Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD MEETING
MINUTES
Open Session
30th September 2010

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr John Headley	Director of Finance & Information
	Dr Mike Baxter	Medical Director
	Mr Nadeem Aziz	Non-Executive Director
	Mr Peter Taylor	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
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs
APOLOGIES:	Prof Philip Beesley	Non-Executive Director

Minute **Action**

O-174/10 MINUTES

The minutes of the meeting held on 26th August 2010 were agreed as a correct record.

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. 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-175/10 Theatre Utilisation (Minute 1-09/67 refers)

The new theatre system had now been fully installed at St Peter's Hospital and was operational. The system needed to be fully embedded before data could be provided to the Trust Board, and it was agreed to revise the date for a report back to the Board by three months. **VH**

O-176/10 Child Protection (Minute 0-83/10 refers)

The Strategic Director for Children, Schools and Families had now had two conversations with the Chief Executive, and both organisations were committed to seeking an early resolution. Operational leads were working together to seek a solution, which would be reported back to the Trust Board. **AL**

REPORTS

O-177/10 Chairman's Report

Following the sad and unexpected death of Non-Executive Director Designate John Kelly, the Chairman was considering the approach and timing for recruitment of a new non-executive director (designate).

The statement of nominated candidates for the election of the Council of Governors was appended to the Chairman's Report; this included 105 names and represented the final composition for the elections as no withdrawals had been received.

The value of the Board-to-Ward approach was highlighted within the report; a walk around the wards of Ashford had led to a meeting with a family of a patient who were unhappy about aspects of the patient's care, and this had enabled the Trust to take action to alleviate the family's concerns.

The Board NOTED the Chairman's Report.

O-178/10 Chief Executive's Report

A new Chief Nurse, Suzanne Rankin, had been appointed and would take up post in December 2010.

The Board was pleased to note Runnymede Borough Council's Planning Committee approval for the first phase of the re-development and infill of the existing St Peter's site. This would enable the construction of two decked car park areas, and would bring benefit to both patients and staff.

The Board NOTED the report.

QUALITY AND SAFETY

O-179/10 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report which brought together the dashboard and ward matrix.

The dashboard identified that the Trust's August SMR was 80, an improvement on the previous month's figure. The Trust crude mortality rate was 1.6%.

The number of C difficile cases in August was 5. The Trust was on course to deliver the year-end target but also to show a 5% improvement on last year's outturn and a 50% reduction in C. difficile mortality rates.

There had been no cases of MRSA.

Hip fractures treated within 36-hours showed a small reduction in August, compared with July but remained a good performance at 76.5%, which met the PCT trajectory. The number of admissions in August had increased compared to July, and there had been a peak of 9 cases at one weekend. The Board was advised that there had been a very successful EQUIP event on the trauma pathway, following which many of the recommendations had

immediately been implemented.

The VTE assessment figure was below target. Investigation had identified that day case activity had not been recorded; inclusion of this activity would mean that the target should be achieved.

The Trust remained double green for mortality and the majority of deaths were in Emergency Medicine as could be anticipated. Benchmarking of the main acute diagnostic groups had identified that the Trust's mortality rate was below the South East Coast mean. A major contributory factor to the improved performance was the introduction of 13-hour consultant cover, which enabled early senior intervention.

The Medical Director confirmed that the level of elective and emergency caesarean sections had fallen. It was noted that the separate performance report identified a slight increase to 27% in August, and it was agreed to review the position in two months, to ensure this was not a reverse trend. **MO**

The Board was pleased to note that patient feedback via "your feedback" forms had been established in all adult inpatient areas. Work was underway to encourage wards to ensure a large number of patients completed the form in order that a process of continuous feedback and improvement was maintained; this was now indicator on the Ward Quality Scorecard.

It was intended to add two new indicators to future editions of the Ward Quality Scorecard; completion of MUST (nutritional needs assessment) and completion of the Discharge Checklist.

It was agreed to find out the cause for the non-submission of hand-hygiene compliance by the Eye Clinic at Ashford Hospital. **SO**

There had been a 40% reduction in the number of blood cultures requested since the previous year. The Board was assured that the Infection Control Team was vigilant in ensuring that this had not resulted in any detrimental impact to patient care, such as an increase in undetected infections.

The Trust was participating in the Enhancing Quality programme, which was a clinical change programme with an incentive system through CQUIN. The Trust was currently at a stage of collecting information and the Board would be kept apprised of progress on a quarterly basis. The vision for the programme was to drive up the standards of hospital and community care by benchmarking and supporting clinical leadership to change them.

The Board NOTED the report.

O-180/10 Visiting Hours

A pilot on changes to visiting hours had taken place over the last 3-months. The purpose of the pilot had been to seek to :

1. improve the patient experience – more restful, better recovery;

2. give more dedicated time for staff to undertake care and treatment and

3. to help alleviate parking problems.

Following discussion, the Board APPROVED the recommendation to implement Option 5.

- Daily afternoon visiting - 3.00 pm to 4:30 pm.
- Daily evening visiting - 6.00 pm to 8.00 pm

This would apply seven days a week. These visiting times would not apply to Maternity, Children's Wards, Neonatal and Adult Intensive Care Units, the High Dependency Unit and Medical Assessment Unit. Exceptions would continue to be made for people who might find the new visiting times difficult.

This decision was based on the option being a positive way forward as it balanced the benefits observed with the concerns identified.

In approving the revised visiting times, the Board asked that a clear Visiting Charter be made available and an active communication strategy be developed to support implementation. Discussions also needed to take place with the Ashford Ward matrons, to consider the standardisation of general visiting times across the whole Trust. **SO**

The Board APPROVED the revised visiting times.

PERFORMANCE

O-181/10 Balanced Scorecard

The Balanced Scorecard comprised four areas aligned to the Trust's four key strategic objectives.

Patient's Safety and Quality:

This aspect had been addressed earlier on the agenda.

Workforce

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

1. The number of agency staff used in the month had reduced to 22. This was a very significant improvement, and was predominately attributable to strong nurse leadership.

2. Whilst the indicator for appraisal was amber, the number of staff recorded as having participated in an appraisal during the last year had continued to improve month-on-month, rising to 87.1% in August. Following her attendance at the previous week's patient panel meeting, the Director of Workforce and OD was considering a revision of the stretch target of 95% to 100% for 2010/11 as well as for future years.

3. Participation in leadership development continued to be active across the Trust. Year to date, 285 individuals had participated in one or more forms of leadership development. The second Good to Great Masterclass would take place on 6th October, and would look at the correlation between patient's safety and people management practices learnt from the aviation industry about passenger safety.

   It was noted that the Trust had accepted an invitation to participate in a research project led by Aston University, commissioned by the DoH, to evaluate the correlation between Board values and leadership and patient safety as well as inter and intra team working and patient safety.

In discussion, the Board was advised that when closing Year 1 of the Good-to-Great Programme consideration would be given to embedding the programme and ensuring that the energy and enthusiasm generated from participants could be maintained.

Strategy:

The level of emergency admissions remained above trajectory. The Trust needed to understand why there were significant spikes in activity in emergency admission activity across the South East Coast. **VH**

The market-share data for Quarter 1 showed that the Trust's position for Surrey remained stable. Local market-share in Woking had improved but further work was required in respect of Hounslow and Feltham.

The percentage of day cases undertaken at Ashford had reduced further, although there had been an increase in the percentage of outpatient activity delivered at Ashford Hospital during August.

Finance and Efficiency

Year-to-date income was £2.1m ahead of budget. There had been a seasonal activity dip in August which meant that income was under budget resulting in the in-month surplus being £0.2m short of budget. It was understood that the dip in elective activity and income experienced during August was linked to the holiday season and was therefore a phasing issue which would be addressed in the next year.

The FRR remained at 4, although there had been a small reduction in EBITDA.

Considerable focus and attention was being paid to delivering the CIP programme, including the introduction of weekly monitoring. Although the Trust was currently 12% below target, a number of schemes were due to come on-stream in August to mitigate those schemes which were under-delivering. The Board was assured that the Trust was on track to deliver the full-year target of £9.0m.

The level of outpatient DNAs was tracking in excess of target. The first stage would be to understand the split between new and follow-up appointment DNAs and work on reviewing this target would be scheduled in the next calendar year. **VH**

The Trust Board NOTED the report.

O-182/10 Compliance Framework and Trust Operational Performance

The Trust continued to score amber green on the Monitor compliance framework. MRSA Screening for elective patients showed a steady improvement and all patients attending through the pre operative assessment pathways were screened. 2 patient pathways had now been identified where this did not occur; this was being addressed and should be rectified by November.

The Trust performance against its operational targets remained strong and sustainable.

The Trust Board NOTED the report.

STRATEGY AND PLANNING

O-183/10 Corporate Objectives 2010/11 – White Paper Refresh

A review had been undertaken of the Corporate Plan 2010/2011 as a result of the Government's White Paper "*Equity And Excellence: Liberating the NHS."*

The main areas where changes were proposed to the Trust objectives for 2010/2011 included:

Improving information for patients
Strengthening clinical leadership
Preparing for the Outcomes Framework and
Working with GP Commissioners.

Each of the additional actions would be supported by detailed timescales and plans. The Programme Boards were established and able to take forward delivery of the additional objectives.

The Board APPROVED the amendments to the Corporate Objectives 2010/1011 and noted that a progress report was scheduled to come to the October Trust Board on the current Q2 objectives.

O-184/10 Foundation Trust Application

The Board had previously agreed a draft Constitution, which was now with Monitor, as part of the assessment process.

The Board APPROVED two alterations to the draft Constitution as follows:
(1) An amendment to the composition of the Trust Board to :

The Board of Directors is to comprise:

- A Non-Executive Chairman
- Up to 6 other Non-Executive Directors (excluding the Chairman); and
- Up to 6 Executive Directors.
- One of the Executive Directors shall be the Chief Executive.

- The Chief Executive shall be the Accounting Officer.
- One of the Executive Directors shall be the Finance Director.
- One of the Executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).
- One of the Executive Directors is to be a registered nurse or a registered midwife

The operation shall be such that at all times, at least half of the Board of Directors, excluding the Chairman, shall be Non Executive Directors.

(2) The draft standing orders for the Trust Board currently identified the Trust Executive Committee as a Board sub-committee: this was not technically correct, as it was an operational delivery committee chaired by the Chief Executive. The Board agreed it should be removed from the list of formal Board sub-committees. The minutes of TEC would continue to be presented to the Trust Board, for information.

Work had been undertaken through a Trust Board Seminar and the Foundation Trust Project Board in respect of a number of Foundation Trust Governance documents; these would enable the Trust to demonstrate its compliance with aspects of the Monitor Code of Governance and achieve implementation of aspects of the draft Constitution.

Following discussion the Board APPROVED:

1. The Foundation Trust Governance Framework Statement;

2. The Code of Conduct for Foundation Trust Board Members and

3. The Interim Code of Conduct for the Council of Governors; all subject to minor typographical amendments.

The Board NOTED that work on a document defining the roles and responsibility of the Council was ongoing.

The Board APPROVED the changes to the draft Constitution in respect of the composition of the Trust Board and removal of the Trust Executive Committee as a formal Board sub-committee.

REGULATORY

O-185/10 No matters were raised.

FOR INFORMATION

O-186/10 Trust Executive Committee Minutes:

The Trust Executive Committee meeting of 13th August 2010 had been a developmental session, focusing on divisional management arrangements; progress to-date and timescales.

The Board NOTED the Minutes of the Trust Executive Committee meeting

held on 27th August 2010 (draft).

One aspect raised under the discussion on the Delivery Programme 3 Leadership was the implementation of a talent management system. The Board was pleased to learn that the revised organisational change of policy was being launched through open sessions, which were being extremely well attended, and would support the future introduction of a talent management system.

O-187/10 IGAC Minutes

The draft Minutes of the meeting held on 3rd August 2010 were NOTED.

O-188/10 Finance Committee

The Minutes of the Finance Committee meeting held on 18th August were noted. There had been a thorough review of CIP schedules and service line reports for 2009/10.

ANY OTHER BUSINESS

O-189/10 CNST

The Board was informed that the Trust had just achieved Level 3, the highest level, in respect of the new 2010 version of the risk management standards for Maternity Services: this was a major achievement, and the Board offered their congratulations to the Service, which was the first in the country to achieve this level against the new, more challenging, standards.

O-190/10 QUESTIONS FROM THE PUBLIC

The following matters were raised through questions from the public:

It was confirmed that operations were carried out at weekends in accordance with national guidance on out-of-hours working, which was designed to ensure patient safety. The Trust had scheduled Saturday and Sunday lists. It was agreed to report back on likely timescales for operating on a broken leg. **VH**

O-191/10 ANY OTHER BUSINESS

There was no other business on this occasion.

O-192/10 NEXT MEETING

28TH October – The Education Centre, Ashford Hospital

Signed: …….
Chairman

Date: 28th October 2010

Summary Action Points

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 20 Oct 10	Status
25/03/10 27/05/10	O-47/10 O-83/10	**Child Protection**	Progress early resolution of vacant hospital social worker post	SO	29/04/10	Negotiations between operational mangers have resulted in some alleviation e.g. increased hours for link social worker. Effect of actions is being monitored and is being reported to CGC and Chief Nurse	**---**
25/03/10	O-57/10	**Learning Disabilities**	Report back to Board	SO	28/10/10	In October Board papers	✔
24/06/10	O-116/10	**Infection Control**	Update Board on infection rates relating to colorectal surgery and an action plan had been implemented.	SO	25/08/10	In October Quality Report	✔
26/08/10	O-159/10	**BAF**	Reflect increased risk regarding new Junior doctors with intakes	RB	27/01/11	Incorporated in BAF	✔
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	**---**
26/08/10	O-164/10	**Compliance Framework**	Provide benchmarked information on length of stay	VH	28/10/10	Verbal update to October Board	**---**
26/08/10	O-172/10	**Public Questions – ENT service**	Introduce texting/emailing for patients with hearing disabilities wishing to get hearing aids repaired.	SO	16/12/10		Not due

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 20 Oct 10	Status
30/09/10	O-179/10	**Quality- Caesarian Sections**	Ensure trend on reducing both elective and emergency c. sections does not reverse	MB	25/11/10		Not due
30/09/10		**Quality - WQI**	Find reason for non submission on hand washing by Ashford Eye Clinic	SO	28/10/10	Due to the unit having staff on planned AL and then 2 full-time members of staff were on sick leave through out the whole of the month.	✔
30/09/10	O-180/10	**Visiting Times**	Develop Visiting Charter, communications plan and identify if can be applied at Ashford	SO	28/10/10	The Guide to is currently being amended and will be printed and distributed shortly. Communications plan being implemented.	✔
30/09/10	O-190/10	**Public Question**	Find out the waiting time for operating on a broken leg	VH	28/10/10	Verbal update to October Board	**---**