objectives

It was advised that 4 areas had not been completed:

- Emergency Care pathways
- Theatre utilisation
- All staff receiving a 360° appraisal
- Delivering the Workforce Plan

The Board was assured that these priorities would be carried forward to 2012/13.

The Board NOTED the paper.

REGULATORY

O-53/2012 Audit Committee Terms of Reference

The Audit Committee reviewed its Terms of Reference with 2 changes recommended:

- agreement of any non-audit work to be carried out by the External Auditor
- review of the Trust's Whistle Blowing Policy.

The Board APPROVED the revised Terms of Reference.

O-54/2012 Register of Interests

The Register presented to the Board was NOTED. However, this would be revised for the next meeting ensuring that the new Director of Finance and Information was included.

JG

O-55/2012 IGAC Annual Report

It was noted that the Membership in the Terms of Reference should be amended to remove Non Executive Director/Safety Lead. This role is currently covered by the Chair of the Committee.

SR

The Board NOTED the report

FOR INFORMATION**O-56/2012 Trust Executive Committee Minutes**

Under 48/2012 Quarter 3 Marketing Summary, the possibility of 6 companies applying to provide clinical services to North West Surrey CCG under the extended choice network was recognised as a potential risk to the Trust which relied on revenue from outpatient activity.

The Board NOTED the draft minutes of the meeting held on 23 March 2012.

O-57/2012 Finance Committee Minutes

The Board NOTED the minutes of the meeting held on 21st March 2012.

O-58/2012 Audit Committee Minutes

It was noted that the new internal auditors would be starting soon and that the Council of Governors was due to make a decision on the appointment of the External Auditor at their May meeting

The Board NOTED the draft Minutes of the meeting held on 21 March 2012.

O-59/2012 IGAC Minutes

The Board NOTED the draft minutes of the meeting held on the 21st March 2012.

ANY OTHER BUSINESS**O-60/2012 National Patient Survey**

It was highlighted that the results of National Patient Survey were now available on the CQC website.

The Chief Nurse advised that she would present a detailed analysis to the next Trust Board. The results indicated improvements on a number of measures. However, there was one domain where the Trust was red on the CQC web report summary related to patients' waiting to get a bed on a ward' where the Trust scored 6.4/10.

O-61/212 QUESTIONS FROM THE PUBLIC

- In response to a question on the Trust’s current compliance with CQC Essential Standards, it was confirmed that the Trust had further work to do but that good progress had been made since the unannounced CQC visit in December 2011. This included constant improvements seen in the areas outlined and new staff being recruited to Falcon Ward.
- It was advised that the staff survey consisted of honest comments and this tallied with matters raised by the Employee Partnership Forum and unions.

O-62/2012 DATE OF NEXT MEETING

Monday 28 May 2012 – Ashford Hospital

Signed:
Chairman

Date: 28 May 2012

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 18 May 2012	Status
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 28/06/12	New NPSA alert received. Presentation to Board will cover both and provisionally scheduled for June 2012	---
30/06/11	O-119/11	Corporate Calendar	Develop a corporate calendar for the NEDs	RB	29/09/11	Being progressed by Head of Organisational Development. To be introduced May.	
29/09/11	O-145/11	Quality Report	Present revised Clinical strategy and update position re National Quality Board assessment	DF/SR	29/03/12 26/04/12	To be subsumed in revised Integrated Risk Management Strategy/ Quality, Risk and Safety strategy. Work in progress-to May Board	Agenda item
26/01/12	O-4/2012	Patient Appointment Telephone Bookings	6 month update report on telephone response times	VB	26/07/12	Not due	ND
29/03/12	O-28/2012	Board Assurance Framework:	Progress refresh of BAF	JG	28/05/12	Discussions initiated and drafting underway	Agenda note
29/03/12	O-30/2012	Quality report- Best care dashboard	Six-month stock take showing performance trends.	SR	28/06/12	Not due	ND
29/03/12	O-33/2012	Information Governance Toolkit	Ensure all Directors are up to date with Information governance training	AL/JG	26/04/12	Directors notified	
29/03/12	O-35/2012	Sustainability	Report back on progress with action plan	VB	27/09/12	Not due	ND

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 18 May 2012	Status
26/04/12	O-47/2012	Quality Report	Check whether the Trust is up to date on all NPSA alerts	SR	28/05/12	Covered in Quality Report	
26/04/12	O-54/2012	Register of Interests	Update register with details of new Director of Finance and Information	JG	28/05/12	Completed	✓
26/04/12	O-55/2012	IGAC annual report	Amend Terms of Reference to remove NED/Safety lead	SR	28/05/12	The Terms of Reference already accommodate this position	✓

Key

---	On Track according to timetable
✓	Completed according to timetable
ND	Not due yet